

CURRICULUM VITAE

(A) **Date Prepared: 9 December 2016**

1. Name: **ERIC ANDREW FINKELSTEIN, PH.D, M.H.A.**

Summary of career highlights: Dr. Finkelstein is Professor of Health Services and Systems Research at the Duke-NUS Medical School, Singapore and the Executive Director of the Lien Centre for Palliative Care. He also holds appointments at NUS School of Public Health and Duke University Global Health Institute. His research focuses on the economic causes and consequences of health behaviors, with a primary emphasis on the use of traditional and behavioral economic incentives to influence those behaviors in ways to improve the public's health. Recent research also focuses on studies to better understand the complicated decisions that revolve around end of life care. He has published over 160 manuscripts and 2 books in these areas, and also successfully commercialized an Obesity Cost Calculator for employers and insurers. Based on google scholar, he has an h-index of 48 and his publications have been cited over 15,000 times, including in the landmark Supreme Court decision upholding the U.S. Affordable Care Act (aka Obamacare). In 2015, he was selected by Thomson Reuters as one of the World's Most Influential Scientific Minds.

2. Institution of primary appointment: **Duke-NUS**

3. Secondary appointment(s), if any (include clinical faculty appointment with NUS if applicable):

- Duke University, Global Health Institute;
- National University of Singapore, Saw Swee Hock School of Public Health.

4. Present rank(s) and title(s):

- Executive Director, Lien Centre for Palliative Care
- Professor in Health Services and Systems Research Program, Duke-NUS Medical School, Singapore;
- Director of Research, NUS Institute for Health in Asia (NIHA);
- Professor, Saw Swee Hock School of Public Health, National University of Singapore;
- Research Professor, Global Health Institute, Duke University.

5. Medical Licensure: **NA**

6. Specialty certification(s) and dates: **NA**

7. Date of birth: **March 26, 1970**

8. Citizen of: **United States**

9. Education

<u>Major</u>	<u>Institution</u>	<u>Date (Year)</u>	<u>Degree</u>
Math/Economics	U. of Michigan, Ann Arbor, MI	1991	B.A.
Economics	U. of Washington, Seattle, WA	1996	M.A.
Economics	U. of Washington, Seattle, WA	1998	Ph.D.
Health Admin.	U. of Washington, Seattle, WA	1999	M.H.A.

10. Professional Society Memberships:

- International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Singapore;
- The Obesity Society, USA.
- Society for Medical Decision Making (SMDM)

11. Professional training and academic career (chronologically, beginning with first postgraduate position):

<u>Institution</u>	<u>Position/Title</u>	<u>Dates</u>
RTI International	Senior Health Economist	1999 – 2006
RTI International	Director, Public Health Economics Program	2006 – 2007
University of North Carolina, Center for Health Promotion and Disease Prevention	Research Fellow	2008 – 2012
Duke-NUS Medical School	Deputy Director	2009 – 2012
Duke-NUS Medical School	Associate Professor	2009 – 2013
Duke University, Global Health Institute	Associate Professor of Research	2009 – 2013
National University of Singapore Saw Swee Hock School of Public Health	Associate Professor	2012 - 2013
National University of Singapore Institute to Improve Health in Asia (NIHA)	Director of Research	2012 - Date
Lien Centre for Palliative Care	Executive Director	2012 - Date
Duke-NUS Medical School	Professor	2013 – Date
National University of Singapore Saw Swee Hock School of Public Health	Professor	2013 - Date
Duke University, Global Health Institute	Professor of Research	2013 - Date

(B) Publications in Peer Reviewed Journals (h-index 49)

1. Hoerger, T. J., **Finkelstein, E.A.**, & Bernard, S.L. (2001). Medicare beneficiary satisfaction with durable medical equipment suppliers. *Health Care Financing Review*, 23(1), 123–136.
2. **Finkelstein, E.A.**, Troped, P.J., Will, J.C., & Palombo, R. (2002). Cost-effectiveness of a cardiovascular disease risk reduction program aimed at financially vulnerable women: The Massachusetts WISEWOMAN project. *Journal of Women's Health*, 11(6), 519–526.
3. **Finkelstein, E.A.**, Kosa, K. M., & Brown D.R. (2003). Use of incentives to motivate health behaviors among employees. *Gender Issues*, 21(3), 50–59.
4. **Finkelstein, E.A.**, Fiebelkorn, I.C., & Wang, G. (2003). National medical expenditures attributable to overweight and obesity: How much and who's paying? *Health Affairs* (Web exclusive), W3–219–226.
5. **Finkelstein, E.A.**, & Corso, P.S. (2003). Cost-of-illness analyses for policy making: A cautionary tale of use and misuse. *Expert Review of Pharmacoeconomics and Outcomes Research*, 3(4), 367–369.
6. **Finkelstein, E.A.**, Bray, J.W., Chen, H., Larson, M.J., Miller, K., Tompkins, C., ... Manderscheid, R. (2003). Prevalence and costs of major depression among elderly claimants with diabetes. *Diabetes Care*, 26(2), 415–420.
7. Will, J.C., Farris, R.P., Sanders, C.G., Stockmyer, C.K., & **Finkelstein, E.A.** (2004). Health promotion interventions for financially disadvantaged women: An overview of the WISEWOMAN projects. *Journal of Women's Health*, 13(5), 484–502.
8. Saver, B. G., Ritzwoller, D.P., Maciosek, M., Goodman, M. J., Conrad, D.A., **Finkelstein, E.A.**, ... Cain, K.C. (2004). Does payment drive procedures? Payment for specialty services and procedure rate variations in three HMOs. *American Journal of Managed Care*, 10(3), 229–237.
9. Mobley, L.R., **Finkelstein, E.A.**, Khavjou, O.A., & Will, J.C. (2004). Spatial analysis of body mass index and smoking behavior among WISEWOMAN participants. *Journal of Women's Health*, 13(5), 519–528.
10. Max, W., Rice, D.P., **Finkelstein, E.A.**, & Bardwell, R.A., & Leadbetter S. (2004). The economic toll of intimate partner violence against women in the United States. *Violence and Victims*, 19(3), 259–272.

11. **Finkelstein, E.A.**, Wittenborn, J.S., & Farris, R.P. (2004). Evaluation of public health demonstration programs: The effectiveness and cost-effectiveness of WISEWOMAN. *Journal of Women's Health and Gender Based Medicine*, 13(5), 625–633.
12. **Finkelstein, E.A.**, Khavjou, O.A., Mobley, L.R., Haney, D.M., & Will, J.C. (2004). Racial/ethnic disparities in coronary heart disease risk factors among WISEWOMAN enrollees. *Journal of Women's Health*, 13(5), 503–518.
13. **Finkelstein, E.A.**, French, S., Variyam, J., & Haines, P. (2004). An economic analysis of nutrition interventions to reduce obesity. *American Journal of Preventive Medicine*, 27(3), 163–171.
14. **Finkelstein, E.A.**, Fiebelkorn, I.C., Corso, P. S., & Binder, S.C. (2004). Medical expenditures attributable to injuries in the United States, 2000. *Journal of the American Medical Association*, 291, 817–818; *Morbidity and Mortality Weekly Report*, 53(1), 1–4.
15. **Finkelstein, E.A.**, Fiebelkorn, I.C., & Wang, G. (2004). State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research*, 12(1), 18–24.
16. Corso, P.S., Grosse, S., & **Finkelstein, E.A.** (2004). The skinny on COI analysis: Letter to the Editor. *Obesity Research*, 12(7), 1189.
17. **Finkelstein, E.A.**, Chen, H., Miller, T.R., Corso, P.S., & Stevens, J.A. (2005). A comparison of the case-control and case-crossover designs for estimating medical costs of non-fatal fall-related injuries among older Americans. *Medical Care*, 43(11), 1087–1091.
18. **Finkelstein, E.A.**, Brown, D.S., Avidor, Y., & Takeuchi, A.H. (2005). The role of price, sociodemographic factors, and health in the demand for bariatric surgery. *The American Journal of Managed Care*, 11(10), 630–637.
19. **Finkelstein, E.A.**, Fiebelkorn, I.C., & Wang, G. (2005). The costs of obesity among full-time employees. *American Journal of Health Promotion*, 20(1), 45–51.
20. **Finkelstein, E.A.**, & Brown, D.S. (2005). A cost-benefit simulation model of coverage for bariatric surgery among full-time employees. *The American Journal of Managed Care*, 11(10), 641–646.
21. Evans, W.D., **Finkelstein, E.A.**, Kamerow, D.B., & Renaud, J.M. (2005). Public perceptions of childhood obesity. *American Journal of Preventive Medicine*, 28(1), 26–32.
22. Stevens, J.A., Corso, P.S., **Finkelstein, E.A.**, & Miller, T.R. (2006). The costs of fatal and non-fatal falls among older adults. *Injury Prevention*, 12(5), 290–295. PMID: PMC2563445.
23. **Finkelstein, E.A.**, Khavjou, O. A., Will, J.C., Farris, R.P., & Prabhu, M. (2006). Assessing the ability of cardiovascular disease risk calculators to evaluate effectiveness of trials and interventions. *Expert Review of Pharmacoeconomics & Outcomes Research*, 6(4), 417–424.
24. **Finkelstein, E.A.**, Khavjou, O.A. , & Will, J.C. (2006). Cost-effectiveness of WISEWOMAN, a program aimed at reducing heart disease risk among low-income women. *Journal of Women's Health*, 15(4), 379–389.
25. **Finkelstein, E.A.**, & Brown, D.S. (2006). Why does the private sector under invest in obesity prevention and treatment? *North Carolina Medical Journal*, 67(4), 310–312.
26. Mobley, L.R., Root, E.D., **Finkelstein, E.A.**, Khavjou, O.A., Farris, R.P., & Will, J.C. (2006). Environment, obesity, and cardiovascular disease risk in low-income women. *American Journal of Preventive Medicine*, 30(4), 327–332.
27. Evans, W.D., Renaud, J.M., **Finkelstein, E.A.**, Kamerow, D.B., & Brown, D.S. (2006). Changing perceptions of the childhood obesity epidemic. *American Journal of Health Behavior*, 30(2), 167–176.
28. Corso, P.S., **Finkelstein, E.A.**, Miller, T.R., Fiebelkorn, I.C., & Zaloshnja, E. (2006). Incidence and lifetime costs of injuries in the United States. *Injury Prevention*, 12(4), 212–218.
29. Will, J.C., Khavjou, O.A., **Finkelstein, E.A.**, Loo, R.K., & Gregory M. K. (2007). One-year changes in glucose and other heart disease risk factors among participants of WISEWOMAN, a patient-centered intervention program for low-income women. *European Diabetes Nursing*, 4(2), 57–63.

30. Trogdon, J. G., **Finkelstein, E.A.**, Nwaise, I.A., Tangka, F.K., & Orenstein, D. (2007). The economic burden of chronic cardiovascular disease for major insurers. *Health Promotion Practice, 8*(3), 234–242.
31. Khavjou, O.A., **Finkelstein, E.A.**, & Will, J.C. (2007). The impact of medication use in a multi-component intervention: Results from the WISEWOMAN program. *American Journal of Health Promotion, 21*(4), 267–273.
32. **Finkelstein, E.A.**, Prabhu, M., & Chen, H. (2007). Increased prevalence of falls among elderly individuals with mental health and substance abuse conditions. *American Journal of Geriatric Psychiatry, 15*(7), 611–619.
33. **Finkelstein, E.A.**, Linnan, L.A., Tate, D.F., & Birken, B.E. (2007). A pilot study testing the effect of different levels of financial incentives on weight loss among overweight employees. *The Journal of Occupational and Environmental Medicine, 49*(9), 981–989.
34. **Finkelstein, E.A.**, Chen, H., Prabhu, M., Trogdon, J.G., & Corso, P.S. (2007). The relationship between obesity and injuries among U.S. adults. *American Journal of Health Promotion, 21*(5), 460–468.
35. **Finkelstein, E.A.**, Brown, D.S., Trogdon, J.G., Ben-Joseph, R. & Segel, J. E. (2007). Age-specific impact of obesity on disease prevalence and medical costs overall and for precursors to metabolic syndrome. *Value in Health, 10*(S1), S45–S51.
36. Farris, R.P., Will, J.C., Khavjou, O.A., & **Finkelstein E.A.** (2007). Beyond effectiveness: Evaluating the public health impact of the WISEWOMAN program. *American Journal of Public Health, 97*(4), 641–647. PMID: PMC1829343.
37. Corso, P.S., Mercy, J.A., Simon, T.R., **Finkelstein, E.A.**, & Miller, T.R. (2007). Medical costs and productivity losses due to interpersonal and self-directed violence in the United States. *American Journal of Preventive Medicine, 32*(6), 474–482.
38. **Finkelstein, E.A.**, Brown, D. S., & Evans, W.D. (2008). Do obese persons comprehend their personal health risks? *American Journal of Health Behavior, 32*(5), 508–516.
39. **Finkelstein, E.A.**, & Trogdon, J.G. (2008). Public health interventions for addressing childhood overweight: Analysis of the business case. *American Journal of Public Health, 98*(3), 411–415. PMID: PMC2253570.
40. Brown, D.S., **Finkelstein, E.A.**, & Mercy, J.A. (2008). Methods for estimating medical expenditures attributable to intimate partner violence. *Journal of Interpersonal Violence, 23*(12), 1747-1766.
41. Arterburn, D., Westbrook, E.O., Wiese, C.J., Ludman, E.J., Grossman, D.C., Fishman, P.A., **Finkelstein, E.A.**, Jeffery, R.W., Drewnowski, A. (2008). Insurance coverage and incentives for weight loss among adults with metabolic syndrome. *Obesity(Silver Spring), 16*(1), 70–76.
42. Allison, D.B., Downey, M., Atkinson, R.L., Billington, C.J., Bray, G.A., Eckel, R.H., **Finkelstein, E.A.**, Jensen, M.D., Tremblay, A. (2008). Obesity as a disease: A white paper on evidence and arguments commissioned by the Council of the Obesity Society. *Obesity (Silver Spring), 16*(6), 1161-1177.
43. **Finkelstein, E.A.**, Brown, D.S., Brown, D.R., & Buchner, D.M. (2008). A randomized study of financial incentives to increase physical activity among sedentary older adults. *Preventive Medicine, 47*(2), 182-187.
44. **Finkelstein, E.A.**, Trogdon, J.G., Brown, D.S., Allaire, B.T., Dellea, P.S., & Kamal-Bahl, S.J. (2008). The lifetime medical cost burden of overweight and obesity: Implications for obesity prevention. *Obesity (Silver Spring), 16*(8), 1843-1848.
45. Trogdon, J.G., **Finkelstein, E.A.**, Hylands, T., Dellea, P.S., & Kamal-Bahl, S.J. (2008). Indirect costs of obesity: A review of the current literature. *Obesity Reviews, 9*(5), 489-500.
46. Trogdon, J.G., **Finkelstein, E.A.**, Hoerger, T.J. (2008). Use of econometric models to estimate expenditure shares. *Health Services Research, 43*(4), 1442-1452. PMID: PMC2517274.
47. **Finkelstein, E.A.**, & Brown, D.S. (2008). Return on investment for bariatric surgery. *The American Journal of Managed Care, 14*(9), 561-562.

48. Nonnemaker, J. M., **Finkelstein, E.A.**, Engelen, M.A., Hoerger, T. J., & Farrelly, M.C. (2009). Have efforts to reduce smoking really contributed to the obesity epidemic? *Economic Inquiry*, *47*(2), 366-376.
49. Honeycutt, A.A., Segel, J.E., Hoerger, T.J., & **Finkelstein, E.A.** (2009). Comparing cost-of-illness estimates from alternative approaches: An application to diabetes. *Health Services Research*, *44*(1), 303-320. PMID: PMC2669634.
50. McKinnon, R.A., Orleans, C.T., Kumanyika, S.K., Haire-Joshu, D., Krebs-Smith, S.M., **Finkelstein, E.A.**, ... Thompson, J.W. (2009). Considerations for an obesity policy research agenda. *American Journal of Preventive Medicine*, *36*(4), 351-357. PMID: PMC2824162.
51. Brown, D.S, **Finkelstein, E.A.**, Brown, D.R., Buchner, D.M., & Johnson, F.R. (2009). Estimating older adults' preferences for walking programs via conjoint analysis. *American Journal of Preventive Medicine*, *36*(3), 201-207.
52. Khavjou, O.A., **Finkelstein, E.A.**, Farris, R.P., & Will, J.C. (2009). Recall of three heart disease risk factor diagnoses among low-income women. *Journal of Women's Health*, *18*(5), 667-675.
53. Armour, B.S., **Finkelstein, E. A.**, & Fiebelkorn, I.C. (2009). State-level Medicaid expenditures attributable to smoking. *Preventing Chronic Disease*, *6*(3), A84. PMID: PMC2722402.
54. Trogdon, J.G., **Finkelstein, E.A.**, Reyes, M., & Dietz W.H. (2009). A return-on-investment simulation model of workplace obesity interventions. *Journal of Occupational Environmental Medicine*, *51*(7), 751-758.
55. Nonnemaker, J.M., Morgan-Lopez, A.A., Pais, J.M., & **Finkelstein, E.A.** (2009). Youth BMI trajectories: Evidence from the NLSY97. *Obesity (Silver Spring)*, *17*(6), 1274-1280.
56. **Finkelstein, E.A.**, Trogdon, J.G, Cohen, J.W., & Dietz, W.H. (2009). Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs (Millwood)*, *28*(5), w822-831.
57. Tate, D.F., **Finkelstein, E.A.**, Khavjou, O.A., & Gustafson A. (2009). Cost effectiveness of internet interventions: Review and recommendations. *Annals of Behavioral Medicine*, *38*(1), 40-45. PMID: PMC2772952.
58. **Finkelstein, E.A.**, Linnan, L.A., Tate, D.F., Leese, P.J. (2009). A longitudinal study on the relationship between weight Loss, medical expenditures, and absenteeism among overweight employees in the WAY to Health Study. *Journal of Occupational and Environment Medicine*, *51*(12), 1367-1373. PMID: PMC2813269.
59. **Finkelstein, E.A.**, Tangka, F.K., Trogdon, J.G., Sabatino, S.A., & Richardson, L.C. (2009). The personal financial burden of cancer for the working –aged population. *American Journal of Managed Care*, *15*(11), 801-806.
60. **Finkelstein, E.A.**, Brown, D.S, Wrage, L.A., Allaire, B.T., & Hoerger, T.J. (2010). Individual and aggregate years-of-life-lost associated with overweight and obesity. *O^besity (Silver Spring)*, *18*(2), 333-339.
61. Anderson, W. L., Armour, B.S., **Finkelstein, E.A.** & Wiener, J.M. (2010). Estimates of state-level health-care expenditures associated with disability. *Public Health Reports*, *125*(1), 44-51. PMID: PMC2789815.
62. Epstein, L.H., Dearing, K.K., Roba, L.G. & **Finkelstein E.A.** (2010). The influence of taxes and subsidies on energy purchased in an experimental purchasing study. *Psychological Science*, *21*(3), 406-414.
63. **Finkelstein, E.A.**, Strombotne, K.L. (2010). The economics of obesity. *American Journal of Clinical Nutrition*, *91*(5), 1520S-1524S.
64. Tangka, F.K., Trogdon, J.G., Richardson, L.C., Howard, D., Sabatino, S.A., & **Finkelstein E.A.** (2010). Cancer treatment cost in the United States: Has the burden shifted over time? *Cancer*, *116*(14), 3477-3484.
65. **Finkelstein, E.A.**, DiBonaventura, M., Burgess, S.M., & Hale, B.C. (2010). The costs of obesity in the workplace. *Journal of Occupational and Environmental Medicine*, *52*(10), 971-976.
66. **Finkelstein, E.A.**, & Segel, J.E. (2010). Does cost-savings mean cost effective?. *American Journal of Preventive Medicine*, *39*(5), 489-490.

67. **Finkelstein, E.A.**, Zhen, C., Nonnemaker, J.M., Todd, J.E. (2010). Impact of targeted beverage taxes on higher and lower income households. *Archives of Internal Medicine*, 170(22), 2028-2034.
68. Van Houtven, G., Reed, W.R., Biddle, E.A., Volkwein, J.C., Clayton, L., & **Finkelstein E.A.** (2010). Rates and costs of respiratory illness in coal mining: A cross-industry comparative analysis. *The Journal of Occupational and Environmental Medicine*, 52(6), 610-617.
69. **Finkelstein, E.A.**, Strombotne, K.L., & Popkin, B.M. (2010). The costs of obesity and implications for policymakers, *Choices*, 25(3).
70. **Finkelstein, E.A.**, Allaire, B.T., Burgess, S.M., Hale, B.C. (2011). Financial implications of coverage for laparoscopic adjustable gastric banding. *Surgery for Obesity and Related Diseases*, 7(3), 295-303.
71. **Finkelstein, E.A.**, Strombotne, K.L., Chan, N.L., & Krieger, J. (2011). The impact of mandatory menu labeling in one fast food chain in King County, Washington. *American Journal of Preventive Medicine*, 40(2), 122-127.
72. Heidenreich, P.A., Trogdon, J.G., Khavjou, O.A., Butler, J., Dracup, K., Ezekowitz, M.D., **Finkelstein E.A.**, Hong, Y., Johnston, S.C., Khera, A., Lloyd-Jones, D.M., Nelson, S.A., Nichol, G., Orenstein, D., Wilson, P.W., Woo, Y.J. (2011). Forecasting the future of cardiovascular disease in the United States: A policy statement from the American Heart Association. *Circulation*, 123(8), 933-944.
73. Koo, T.S., **Finkelstein, E.A.**, Tan, D., & Mehta, J.S. (2011). Incremental cost-utility analysis of deep anterior lamellar keratoplasty compared to penetrating keratoplasty for the treatment of keratoconus. *American Journal of Ophthalmology*, 152(1), 40-47.
74. Li, J., Linnan, L.A., **Finkelstein, E.A.**, Tate, D.F., Naseer, C., & Evenson, K.R. (2011). Knowledge and perceptions of overweight employees about lifestyle-related health benefit changes. *North Carolina Medical Journal*, 72(3), 183-190.
75. **Finkelstein, E.A.**, Allaire, B.T., DiBonaventura, M., & Burgess, S.M. (2011). Direct and indirect costs and potential cost savings of laparoscopic adjustable gastric banding among obese patients with diabetes. *Journal of Occupational and Environmental Medicine*, 2011 Sep;53(9), 1025-1029.
76. Do, Y.K., **Finkelstein, E.A.** (2011). Adolescent weight status and self-reported school performance in South Korea. *Journal of Obesity*. PMID: PMC3249351.
77. **Finkelstein, E.A.**, Allaire, B.T., DiBonaventura, M., & Burgess, S.M. (2011). Incorporating indirect costs into a cost-benefit analysis of laparoscopic adjustable gastric banding (LAGB). *Value in Health*, 15(2), 299-304.
78. Anderson, W.L., Armour, B.K., Wiener, J.M. , & **Finkelstein, E.A.** (2011). Estimates of national health care expenditures associated with disability. *Journal of Disability Policy Studies*, 21(4), 230-240.
79. Ferdinand, K.C., Orenstein, D., Hong, Y., Journigan, J.G., Trogdon, J.G., Bowman, J., Zohrabian, A., Kilgore, M., White, A., Mokdad, A., Pechacek, T.F., Goetzel, R.Z., Labarthe, D.R., Puckrein, G.A., **Finkelstein, E.A.**, Wang, G., French, M.E., & Vaccarino V. (2011) Health economics of cardiovascular disease: Defining the research agenda. *CVD Prevention and Control*, vol.6, no.3, 91-100.
80. Zheng, Y.F., Lamoureux, E., **Finkelstein, E.A.**, Wu, R.Y., Raghavan, L., Chua, D., ... Wong, T.Y. (2011). Independent impact of area-level socioeconomic measures on visual impairment. *Investigative Ophthalmology & Visual Science*, 52(12), 8799-8805.
81. Trogdon, J.G., Cohen, J.W., Feagan, C.W., & **Finkelstein, E.A.** (2012). State and payer specific estimates of annual medical expenditures attributable to obesity. *Obesity (Silver Spring)*, 20(1), 214-220.
82. Lopes, G.L., Segel, J.E., Tan, D.S., Do, Y.K., Mok, T., **Finkelstein, E.A.** (2012). Cost effectiveness of epidermal growth factor receptor mutation testing and first line treatment with Gefitinib for patients with advanced adenocarcinoma of the lung. *Cancer*, 118(4), 1032-1039.

83. Dixon, J.B., Murphy, D.K., Segel, J.E., & **Finkelstein, E.A.** (2012). Impact of laparoscopic adjustable gastric banding on Type 2 diabetes. *Obesity Reviews*, 13(1), 57-67.
84. **Finkelstein, E.A.**, Ostbye, T., & Malhotra, R. (2013). Body mass trajectories through mid-life among Class I obese adults. *Surgery for Obesity and Related Disorders*, 9(4):547-553
85. **Finkelstein, E.A.**, Khavjou, O.A., Thompson, H., Trogon, J.G., Pan, L.P., Sherry, B., & Dietz W.H. (2012). Obesity and severe obesity forecasts through 2030. *American Journal of Preventive Medicine*, 42(6), 563-570.
86. Linnan, L.A., Tate, D.F., Harrington, C., Brooks, A., **Finkelstein, E.A.**, Bangdiwala, S.I., ... Britt A. (2012). Organizational- and employee-level recruitment into a worksite-based weight loss study. *Journal of Clinical Trials*, 9(2), 215-225.
87. Epstein, L.H., Jankowiak, N., Nederkoorn, C., Raynor, H.A., French, S.A., & **Finkelstein, E.A.** (2012) Experimental research on the relationship between food price changes and food purchasing patterns: A targeted review. *American Journal of Clinical Nutrition*, 95(4):789-809. PMID: PMC3302358
88. **Finkelstein, E.A.**, & Bilger M. (2012). Hard truths and a new strategy for addressing childhood obesity. *Childhood Obesity*, 8(2), 106-109.
89. Stunkel W., Pan H., Chew S.B., Tng E., Tan J.H., Chen L., Joseph R., Cheong C.Y., Ong M.L., Lee Y.S., Chong Y.S., Saw S.M., Meaney M.J., Kwek K., Sheppard A.M., Gluckman P.D., GUSTO Study Group. (2012). Transcriptome changes affecting Hedgehog and cytokine signalling in the umbilical cord: implications for disease risk. *PLoS One*. 7(7):e39744 PMID:PMC3393728
90. Do, Y.K., & **Finkelstein, E.A.** (2012). Youth employment, income and smoking initiation: Results from Korean Panel Data. *Journal of Adolescent Health*, 51(3),226-232.
91. Crane M.M., Tate D.F., **Finkelstein E.A.**, & Linnan L.A. (2012). Motivation for participating in a weight loss program and financial incentives: An analysis from a randomized trial. *Journal of Obesity*, PMID: PMC3345232.
92. Dharani, R., Lee, C.F., Theng, Z.X., Drury, V.B., Ngo, C., Sandar, M., Wong, T.Y., **Finkelstein, E.A.**, & Saw S.M. (2012). Comparison of measurements of time outdoors and light levels as risk factors for myopia in young Singapore children. *Eye*. PMID: PMC3396160
93. Dong, D., Sung, C., & **Finkelstein, E.A.** (2012). Cost-effectiveness of HLA-B*1502 genotyping newly diagnosed adult epilepsy patients in Singapore. *Neurology*, 79(12),1259-1267.
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Publications in Non-refereed journals:

a. Reviews and chapters in books:

1. Miller T., **Finkelstein E.A.**, Zaloshnja E., & Hendrie D. (2006). The cost of child and adolescent injuries and the savings from prevention. In K. Liller (Ed.), *Injury prevention for children and adolescents: Research, practice, and advocacy.* Washington, DC: American Public Health Association.
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b. Authored Books

1. **Finkelstein E.A.**, & Zuckerman L. (2008). *The fattening of America.* NJ: John Wiley & Sons, Inc.
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c. Editorials

1. **Finkelstein E.A.** (May 18, 2012). *Don't discard 3M health model* in The Straits Times.
2. **Finkelstein E.A.** (April 24, 2013). *A better way to spend on healthcare* in TODAY.
3. **Finkelstein E.A.** (November 18, 2013). *Lessons from Obamacare for Singapore* in TODAY.
4. **Finkelstein E.A.** (March 31, 2016). *How much would you pay to extend your life by a year?* in The Straits Times.

(C) Presentations (from 2012 to current, most recent first)

1. **Finkelstein E.A.**, (2016 December). *How can health care systems better support families, caregivers and community members in caring for people of all ages for who death is near?* Presented at Salzburg Global Seminar Session 562 Rethinking Care toward the End of Life in Salzburg, Austria.
2. **Finkelstein E.A.**, (2016 November). *Behavioral Economics – Evidence for Chronic Disease*

- Prevention?* Presented at 6th ISPAH Congress in Bangkok, Thailand.
3. **Finkelstein E.A.**, (2016 October). *Comparing Health Systems*. Presented at 9th Healthcare Policy and Governance Programme in Singapore.
 4. **Finkelstein E.A.**, (2016 October). *Impact of treatment subsidies and cash payouts on treatment choices at the end of life*. Presented at 21st International Congress on Palliative Care in Montreal, Canada.
 5. **Finkelstein E.A.**, (2016 September). *Applications in Behavioural Economics to Reduce Risk Factors for Chronic Diseases*. Presented at Singapore International Public Health Conference in Singapore.
 6. **Finkelstein E.A.**, (2016 September). *Success Stories of Health Economics in Singapore*. Presented at Singapore International Public Health Conference in Singapore.
 7. **Finkelstein E.A.**, (2016 September). *Old Habits Die Hard - Behavioural Economics to the Rescue*. Presented at Singapore Health & Biomedical Congress in Singapore.
 8. **Finkelstein E.A.**, (2016 September). *Using Behavioral Economics to Improve Diabetes Prevention and Treatment*. Presented at Singhealth Duke-NUS Scientific Congress 2016 in Singapore.
 9. **Finkelstein E.A.**, (2016 September). *Incremental Cost-Effectiveness of Algorithm-Driven Genetic Testing versus No Testing for Maturity Onset Diabetes of the Young (MODY) in Singapore*. Presented at ISPOR 7th Asia-Pacific Conference in Singapore.
 10. **Finkelstein E.A.**, (2016 August). *Cost-Utility of Sevelamer vs. Calcium Carbonate for Treatment of Hyperphosphatemia among Pre-Dialysis CKD Patients*. Presented at sanofi-aventis lecture in Singapore.
 11. **Finkelstein E.A.**, (2016 August). *Economic aspects of providing cancer care in a public health system in Singapore*. Presented at National Cancer Centre COE program in Singapore.
 12. **Finkelstein E.A.**, (2016 June). *Introduction to Behavioural Economics and Use of Incentives for Chronic Disease Prevention and Treatment*. Presented at Moi University Hospital Grand Rounds in Eldoret, Kenya.
 13. **Finkelstein E.A.**, (2016 June). *Making the Business Case for Health Innovations*. Presented at Moi University Hospital Grand Rounds in Eldoret, Kenya.
 14. **Finkelstein E.A.**, (2016 May). *Applying health economics in Asia*. Presented at FT Asia Healthcare & Life Sciences Summit Forging Frontiers for Pharmaceuticals in Singapore.
 15. **Finkelstein E.A.**, (2016 February). *Success stories of local cost-effectiveness analyses*. Presented at NMRC Awards Ceremony and Research Symposium 2016 in Singapore.
 16. **Finkelstein E.A.**, (2016 January). *Impact of treatment subsidies and cash payouts on treatment choices at the end of life*. Presented at SMDM 2nd Biennial Asia-Pacific Conference in Hong Kong.
 17. **Finkelstein E.A.**, (2015 December). *Use of Stated Preference Surveys to Quantify Preferences and Willingness to Pay for End of Life Care*. Presented at Duke Kunshan University in Kunshan, China.
 18. **Finkelstein E.A.**, (2015 November). *Using Discrete Choice Experiments to Understand Preferences and Willingness to Pay for End of Life Care*. Presented at University of Virginia in Charlottesville, Va., USA.
 19. **Finkelstein E.A.**, (2015 November). *1) The Singapore Health System 2) Preferences and willingness to pay for End of Life care in Singapore*. Presented at Emory University in Atlanta, Ga., USA.
 20. **Finkelstein E.A.**, (2015 November). *Use of Stated Preference Surveys to Quantify Preferences and Willingness to Pay for End of Life Care*. Presented at Health Services Seminar at Georgia Tech in Atlanta, Ga., USA.
 21. **Finkelstein E.A.**, (2015 November). *Behavioural Economics – Evidence for Chronic Disease Prevention*. Presented at University of Georgia, Athens, Ga., USA.
 22. **Finkelstein E.A.**, (2015 November). *Behavioural Economics – Evidence for Chronic Disease Prevention*. Presented at Research Seminar in U. Of Pennsylvania Prevention Research Center in Philadelphia, Pa., USA.
 23. **Finkelstein E.A.**, (2015 November). *Behavioural Economics – Evidence for Chronic Disease Prevention*. Presented at Temple University in Philadelphia, Pa., USA.
 24. **Finkelstein E.A.**, (2015 October). *Behavioural Economics – Evidence for Chronic Disease Prevention*. Presented at NUS-Cambridge Joint Research Symposium in Singapore.

25. **Finkelstein E.A.**, (2015 October). *Demystifying Health Economics – Facilitating Access to Quality Health Products*. Presented at CoRE Scientific Conference in Singapore.
26. **Finkelstein E.A.**, (2015 September). *Behavioural Economics – Evidence for Chronic Disease Prevention*. Presented at NUS Social Service Research Seminar Series in Singapore.
27. **Finkelstein E.A.**, (2015 September). *FIVE Steps to develop a value proposition FOR health innovations: Examples from Paediatric Obesity and Atopic dermatitis*. Presented at Nestlé Nutrition Institute Symposium : Cost effectiveness analysis in allergy prevention in Singapore.
28. **Finkelstein E.A.**, (2015 August). *End of Life Treatment Choices: Do We Get it Right?* Presented at IARU ALH Steering Committee Meeting in Copenhagen, Denmark.
29. **Finkelstein E.A.**, (2015 August). *Behavioral economics and obesity prevention*. Presented at International Symposium on Obesity Prevention in Seoul, South Korea.
30. **Finkelstein E.A.**, (2015 August). *Impact of subsidies and cash payouts on treatment choices at the end of life*. Presented at Seoul National University in Seoul, South Korea.
31. **Finkelstein E.A.**, (2015 June). *Develop a Strong Value Message for Economic Decision Makers*. Presented at AOAP Retreat in Bangkok, Thailand.
32. **Finkelstein E.A.**, (2015 June). *Introduction to Economic Evaluation in the Hospital Setting*. Presented at Harapan Kita and Cipto Hospitals in Jakarta, Indonesia.
33. **Finkelstein E.A.**, (2015 May). *Palliative Care*. Presented at The 9th Asian Forum of Chronic Disease Initiatives (AFCKDI) in Jakarta, Indonesia.
34. **Finkelstein E.A.**, (2015 May). *Preferences for life extending treatments and palliative care among cancer patients in Singapore*. Presented at The 11th Asia Pacific Hospice Conference, 2015 in Taipei, Taiwan.
35. **Finkelstein E.A.**, (2015 April). *Older adult, patient and caregiver’s willingness to pay for moderately life extending cancer treatments and other aspects of quality EOL care. Results of a discrete choice experiment in Singapore*. Presented at Interdisciplinary Conference on Health-Related Research in Korea supported by Korean National Research Foundation in Sogang University, Seoul, Korea.
36. **Finkelstein E.A.**, (2015 March). *Behavioral Economics Has Been Identified as a Promising Strategy to Improve the Health of Older Adults*. Presented at Duke-NUS/Duke-Durham Bridging Symposium: Global Burden of Non-communicable Diseases with a focus on Vascular Disease in Singapore.
37. **Finkelstein E.A.**, (2015 March). *Preferences and Willingness to Pay for End of Life Care in Singapore: Population, Patient, Caregiver, and Physician Perspectives*. Presented at SingHealth Research Grand Rounds in Singapore.
38. **Finkelstein E.A.**, (2015 March). *End of Life Treatment Choices among Singaporeans*. Presented at “Choices” orientation session for physicians in the renal department in Singapore.
39. **Finkelstein E.A.**, (2015 March). *Behavioral Economics And Chronic Disease Prevention: Results From Three Randomized Trials*. Presented at NMRC Awards Ceremony and Research Symposium 2015 in Singapore.
40. **Finkelstein E.A.**, (2015 February). *Choice of treatment to extend life vs supportive care at the end of life*. Presented at 22nd International Conference of Indian Association of Palliative Care IAPCON 2015 in Hyderabad, India.
41. **Finkelstein E.A.**, (2015 February). *A Brief Overview of Lien Centre for Palliative Care*. Presented at LKC Medical School Workshop on Primary Care Research in Singapore.
42. **Finkelstein E.A.**, (2014 November). *Cost-effectiveness of bariatric surgery for diabetes management*. Presented at 10th IDF-WPR Congress 2014 6th AASD Scientific Meeting in Singapore.
43. **Finkelstein E.A.**, (2014 November). *Preferences and Willingness to Pay for End of Life Care in Singapore: Population, Patient, Caregiver, and Physician Perspectives*. Presented at Duke University DGHI lunch talk in Durham, USA.
44. **Finkelstein E.A.**, (2014 November). *Preferences and Willingness to Pay for End of Life Care in Singapore: Population, Patient, Caregiver, and Physician Perspectives*. Presented at Yale University Health Policy and Management Seminar talk in New Haven, USA.

45. **Finkelstein E.A.**, (2014 August). *“Behavioural Economics – Evidence for Chronic Disease Prevention?”*. Presented at 9th Public Health and Medicine (PHOM) Conference in Singapore.
46. **Finkelstein E.A.**, (2014 August). *Economics in Healthcare*. Presented at Emerging Leadership Programme in Singapore.
47. **Finkelstein E.A.**, (2014 August). *“Behavioural Economics – Evidence for Chronic Disease Prevention?”* Presented at London School of Hygiene & Tropical Medicine NCD talk in London, United Kingdom.
48. **Finkelstein E.A.**, (2014 August). *Preferences and Willingness to Pay for End of Life Care in Singapore: Population, Patient, Caregiver, and Physician Perspectives*. Presented at Cicely Saunders Institute, Department of Palliative Care, Policy and Rehabilitation researchers meeting in London, United Kingdom.
49. **Finkelstein E.A.**, (2014 July). *Clinical efficacy, cost effectiveness, and analysis of clustered multi-country data in hypertension trials*. Presented at 127th Anniversary International Medical Congress of the Sri Lanka Medical Association in Colombo, Sri Lanka.
50. Malhotra C. (presenter), Farooqui A., Dalager H.B., Chan N., Zhou J., **Finkelstein E.A.** (2014 June). *Physicians’ Recommendations, Perceived Roles, Knowledge, and Attitudes Regarding Treatment of Patients with Advanced Serious Illnesses in Singapore*. Presented at Singapore Palliative Care Conference (SPCC 2014) in Singapore.
51. **Finkelstein E.A.**, (2014 May). *Differences in preferences and willingness to pay for moderately life extending care and other end of life attributes between community dwelling older adults, patients, and caregivers*. Presented at Changi General Hospital, Department of Geriatrics, in Singapore.
52. **Finkelstein E.A.**, (2014 May). *Behavioural Economics – Evidence for Chronic Disease Prevention*. Presented at Keynote symposium at ISBNPA 2014 Annual Meeting in San Diego, Ca., USA.
53. **Finkelstein E.A.**, (2014 May). *Differences in preferences and willingness to pay for moderately life extending care and other end of life attributes between community dwelling older adults, patients, and caregivers*. Presented at University of California at Berkeley, School of Public Health, Berkeley, Ca, USA.
54. **Finkelstein E.A.**, (2014 May). *Health Economics of Obesity Treatments*. Presented at AACE/ACE Consensus Conference on Obesity: The Path Forward for Obesity Medicine in Las Vegas, Nevada, USA.
55. **Finkelstein E.A.**, (2014 March). *Economics of Obesity*. Presented at AACE/ACE Consensus Conference on Obesity: Building an Evidence Base for Comprehensive Action in Washington DC, USA.
56. **Finkelstein E.A.**, (2014 March). *The Future of Health Care Systems in Asia Pacific*. Presented at J&J Strategic Business Systems 2nd Meeting in Singapore.
57. **Finkelstein E.A.**, (2014 March). *An overview of the U.S. Healthcare System: Past and Future*. Presented at MOH MediShield Life Review Committee meeting in Singapore.
58. **Finkelstein E.A.**, (2014 February). *Communicating a Value Message: Application to Vicryl Plus Sutures*. Presented at J&J ASEAN Sales Training Meeting in Pattaya, Thailand.
59. **Finkelstein E.A.**, Farooqui A., Kanesvaran R., Malhotra C. (presenter), (2014 January). *Concordance in preferences for end of life care between advanced cancer patients and their caregivers in Singapore: A discrete choice experiment*. Presented at SMDM Asia-Pacific Conference in Singapore.
60. **Finkelstein E.A.**, Farooqui A., Kanesvaran R., Malhotra C. (presenter), (2013 December). *Concordance in preferences for end of life care between advanced cancer patients and their caregivers in Singapore: A discrete choice experiment*. Presented at Health Systems in Asia: Equity, Governance and Social Impact, Lee Kuan Yew School, NUS, Singapore.

61. **Finkelstein E.A.**, (2013, November). *What's Another Year of Life Worth? A comparison of preferences of advanced cancer patients with those of their caregivers and community-dwelling older adults*. Presented at Columbia University, Department of Health Policy and Management Brown Bag Seminar in New York, USA.
62. **Finkelstein E.A.**, (2013, November). *Setting the Stage: How Big of a Problem is Obesity and Morbid Obesity to Individuals, Government and Employers?* Presented at Obesityweek 2013 Symposium II: Access to Care – Update on Bariatric Coverage (ASMBS) in Atlanta, USA.
63. **Finkelstein E.A.**, (2013, October). *The End of History: A Comparison of Preferences for End-of-Life Care Between Healthy Older Adults and Advanced Cancer Patients in Singapore*. Presented at 17th Sawtooth Software conferences & workshops in California, USA.
64. **Finkelstein E.A.** (presenter), Kanessvaran R., Farooqui M.A., Dalager H., Malhotra C., (2013, October). *Preferences for End-of-Life Care among Advanced Cancer Patients in Singapore*. Poster presentation at APHC2013 : Integration and Harmony of Wisdom in Bangkok, Thailand.
65. **Finkelstein E.A.**, (2013, October). *Valuing Risk – Benefit Tradeoffs and Welfare Implications of Select Homeland Security Policies for Liberals, Moderates and Conservatives – A Conjoint Analysis*. Presented at NUS Business School Department of Decision Sciences Seminars in Singapore.
66. **Finkelstein E.A.**, (2013, October). *Behavioural Economics – Evidence for Chronic Disease Prevention*. Presented at ASEAN PA workshop in Singapore.
67. **Finkelstein E.A.**, (2013, September). *Preferences and Willingness to Pay for End of Life Care in Singapore*. Presented at Cardiology Grand Rounds in Eldoret, Kenya.
68. **Finkelstein E.A.**, (2013, September). *Five Steps to Develop a Value Message for Health Innovations*. Presented at AMPATH Research Lecture in Eldoret, Kenya.
69. **Finkelstein E.A.**, (2013, August). *Panel Discussion: Using big data to make benefit programs deliver*. Presented at Mercer Signature Series Asia, Middle East & Turkey Platinum HR Leaders Series Talent Rising: Accelerating for High Impact Growth in Singapore.
70. **Finkelstein E.A.**, (2013, August). *A Comparison of Stated Preferences and Willingness to Pay for End of Life Treatments Between Older Adults and Late Stage Cancer Patients*. Presented at Duke-NUS Quantitative Medicine Forum in Singapore.
71. **Finkelstein E.A.**, (2013, May). *A Comparison of Stated Preferences and Willingness to Pay for End of Life Treatments Between Older Adults and Late Stage Cancer Patients*. Presented at Monash University in Kuala Lumpur, Malaysia.
72. **Finkelstein E.A.**, (2013, March). *End-of-life Preferences for Late Stage Cancer Treatment*. Presented at SHC Multidisciplinary Palliative Care Forum in Singapore.
73. **Finkelstein E.A.**, (2013, February). *Using conjoint analysis to assess population preferences for End of Life Care*. Presented at University of Southern California in California, USA.
74. **Finkelstein E.A.**, (2012, November). *End-of-life Care Preferences among Older Community-dwelling Singaporeans: A Conjoint Analysis*. Presented at Gerontological Society of America 65th Annual Scientific Meeting in San Diego, USA.
75. **Finkelstein E.A.**, (2012, October). *Economic Evaluation of Nutrition Interventions – In search of cost-effective ways to improve health outcomes*. Presented at 1st Singapore International Public Health Conference in conjunction with the 7th Singapore Public Health & Occupational Medicine Conference in Singapore.
76. Malhotra C. (presenter), Flynn T., Farooqui A., Chan A., Goh C., Bilger M., **Finkelstein E.A.**, (2012, October). *End-of-life care preferences of older Singaporeans: Results from a community-based survey*. Presented at Lien Centre for Palliative Care Conference 2012, Singapore.
77. Bilger M., Kruger E., **Finkelstein E.A.**(presenter) (2012, September). *Relationship between income and childhood obesity: looking beyond prevalence*. Presented at Obesity 2012, 30th Annual Scientific Meeting of the Obesity Society, San Antonio, Texas.

78. Bose S., Ang M., Mehta J.S., Tan D.T., **Finkelstein E.A.**(presenter) (2012, August). *Cost-Effectiveness of Two Approaches to Corneal Transplantation: Posterior Keratoplasty (PK) versus Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK)*. Presented at SingHealth-Duke NUS Scientific Symposium in Singapore.
79. Malhotra C.(presenter), Chan A., **Finkelstein E.A.**, (2012, July). *Preference for Quality of Life or Survival: Results from Survey on Preferences for End-of-Life Care among Singaporeans*. Presented at Singapore Palliative Care Conference in Singapore.
80. **Finkelstein E.A.**, (2012, April). *Healthcare Utilization and Expenditures Among GUSTO Babies: Preliminary Results*. Presented at GUSTO Scientific Meetings in Singapore.
81. Malhotra C.(presenter), Chan A., **Finkelstein E.A.**, (2012, March). *Preference for quality of life or survival: Results from Survey on Preferences for end-of-life care among Singaporeans*. Presented at 1st World Congress on Healthy Ageing in Kuala Lumpur, Malaysia.
82. **Finkelstein E.A.**, (2012, February). *Cost effectiveness of bariatric surgery in diabetes – A global and Asian perspective*. Presented at Asia-Pacific Workshop Metabolic Surgery for Type 2 Diabetes in Singapore.

1. Professional awards and special recognitions:

- Thomson Reuters Highly Cited Researcher - Included in list of World's Most Influential Scientific Minds 2015
- *Health Affairs* most read paper 2009
- Successfully commercialized an Obesity Cost Calculator, which generated over \$400K in revenue
- RTI Highly Published Author Award, 2007
- RTI Early Career Author Award, 2006
- RTI Highly Published Author Award, 2006
- Nominee (with Phaedra Corso and Ted Miller), Society for Advancement of Violence and Injury Research (SAVIR), Research!America's Garfield Award for Public Health Impact for *The Incidence and Economic Burden of Injuries in the United States*, 2006
- RTI Outstanding Paper Award, 2005
- RTI Highly Published Author Award, 2005
- RTI Outstanding Paper Award, 2004
- Langton Award for Outstanding Undergraduate Teaching, 1998
- Fellow, Agency for Health Care Policy and Research, 1997 to 1999
- Special Contribution Award, Department of Veterans Affairs, 1996

2. Organizations and participation: (Offices held, committee assignments, etc.)

- Reviewer for most major health, health economics, and medical journals
- Member, Ministry of Health Disease Management Workgroup, Diabetes Prevention and Care Taskforce, 19 July 2016 to 12 June 2019.
- Research Scientist, National Heart Research Institute of Singapore under the National Heart Centre of Singapore Pte Ltd, 1 April 2016 to 31 March 2019
- Member, Cancer Taskforce, 2016 to present
- Member, NIHA Management Committee, 2016 to present
- Member, Duke-NUS CoRE Internal Appointments and Promotions Committee (APC), 2015
- Member, Health Services Research Strategy Work Group (HSRSWG), 2015
- Council of Directors of the True Health Coalition, GLiMMER Initiative
- Scientific Advisory Board member, Virgin Pulse, 2015 to 31 December 2016.
- Scientific Advisory Board member, Weight Watchers International Inc., 2015 to present
- Visiting Scientist, National Heart Research Institute of Singapore under the National Heart Centre

of Singapore Pte Ltd, 1 May 2014 to 31 April 2017

- Scientific Advisory Board member, Curves International Holdings Inc. and Jenny Craig Inc., 1 June 2014 to 31 January 2015
- Member, The National Medical Research Council Local Review Panel (LRP) for the Health Services Research New Investigator Grant (HSR NIG) Scheme, 2013 – 2014
- Editorial Board, American Journal of Health Promotion, 2012 to present
- Council Member, Singapore Hospice Council, 2012 - present
- Guest Editor for a Special Issue on Behavioral Economic in Health for the journal Health Psychology, 2012
- Organizing committee, 1st International Public Health Conference in conjunction with the 7th Public Health & Occupational Medicine Conference in 2012
- Member, Lien Centre for Palliative Care Search Committee, Duke-NUS Graduate Medical School, 1 September 2011 - present
- Invited Member to Technical Consultation on Identifying Approaches to Control Obesity, World Health Organization, 11-13 April 2011, Melbourne, Australia
- Invited Member to Regional High-Level Meeting on Scaling up Multisectoral Actions for Noncommunicable Disease Prevention and Control, World Health Organization, 17-18 March 2011, Seoul Republic of Korea
- Member, Lien Center for Palliative Care Mid-term Review Committee, Duke-NUS Graduate Medical School, winter 2011.
- Member, Admissions Committee for the IBM Fall 2011 intake, Duke-NUS Graduate Medical School, 2010- present
- Founding Member of ISPOR Singapore, 2010 - present
- Organizing committee, 5th Singapore Public Health & Occupational Medicine Conference, 2010
- Member, Graduate School Program Committee, Duke-NUS Graduate Medical School, 2010 - present
- Member, 3rd Year Medical Student Program Committee, Duke-NUS Graduate Medical School, 2010 - present
- Editorial Board, American Journal of Preventive Medicine, 2009 - present
- Editorial Board, Health Psychology, 2010 - present
- Committee Member, Institute of Medicine's Committee on Childhood Obesity Prevention Actions for Local Governments, 2009
- Invited Research fellow, UNC Center for Health Promotion and Disease Prevention, 2008-present
- Grant Review Panel Member, National Center for Injury Prevention and Control, Initial Review Group, 2008
- Grant Review Panel Member, NIH Community Influences on Health Behaviors study section, 2007-2008
- Small Grant Reviewer, NIH Special Emphasis Panel (Social Science and Population Studies), June 2006
- Grant Reviewer, National Science Foundation, 2007

3. Previous and current teaching and mentoring responsibilities:

- Co-Teach an annual short course on Economic Methods in Health Technology Assessment
- External Reviewer for Dr. Emmanuel (Manny) Papadimitropoulos review for tenure and promotion to the rank of Associate Professor at the Leslie Dan Faculty of Pharmacy, University of Toronto, Canada
- Member, Thesis Advisory Committee (TAC) for PhD candidate Yanyi Guan in Saw Swee Hock School of Public Health, 2014

- Committee Chair, Duke Msc-GH Thesis Defense for Junjian Gaoshan, Weixi Jiang, Junyang Wang and Shu Chen in Duke University Graduate School, Global Health Institute, 2014.
- Practicum Supervisor overseeing Public Health Masters' student Geraldine John at the Saw Swee School of Public Health, National University of Singapore, 2014.
- National University of Singapore, Singapore. Lead instructor for two courses: Health Economics and Health Technology Assessment, each taught annually in NUS MPH program and cross-listed in Business School.
- Dissertation Committee for Jiang Li, PhD candidate in Health Behavior Health Education at University of North Carolina, 2009 to 2013.
- Co-Taught a short course on Modelling Obesity and Economics at University of Alabama, Birmingham in Birmingham, USA (14 May 2014)
- Taught a 4 hour course on Cost-Effectiveness Analysis at Xi'an Jiaotong University in Xi'an, China (21 May 2012)
- Taught a 20 hour course on Comparative Structure and Finance of Health Systems in the Duke-PKU Global Health Certificate Program at Peking University in Beijing, China (13-17 June 2011, 4-8 June, 2012)
- Duke-NUS Graduate Medical School, Singapore. Instructor for Health Economics Module of Foundations Course for incoming Ph.D. candidates (2010 to present).
- Duke-NUS Graduate Medical School, Singapore. Primary dissertation adviser to Ph.D. student, Di Dong, in the Integrative Biology and Medicine Ph.D. program (2010-2015). *Di won the best dissertation in Social Sciences award.*
- Duke-NUS Graduate Medical School, Singapore. Mentor or co-mentor one third year medical student per year (2009-present).
- Duke University, Durham, NC. Visiting Instructor for Health Economics (2000-2007).
- University of Washington, Seattle, WA. Instructor for Advanced Microeconomics (1998).
- University of Washington, Seattle, WA. Lead Teaching Assistant (TA) (1996-1998).
- University of Washington, Seattle, WA. TA for Micro- and Macroeconomics (1995 – 1996).

4. **Areas of research interests - list:** health economics, healthcare financing, behavioral economics, obesity, conjoint analysis.

(D) Current Research Report

1R01HL130816-01 (Herring)

15/01/16 – 31/12/20 (DD/MM/YY)
0.48 months per year

\$514,775 direct costs (\$26,477 Duke subcontract direct costs)

Community-based obesity treatment in African American women after childbirth: a randomized controlled trial of WIC mothers

This project aims to reduce disparities in obesity by implementing and evaluating a novel community-based behavioral weight loss intervention in African American WIC participants during the first postpartum year.

Role: Co-Investigator

Grant – MOH (NMRC/HSRNIG/0007/2015)

07/07/15 – 31/07/17
0.5 months per year

Total Value Awarded of SGD\$99,745

The Role of Risk Factors in Influencing Inpatient Utilization and Costs: Evidence from linked Singapore Chinese Cohort Data

As the country becomes wealthier and its population ages, Singapore is facing a dual health challenge. It wants to expand access to insurance coverage and subsidy for its people, and at the same time, find ways to control healthcare costs. Thus far, the government has been proactive in responding to this dual challenge. Recent policy efforts expanded coverage to accommodate those with low incomes and the elderly. In particular, changes have been proposed for MediShield to cover the entire population. These

policy changes raises the need to address a number of issues related to the costs of expanded access and more generally, to identify strategies to control costs. This research aims to quantify elderly's inpatient costs during their aging years and at their end-of-life stage, with a focus on the cost burden associated with risk factors (such as smoking, obesity, drinking) and chronic diseases. The research also investigates the cost reduction aspects of the MediShield program. Overall, this research will help with current government efforts to revamp the Medishield, inform the cost burdens that government and older adults will face in the future, and enable them to make appropriate savings and investment decisions.
Role: Mentor for new investigator

Grant – MOH (NMRC/HSRG/0048/2015)

25/02/15-28/02/17
0.5 months per year
Total Value Awarded of SGD\$540,457

Randomized Controlled Trial of an Incentive-based Physical Activity Program targeting both children and adults (FIT-FAM)

There is overwhelming evidence that sustained physical activity reduces the risk of many common diseases. Yet, data reveals low levels of physical activity among working age adults and their children in Singapore. One strategy that has been successfully employed to influence behaviors of parents is to use their children as an intermediary. This strategy has a successful track record in public health, where children have helped their parents quit smoking and wear seatbelts. In this study we propose to test whether children can promote increased physical activity of a working parent at the same time that they increase their own activity level. This proposal is an extension of a prior study where we showed that modest financial incentives can increase physical activity levels among youth. We now propose to conduct a follow-on trial where the reward is tied not only to the child's own steps, but to that of their parents. Rewards will be based on step activity measured through a state-of-the-art wireless step counter. Just as children were motivated to increase their own activity levels in efforts to achieve the incentive, we hypothesize that they will also be effective advocates for increasing the activity levels of their parents.
Role: Principal Investigator

2 RO1 DK056746 (Harvey/West)

01/04/15 - 31/03/20
0.25 months per year
\$616,007 (yr 1 direct costs)

NIH/NIDDK

Internet Assisted Obesity Treatment: Enhanced by Financial Incentives

The major goal of this randomized controlled trial is to determine whether incorporating financial incentives increases the amount and duration of weight losses achieved by Internet-delivered behavioral treatment. A secondary, exploratory aim is to quantify the incremental cost-effectiveness of each intervention strategy compared to established cost-efficacy thresholds. Overweight and obese adults at two study sites (N=416; 27% minority) will randomized to: (1) Internet intervention; or 2) Internet intervention plus financial incentives for implementation of key self-management behaviors (daily self-weighing, self-monitoring of dietary intake and achieving step goals) (Internet+Incentives). Measures of body weight, treatment engagement (e.g., attendance, self-monitoring, website utilization, motivational factors, weight control behaviors) and treatment delivery cost will be obtained over an 18-month period.
Role: Consultant

NIH grant - 203792

PI Rajesh Vedanthan, MD MPH, Mount Sinai School of Medicine (MSSM)

01/12/14 – 30/11/19
0.75 months per year
Total grant value 3.4M USD

Duke PI Finkelstein – total value of Duke subgrant - \$260K

Bridging Income Generation with Group Integrated Care (BIGPIC)

Cost-effective, context-specific, and culturally appropriate interventions are critical to reduce risk factors for CVD in LMICs, and both group medical visits and microfinance have the potential to achieve this. In partnership with the Government of Kenya, the Academic Model Providing Access to Healthcare Partnership has expanded its clinical scope of work in rural western Kenya to include diabetes and hypertension, and has piloted group care and microfinance initiatives with promising early results. However, the effectiveness of these strategies individually, and in combination, on improving CVD risk is not known. Thus, the overall objective of this proposal is to utilize a transdisciplinary implementation

research approach to address the challenge of reducing CVD risk in low-resource settings via a group randomized controlled trial.

Role: Principal Investigator

Grant – GAI NUS Aging Cluster Grant (AG-2014-001)

27/11/14-25/05/17

0.5 months per year

Total Value Awarded of SGD\$320,000

Encouraging Healthy Nutrition Purchases in an Online Grocery Setting using Experimental Economics

Low quality diets and their relationship to obesity and poor health outcomes are of increasing concern in Singapore, and local policy-makers are looking to identify strategies aimed at encouraging healthier food consumption in efforts to combat obesity and improve public health. This proposal aims to support these efforts by designing a study to evaluate the effectiveness of various interventions aimed to encourage higher quality diets, with the broader goal of informing policy on reducing rates of obesity and enhancing the public health profile of Singapore. To this end, this study proposes to develop an online grocery store and enroll participants to make their typical grocery purchases through this store. Using the information gathered from the participants' purchasing behavior, this proposal will apply experimental economic methods to test the extent to which food purchasing behavior can be positively influenced through a series of nutrition information and/or incentive-based interventions. The findings from this research can be used by policymakers in efforts to improve the value of nutrition information to discourage unhealthy food consumption, and by insurers and others looking to design value-based programs that reward participant's for healthier food purchases.

Role: Principal Investigator

Grant – Singapore Millennium Foundation 2015-SMF-0003

24/12/15-23/12/18

Total Value of SGD\$749,922

Costs and Medical Care of Patients with Advanced Serious Illness in Singapore (COMPASS)

This is a longitudinal study which aims to prospectively capture health care utilization, cost, and quality of life indicators from 600 patients with advanced cancer using both administrative and survey data collected until patient's death. Patients and their caregivers are interviewed by the research team at baseline and subsequently at every three months until the patient's death. Additionally, the study recruits patient's treating physician. After patient's death, caregivers are asked to complete a questionnaire at 8 weeks and 6 months after patient's death assessing bereavement adjustment. This study is being conducted at National Cancer Centre, National University Hospital and Tan Tock Seng Hospital.

Role: Principal Investigator

Center Grant

01/10/14-30/09/19

3 months per year

Total value of SGD\$7.5Million

The Lien Foundation, SingHealth Foundation, and National Cancer Centre Singapore have provided funding to support a Centre of Excellence in Palliative Care housed within the Duke-NUS Graduate Medical School. The Lien Centre for Palliative Care (LCPC) foci include developing and delivering traditional and blended learning palliative care education programs targeted physicians and allied health professionals, initiating and incubating high value research projects, and engaging with key stakeholders in Singapore and the region in efforts to enhance the end of life experience for patients and caregivers.

Role: Principal Investigator

Grant – Singapore Millennium Foundation 2013-SMF-0002

03/02/14-02/02/17

1 person months per year

Total Value of SGD\$260,480

1 person months per year

Knowledge and preferences for treatment of end stage renal disease among elderly patients and their family caregivers

Understanding patient's preferences regarding treatment for end-stage renal disease (ESRD) is important to guide treatment recommendations and policies. Currently, treatment choices for ESRD are likely to be distorted by a lack of knowledge among patients and their caregivers regarding outcomes and costs that result from a given choice. Therefore, this study proposes to assess patient and caregiver knowledge about outcomes and costs of dialysis and conservative treatment, and to quantify the extent to which select features and outcomes

of dialysis influence the decision to choose it over conservative treatment, and the change in uptake that would result from a given change in one of the attribute levels (or better information on that attribute). The study involves focus groups with stated preference conjoint survey with elderly stage 4 and 5 chronic kidney disease patients.

Role: Principal Investigator

R01HL119568 (Ward / Linnan)

01/01/14 – 31/12/18

0.5 months per year

Total value of USD\$489,547

National Institutes of Health

Care2BWell: A Worksite Physical Activity & Wellness Program for Child Care Staff

Child care workers are among the lowest wage workers in the US workforce; and face a wide range of chronic health conditions. This randomized controlled trial in 104 child care settings will test the effects of a multi-level physical activity intervention on worker physical activity outcomes (primary) and other risk behaviors. We will also assess changes in the workplace environment at these centers that support health.

Role: Consultant

Grant – NIHA-2013-1-005

10/09/13-09/03/18

0.5 months per year

Total Value of SGD\$249,880

A Randomized Controlled Trial to Improve Diabetes Outcomes through Financial Incentives (TRIAD)

Type II diabetes is associated with a host of adverse and costly complications, including heart attacks, strokes, blindness, kidney failure, and severe neuropathy that may result in amputations. For those with diabetes, glycemic control is essential to minimize complications but many fail at being sufficiently adherent to their treatment. We propose to test two incentive-based intervention strategies aimed at improving diabetes outcomes amongst patients with uncontrolled glycemic levels. The incentives are tied either to processes aimed at improving blood sugar levels (glucose testing, physical activity and medication adherence) or directly to the intermediary outcome (blood glucose in the acceptable range). While process incentives are likely to provide more motivation for treatment adherence, as these goals may be comparably easier to meet, these incentives only reward intermediary outcomes and it might be more effective to reward successfully achieving a health outcome directly.

Role: Co-Investigator

Grant – NHMRC APP10466

01/01/13-31/12/16

0.5 months per year

Total value of Aus\$861,581.08

NHMRC (Australia)

Improving vision and quality of life: An innovative and comprehensive eye care model for individuals in residential care facilities

To date, Australia does not have a comprehensive eye health service model for those living in residential care facilities. To address this gap, we have developed a novel model of eye care for people living in residential care facilities. We have pilot tested this new model and our initial results suggest that it has the potential to be an effective eye care model for managing vision impairment and improving QoL for this subset of the Australian population. In this study, we will assess the effectiveness and cost-effectiveness of this new model of eye care for older people across several residential care facilities.

Role: Co-Investigator (Lamoreaux; U. of Melbourne is PI)

Grant - NHMRC APP1009844

01/01/11-31/12/16

0.5 months per year

Total value of Aus\$614,240

NHMRC (Australia)

Comparing the Effectiveness of Selective Laser Trabeculoplasty with Tropical Medication For The Treatment of Primary Angle Closure Glaucoma: A Multicentred, Prospective, Randomized Controlled

Clinical Trial

This research proposed a multicentre prospective randomized study, which will determine the optimum first line therapy for people with primary open angle glaucoma. This study will: evaluate treatment outcomes with respect to patient quality of life (QoL); provide a detailed economics effectiveness analysis; and compare the clinical effectiveness with respect to degree of IOP lowering and rates of treatment failure.

Role: Co-Investigator (Lamoreaux; U. of Melbourne is PI)

Grant – MOH (NMRC/HSRG/0052/2015)

20/06/15-30/06/17

0.5 months per year

Total Value Awarded of SGD\$490,285

Randomized control trial to improve hypertension outcomes using wireless home blood pressure monitoring with automatic outcome-based feedback and financial incentives

We propose a 6-month randomized controlled trial with 228 hypertensive patients with uncontrolled blood pressure from the Singhealth Polyclinic in Bedok, Singapore. The proposed trial will have three equal sized and parallel study arms in order to measure the incremental effectiveness and cost-effectiveness of an intervention with wireless HBPM and automatic outcome-based feedback with and without financial incentives compared to HBPM alone.

Role: Co-Investigator

Grant – MOH (NMRC/HSRNIG/0013/2016)

07/07/15-31/07/17

0.5 months per year

Total Value Awarded of SGD\$99,920

Randomized Controlled Trial of a Physical Activity Program for Teenagers (FIT-TEEN)

Childhood obesity is one of the major challenges in developed countries, including Singapore. One of the main reasons behind growing childhood obesity is low levels of physical activity, and children may be patterning their levels of inactivity after their parents. Physical activity interventions that target children and parents could have a significant public health impact. Incentives for meeting activity goals can be effective in promoting sustained levels of physical activity. We propose to test two types of incentive strategies (fixed threshold versus a dynamic threshold based on peer effects). We also hypothesize that the average number of steps taken by children will be higher when families are compared to other families in terms of physical activity than when they are not compared to other families.

Role: Mentor for new investigator

Grant – MOH (NMRC/HSRG/0053/2016)

1/10/16-31/10/18

Total value of SGD999,972

Singapore cohort of patients with advanced heart failure (SCOPAH)

Congestive heart failure (CHF) is one of the leading causes of death in Singapore. Although anecdotal data suggests that end-of-life (EOL) care that patients with advanced CHF receive is sub-optimal, limited data is available that assesses the EOL experience of patients and that can be used to identify specific areas for improvement. Further, advance care planning, a promising intervention recently introduced in Singapore to enable patients with life limiting illnesses, including those with advanced CHF, to receive EOL treatments according to their own preferences, has not been systematically evaluated. This project thus aims to (1) enroll 250 patients with advanced CHF and follow them for a period of one year or till they die, to assess their EOL experience and to identify specific areas for improvement; and to (2) conduct a randomized controlled trial of 250 patients with advanced CHF to assess whether patients receiving ACP are more likely to receive EOL care consistent with their preferences. Results from this project will provide recommendations for ways to improve EOL care for patients with advanced CHF and test the effectiveness of ACP.

Role: Principal Investigator

Grant – Duke/Duke-NUS Pilot Award RECA(Pilot)/2016/0021

1/5/16-30/4/17

Total Value of SGD\$100,000 & USD \$100,000

Feasibility and Acceptability of A Behavioural Symptom Management Program (HIBISCUS) for Patients with Advanced Breast Cancer in Singapore and the US

This is a pilot intervention study that aims to assess the feasibility of conducting a 4-session CBT-based

psychobehavioral intervention for patients with advanced cancer. An RCT-design is utilized in this study that aims to manage symptoms of pain, fatigue, and distress. The symptom management program is conducted at the National Cancer Centre (Singapore) and Duke Cancer Institute (Durham, NC) simultaneously.

Role: co-Investigator

Research Collaboration Agreement - Ref:2016-1595
NUS/SingHealth Polyclinics/ KKT Technology Pte Ltd

18 months

Total Value of SGD\$62,632

A single arm feasibility study of Glyco Leap, an on-line lifestyle modification and self-management program for people with Type 2 diabetes

This feasibility study will explore the use of Glyco Leap, a proprietary online lifestyle modification and self-management education program developed by Holmusk, Singapore for people with type 2 diabetes, as an add-on to primary care delivered through the SingHealth Polyclinic at Tampines. The goal of the study is to test whether patients with diabetes who receive care at the clinic are amenable to such an intervention, to quantify program fidelity for those who do enroll in the study, and to explore the extent to which the intervention can be used in conjunction with primary care in efforts to improve health outcomes. If results are promising, a randomized controlled trial will follow.

Role: Principal Investigator

Pending Research Report

Grant - NIH

National Institutes of Health

5 years

Total value of USD\$2.4million

A multiphase optimization strategy (MOST) to identify promising tax/subsidy policies to encourage healthier diets.

A powerful strategy to improve diet quality is through pricing. In this study we simulate the effects of candidate tax/subsidy policies on diet quality and costs and then rigorously evaluate the effects of the most promising strategies via a randomized controlled trial. We also quantify how firms are likely to respond to these policies. The results of this study will help inform public policy decisions about the extent to which these policies are likely to cost-effectively improve the health of the population.

Role: Principal Investigator

Grant - MOH

2 years

Total value of SGD805,753

Multiphase Evaluation of Healthier Choice Symbol (HCS) Logo

In efforts to promote a healthy diet, in 2001 the Singapore Health Promotion Board (HPB) supplemented traditional nutrition labelling with the Healthier Choice Symbol (HCS), which identifies food items within a specific category of foods (e.g., Sugar-Sweetened Beverages) as healthier choices. In 2009, HPB introduced enhanced versions of the HCS, although some firms continue to use the original logo. The enhanced versions look similar to the original but include additional information that focuses on particular macronutrients, including sugar, sodium, fat, calcium and whole grains. The new information takes one of two themes. It either indicates that the food contains more of a healthy ingredient, including whole grains or calcium, or less of a less healthy ingredient, including sugar, sodium, or total or trans-fat. As poor diets are known risk factors for chronic disease, the HCS logos may improve food purchasing patterns and help stem the rising trend in chronic diseases in Singapore. The study aims to assess the role of the HCS logos in influencing food choice.

Role: Principal Investigator

Grant – MOH

3 years

Total value of SGD 1,588,620

A stepped-wedge trial testing Tailored Renal Education for elderly patients About Treatment options (TREAT)

Dialysis is an effective treatment to prolong survival of younger end-stage renal disease (ESRD) patients. However, for older patients, dialysis may offer limited survival benefits. Dialysis among the elderly is also associated with poor quality of life. Yet, many Singaporean elderly ESRD patients choose dialysis. This

may be because the counselling materials that they receive is not tailored to older adults. The goal of this study is to test whether the counselling patients receive influences their treatment choice. 360 elderly patients from 3 hospitals in Singapore will receive either counselling based on current material (control arm) or based on new material that presents information about dialysis and symptom management tailored for elderly patients (intervention arm). We expect that patients in the intervention arm will be less likely to initiate dialysis than those in the control arm. We also expect their quality of life to be better and overall costs to be lower. Results will be assessed using surveys and patient billing data. Decisions about treatment for ESRD should be done only after being presented with accurate and up-to-date information about the pros and cons of each treatment option. This study will ensure that is the case for elderly ESRD patients.

Role: Principal Investigator

Completed Research Report (2009 to present)

Contract – National Medical Research Council (NMRC) (HLTHQ0ECO14000206/1) 21/08/14-26/01/15

Total Value Awarded of SGD65,000

NMRC

Estimate return on investment for eye research funding provided by Singapore to Ministry of Health

The goal of this study is to estimate the Singapore government's return for investments in eye research.

Role: Principal Investigator

Grant – MOH (HLTHQ0ECO14000206/1)

21/08/14-26/01/15

Total Value Awarded of SGD\$52,000 (Duke-NUS SGD\$13,000)

ITQ for the provision of analysis services to estimate return of investments in eye research in Singapore to Ministry of Health (MOH)

Develop a model to estimate return on investment in eye research by Singapore Ministry of Health (MOH).

Role: Principal Investigator

Contract – Sanofi-Aventis (CL2014-006)

19/08/14-18/08/15

Total Value Awarded of SGD\$28,355

Sanofi-Aventis Singapore Pte Ltd

Cost Effectiveness of Sevelamer vs Calcium Carbonate in Singaporean Patients with CKD-ND

Hyperphosphatemia is a universal problem with chronic kidney disease and is an independent risk factor for increased morbidity and mortality. Phosphate binders can lower the level of phosphate in the blood but lead to their own set of complications with prolonged use. This study will compare the cost-effectiveness of an older calcium based binder with Sevelamer, a new non-calcium based binder, using a Markov model of the Singapore chronic kidney disease population.

Role: Principal Investigator

Grant – SingHealth Foundation SHF/13/GMC(2)/017(US)

01/04/14-31/03/15

Total Value of SGD\$154,650

0.75 mo per year

Develop a Palliative Care Online Training Portal for Healthcare Professionals

The portal is a dynamic e-learning platform that provides relevant training and information on palliative care to 1) healthcare professionals, 2) non-professional caregivers and 3) the general public (volunteers, students etc.) who will benefit from increased knowledge in palliative care and palliative care services.

Role: Principal Investigator

Grant – SMPO (SMPO201301)

01/01/14-31/03/15

Total Value Awarded of SGD\$520,000 (Duke-NUS SGD\$20,000)

SMPO (Singapore)

Translational genetic approaches for stratifying adults with young onset diabetes and diagnosing monogenic diabetes in Singapore

This project uses a Markov model to estimate the cost-effectiveness of genetic stratifying tests for specific types of MODY in Singapore.

Role: Co-Investigator

Grant – SMPO (SMPO201302)

01/01/14-30/06/15

Total Value Awarded of SGD\$520,000 (Duke-NUS SGD\$20,000)

SMPO (Singapore)

Stratification of triple negative breast cancer into clinically relevant groups

This project evaluates the costs of treating triple breast cancers in Singapore and estimates the cost effectiveness of triple negative breast cancer stratifying tests using a Markov model.

Role: Co-Investigator

Grant - NUS-NIHA-GAI (NIHA-2013-1-004)

10/09/13 – 09/09/15

Total Value of SGD\$239,148

1.1 mo per year

NUS-NIHA-GAI (Singapore)

A Randomized Controlled Trial to Motivate and Sustain Physical Activity using Financial Incentives (TAKSI)

This is a randomized controlled trial of taxi drivers to test (1) the extent to which different types of financial incentives, when combined with a pedometer-based activity program, motivates and sustains physical activity; and (2) whether mental accounting exists among drivers and if so, the extent to which framing of the incentives as cash or taxi rental credits influences both primary and secondary outcomes.

Role: Principal Investigator

Contract – Vivus, Inc. (CL2013-009)

14/06/13-14/06/14

Total Value of USD\$75,000

0.5 mo per year

Vivus, Inc.

Cost-Effectiveness of Treatment with Qsymia

There are two principle aims of this project. The first aim is to quantify the cost-effectiveness of a new weight loss drug, Qsymia, compared to a placebo, in terms of quality-adjusted life years (QALYs) gained. The second aim is to quantify the cost-effectiveness of Qsymia compared to other weight loss products, including gastric banding and gastric bypass surgery, commercial weight loss programs with published clinical trial data, and other commercially available (or soon to be available) weight loss drugs.

Role: Principal Investigator

Grant – Singapore Millennium Foundation 2012-SMF-0001

01/02/13-31/01/16

1.0 months per year

Total Value of SGD\$164,783

Survey on Preferences for care at the end of life among cancer patients in Singapore

This is a stated preference conjoint survey of 500 breast, colorectal and lung cancer patients in Singapore to understand their preferences and willingness to pay for care at EOL.

Role: Co-Investigator

Grant – MOH (HSRG11NOV023)

12/12/12–30/06/15

Total Value of SGD 159,500

1.0 mo per year

MOH

Use of Conjoint Analysis to Estimate Cost-Effective Strategies for Increasing Screening Rates for Breast and Cervical Cancer Screening Programs

Many Singaporeans do not undertake screenings consistent with recommended guidelines. The aim of this study is to improve our understanding of key factors that guide the decision of whether or not to use cancer screening services and determine how to cost-effectively increase the reach of the programs. We propose conducting focus groups in order to identify the key factors that drive the decision to attend a screening exam. Conjoint analysis methods will then be used to estimate the relative importance of each of these factors and the extent to which modest incentives, targeted information and other strategies identified via the focus groups are expected to increase screening uptake. We will also give a special attention to the identification of potential knowledge gaps and misconceptions about cancer screening.

Role: Principal Investigator

Contract – Sanofi-Aventis (CL2012-026)

20/11/12-05/11/13

Total Value of SGD\$32,100

0.5 mo per year

Sanofi-Aventis Singapore Pte Ltd

Analysis of Indonesian Family Life Survey (IFLS) Analysis

This project aims to quantify, to the extent possible, the following information for Indonesia: Prevalence of non-communicable diseases (NCDs) and related risk factors, including diabetes/high blood sugar, hypertension, heart problems and stroke; Direct and indirect costs for select NCDs; and other measures of burden for these NCDs, which may include greater levels of unemployment, higher rates for insurance, greater healthcare utilization, and greater government transfers for treating these conditions among low income and/or aged individuals, and to forecast expected burden in the future.

Role: Principal Investigator

Grant – NUH (N. Chan, NUH is PI)

01/09/12-30/09/13

Total Value of SGD\$15,225

National University Cancer Institute Endowment fund and NUH Cancer Fund 0.2 mo per year

National Survey of Physicians regarding Palliative Care Provision

The project aims to understand variation in end of life care practices among physicians dealing patients suffering from life limiting illnesses in Singapore

Role: Co-Investigator

Grant - NUS-NIHA-GAI (NIHA0742.001)

16/08/12-14/11/15

Total Value of SGD\$127,500

NUS-NIHA-GAI (Singapore)

1.1 mo per year

A Randomized Incentive-Based Weight Loss Trial in Singapore

This is a randomized controlled trial in collaboration with the Life Centre at SGH which seeks to (1) test the extent to which traditional or behavioral economic incentives, when combined with an existing evidence-based weight loss program, improve weight loss and weight loss maintenance and (2) compare the cost-effectiveness of each program.

Role: Principal Investigator

Grant - R01- CA167091, (Epstein; U Buffalo is lead)

01/04/12–01/04/15

Duke-NUS Direct Costs: \$110,000

NHLBI

1.2 mo per year

The Influence of pricing and nutrient profiling on food purchases

The application proposes to conduct a four-group randomized controlled trial to evaluate the influence of food price changes in the form of taxes and subsidies and nutrient profiling on food purchasing behaviors among ethnically and socioeconomically diverse individuals.

Role: Co-I, Lead Economist

Grant – MOH (HSRG10NOV002)

01/01/12-31/08/15

Total Value of SGD\$980,300

MOH (Singapore)

1.5 mo per year

A Randomized Trial of Economic Incentives to Promote Walking Among Full Time Employees

There is overwhelming evidence that increased physical activity confers a variety of health benefits, yet recent survey data reveal that full time employees over age 35 are among the least active subsets of the Singaporean population. Employers in Singapore are increasingly looking to economic incentives to encourage healthy behaviors among employees although the evidence base justifying the use of these programs is limited. We propose to address this gap by (1) assessing the reach and sustainability of employer-based walking programs through a stated preference conjoint analysis, (2) quantify the effectiveness of a 6 month walking program, and (3) determine the cost-effectiveness of a scalable incentive-driven employer based walking program both with and without incentives.

Role: Principal Investigator

Grant – (Duke-NUS-LCPC (1)/2011/001)

01/12/11-30/11/13

Total Value of SGD\$40,000

Duke-NUS-LCPC

1.0 mo per year

Preferences for End-of-life Care among End Stage Cancer Patients in Singapore

Understanding preferences for care at the end-of-life (EOL) is important for planning and improving

services that provide such care. Satisfying the needs of dying patients without unduly burdening the healthcare system is a public health priority; however preferences concerning care at EOL remain largely unknown. This project proposes to field a stated preference conjoint survey to 250 end-stage cancer patients and their caregivers in Singapore in order to understand their preferences for care at EOL.

Role: Principal Investigator

Grant –U18DP003367-1, (Hoelscher U. of Texas is lead)

01/09/11-30/09/15

Duke Direct Costs: \$93,990

1.0 mo per year

CDC

Texas Childhood Obesity Research Demonstration (CORD): Using a System-Level Approach to Prevent Child Obesity

The goal of this demonstration project is to develop, implement and evaluate an integrated, systems-oriented obesity prevention and control program for underserved, ethnically diverse children age 2 to 12. The project will take place in Austin and Houston Texas.

Role: Co-I, Lead Economist

Grant –2R01AT004623-03, (Pearlman; Duke U. is lead)

01/09/11-30/06/15

Duke Direct Costs: \$1,831,525

0.4 mo per year

NIH

Multisite RCT Investigating the Efficacy of Massage in Osteoarthritis (EMBARK)

To use a randomized trial to assess the effectiveness and cost-effectiveness of 8 weeks of Swedish massage relative to conventional treatment of knee osteoarthritis. Therapeutic effect will be measured by validated outcome measures (WOMAC, VAS, ROM, 50-ft walk) at the conclusion of therapy (8 weeks), as well as at 16, 24, 36, and 52 weeks post-baseline.

Role: Co-I, Lead Economist

Grant - NUS-VISA (DPRT/AGE/2010/20)

04/04/11-31/12/14

Total Value of SGD \$299,700

1.2 mo per year

NUS-VISA (Singapore)

A Blueprint for Identifying a Successful Walking Program Targeting Singaporeans 50+

The goal of this proposal is to develop a physical activity program expected to have high uptake among older adults, partly through the use of modest financial incentives, in efforts to identify an effective long term strategy for increasing physical levels among older Singaporeans. The study aims to conduct an in-home nationally representative state preference conjoint survey aimed at identifying options for low cost, scalable, physical activity programs targeting older adults, and to conduct a 3 month pilot randomized control trial (RCT) of 100 older adults (aged 50+) to test the effectiveness of a model program in Singapore.

Role: Principal Investigator

Grant - MOH (HSRG/0006/2010) (Koh; NUS is PI)

01/02/11-31/01/13

Total Value of SGD\$987,000

0.5 mo per year

MOH

The health, social and financial effects of care-giving among primary caregivers of elderly stroke patients in the first post stroke year: a prospective cohort study.

The primary aim of the study is to prospectively assess the health, social and financial effects of care on a cohort of stroke patient-caregiver dyads from stroke onset to one year poststroke.

Role: Co-Investigator (FTE contribution only, no resources provided to Finkelstein, Eric)

Grant - NMRC/NIG/1036/2010 (Malholtra; Duke-NUS is PI)

01/01/11-31/01/14

Total Value of SGD\$165,000

0.8 mo per year

NMRC (Singapore)

Preferences for care at the end-of-life among middle-aged and older Singaporeans.

Understanding preferences for care at the end-of-life is important for planning and improving services that provide such care. However, the nature and extent of these preferences among Singaporeans remains unknown. This study aims to understand: 1.) Preferences for care at the end-of-life among Singaporeans aged 50 years and over and 2.) Whether preferences for care at the end-of-life vary by demographic and socio-economic characteristics.

Role: Co-Investigator (FTE contribution only, no resources provided to Finkelstein, Eric)

Grant - NMRC (EDG/NMRC/10May040)

01/01/11-30/12/12

Total Value SGD\$199,179

NMRC (Singapore – Saw ; NUS is lead)

0.8 mo per year

An Exploratory Randomized Controlled Trial of a Novel Family-Based Intervention to increase Outdoor Time for the Prevention of Myopia and Increase Physical Activity among Singapore Youth

This study aims to develop, implement, and evaluate a novel incentive-based family intervention to increase time spent outdoors and increase physical activity among children aged 6 to 10 years in a 1-year exploratory randomized controlled trial.

Role: Co-Principal Investigator (FTE contribution only, no resources provided to Finkelstein, Eric)

Grant – ABC123 (Song; NUS is lead)

01/05/10-30/04/11

Direct Costs \$50,000

National University of Singapore Medicine-Business Seed Grant

0.8 mo per year

Association Between Health Behaviors and Intra-Day Work Performance: A Mobile Survey Study of Nurses

The goal of the proposed study is to examine the short-term relationship between health-related behaviours and job performance. Our proposed study population are nurses on shift work in a major tertiary hospital in Singapore. Behaviours, which will be measured several times per day over a 7-day interval, include sleep patterns, quantity and quality of food consumption, and leisure time physical activity.

Role: Co- Investigator

Grant – NIHA

06/01/10-06/01/11

Global Asia Institute Research Grant

Total Value of SGD\$150,000

Tackling Type 2 Diabetes Mellitus in Asia:

1.0 mo per year

A multidisciplinary and Multisectoral Initiative

The main aim of this project is to develop a comprehensive diabetes prevention program that covers all domains of the socio-ecological model, is culturally relevant and leverages on technological advancements. Program development will involve four stages, and will start-off by consolidating existing knowledge about best-practises and intervention strategies. Primary analyses using Singaporean and Asia data will be conducted to contextualize the problem. A separate multidisciplinary panel involving stakeholders from government, NGOs, media, industry and the healthcare sector will be assembled in stage-2, to evaluate stage-1 data and brainstorm on novel strategies. Feasibility studies will be carried out during stage-3. During stage-4, a multi-level diabetes prevention program will be defined for Singapore, and policy recommendations will be developed for Singapore, India and China specifically, and for Asia in general. Post phase-4, this program can be tested in evolving communities like Punngol-21, and would provide a model for other Asian cities.

Role: Co- Investigator

Grant - RWJF; RTI (US)

01/11/09 – 30/04/11

Total Value of USD\$32,400

RWJF; RTI (US)

Studying the Effect of Beverage Taxes on Children's Energy Intake and Tax RevenueThe goal of this proposal is to use the Nielsen Company's Homescan longitudinal dataset of household weekly at-home food expenditures, which contains unparalleled information concerning the quantity and price of specific food purchases to address the following specific aims: 1. Compare differences in total household energy costs (cents per megajoule [MJ]) and energy costs for 43 common food categories between lower- and higher-income households. 2. For six obesity-promoting food items (pizza, French fries, salty snacks, cookies, sweetened breakfast cereals, and caloric carbonated beverages), conduct a detailed product-level analysis to determine differences in quantities purchased (by weight or by volume and by total

calories) and differences in energy costs (cents/MJ) between lower- and higher-income households. 3. Use econometric models of household food purchases to conduct policy-relevant simulations addressing the extent to which policy makers can encourage healthier food consumption via targeted taxes/subsidies on select food products (e.g., tax on caloric carbonated beverages).

Role: Principal Investigator

Grant - DHS; RTI (US)

01/08/09 -31/07/11

Total Value of USD\$34,792

DHS; RTI (US)

Economic Analysis to support the Assessment of the Social Welfare Implications of US Counter-terrorism Policies. The purpose of this study is to explore individual's preferences concerning methods for reducing terrorist threats and the reductions in deaths on U.S. soil that would be required for individuals to willingly accept these measures. We will field a stated preference conjoint survey to a national sample of 1,000 adult living in the U.S. using the Knowledge Networks web-enabled panel. Survey respondents will complete a series of exercises in which they are asked to compare two potential options, described by the levels of the key attributes and the expected number of deaths from terrorism expected to occur over the next 5 years should that option be chosen. Individuals are expected to choose their preferred options. Using these results and discrete choice econometric methods, we will quantify average preferences over different program features and how these preferences vary by population subsets.

Role: Principal Investigator

Grant – RTI# 0280800.373.02 (Finkelstein)

01/09/08–30/09/11

Direct Costs \$268,147

1.7 mo per year

Robert Wood Johnson Foundation

The goal of this proposal is to use the Nielsen Company's Homescan longitudinal dataset of household weekly at-home food expenditures to determine differences in quantities purchased (by weight or by volume and by total calories) and differences in energy costs (cents/MJ) between lower- and higher-income households and to conduct policy-relevant simulations addressing the extent to which policy makers can encourage healthier food consumption via targeted taxes/subsidies on select food products (e.g., tax on caloric carbonated beverages).

Role: Principal Investigator

Grant - R01 HL084400-01 (Jakicic; U of Pitt is lead)

01/09/07-30/06/12

Duke-NUS Direct Costs USD\$123,383

0.8 mo. per year

NHLBI

The Effect of a Stepped-Care Approach to Long Term Weight Loss

The purpose of this project is to examine whether a chronic-care obesity intervention delivered in a "stepped-care" manner results in improved weight loss compared to a standard behavioral weight loss intervention (SBWP group).

Role: Co- Investigator, Lead Economist

Grant - R01- 5-34396 (Linnan; UNC is lead)

01/09/06–31/05/12

Duke-NUS Direct Costs: USD\$101,829

1.2 mo per year

NHLBI

WAY to Health - Interventions to Control Obesity in North Carolina Colleges

The purpose of this project is to test the effectiveness and cost-effectiveness of four interventions aimed at reducing weight among overweight employees in North Carolina colleges. The interventions are being fielded in 12 colleges. These interventions are an expansion of a prior study funded by the CDC that focused on reducing weight among employees of North Carolina Community Colleges. Two of the four Arms include incentive-based weight loss strategies first developed in the prior study. The study is being conducted over an 18 month time period.

Role: Co-I, Lead Economist

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