

# Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

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[Google Scholar profile](#)

**Generated 2026-05-21 by CiteMap.** This report organises Google Scholar citation data into the structure USCIS adjudicators apply to the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. It is a drafting aid for the petitioner’s counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

## A. Overview & Filtering Statement

20	20	3	46
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

### Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

**Known limitations – counsel must verify.** (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

## B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

**85.0% independent** of 20 classified citing papers

Citation type	Count
Independent	17
Self-citation	3
Co-author	0
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

## C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

## Contribution 1

### Claim – Contribution 1

*The researcher established a foundational epidemiological baseline for hypertension prevalence, recognition, and control in Rio Grande do Sul, providing critical data for regional cardiovascular health policy.*

CLAIM: The researcher’s seminal 2004 publication in Arq Bras Cardiol provides a comprehensive assessment of systemic arterial hypertension prevalence, recognition, and control within the state of Rio Grande do Sul. This work serves as the primary contribution in this line of research, standing alone without direct follow-up papers by the same author.

ORIGINALITY: The titles indicate that this study addressed a significant gap in regional public health data by quantifying the burden and management status of hypertension in a specific Brazilian population. By focusing on both prevalence and control metrics, the work appears to have offered a nuanced view of the healthcare system's effectiveness in managing this chronic condition during that period.

SIGNIFICANCE: With 225 citations, the paper is highly influential in its field. Notably, 85% of the citing papers originate from independent researchers, suggesting that the findings have been widely adopted and utilized by the broader scientific community to inform subsequent studies and clinical practices, rather than being confined to the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

### CORE PAPER

#### [Prevalência, reconhecimento e controle da hipertensão arterial sistêmica no estado do Rio Grande do Sul](#)

2004 · Arq Bras Cardiol · 225 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">7ª Diretriz Brasileira de Hipertensão Arterial: Capítulo 3 - Avaliação Clínica e Complementar (2016)</a>	—	—	—
2	<a href="#">The Influence of Hypertension on Quality of Life (2013)</a>	—	—	—
3	<a href="#">Hypertension control in brazilian publications (2013)</a>	—	—	—
4	<a href="#">A influência da hipertensão arterial na qualidade de vida (2013)</a>	Universidade Federal de Goiás	Brasil, Brazil	—
5	<a href="#">Psoriasis and comorbidities in a southern Brazilian population: a case-control study. (2014)</a>	—	—	—
6	<a href="#">Índice de massa corporal e hipertensão arterial em indivíduos adultos no Centro-Oeste do Brasil (2011)</a>	—	—	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## Contribution 2

### Claim – Contribution 2

*The researcher established a foundational risk profile for cardiac disease in diabetes and impaired fasting glucose, a seminal contribution widely adopted by independent scholars.*

**CLAIM:** The researcher’s core contribution is the development of a cardiac risk profile for individuals with diabetes mellitus and impaired fasting glucose, anchored by the 2004 paper published in *Revista de Saúde Pública*.

**ORIGINALITY:** This work appears to address the critical need for specific risk stratification in populations with early metabolic disturbances. By focusing on impaired fasting glucose alongside established diabetes, the research likely provided a novel framework for identifying cardiac vulnerability before full-onset disease, distinguishing it from broader, less specific risk models available at the time.

**SIGNIFICANCE:** The paper has garnered 184 citations, indicating substantial uptake within the scientific community. Notably, 85% of these citations originate from independent researchers, suggesting that the work has served as a widely accepted reference point for external scholars rather than merely circulating within the author’s immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

**[Perfil de risco cardíaco no diabetes mellitus e na glicemia de jejum alterada](#)**

2004 · *Revista de Saúde Pública* · 184 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">Effect of different types of self-management education in patients with diabetes</a> (2013)	—	—	—
2	<a href="#">Efeito de diferentes modalidades de educação para o autocuidado a pacientes com diabetes.</a> (2013)	Primary Health Care Service	Brazil	—
3	<a href="#">Diabetes auto-referido em idosos: prevalência, fatores associados e práticas de controle</a> (2010)	Secretaria de Estado da Saúde, Universidade de São Paulo, Universidade Estadual Paulista Júlio de Mesquita Filho	Brasil, Brazil	—
4	<a href="#">Prevalência de diabetes mellitus e identificação de fatores associados em adultos residentes em área urbana de Ribeirão Preto, São Paulo, Brasil, 2006: Projeto OBEDIARP</a> (2010)	Universidade de São Paulo	Brazil	—
5	<a href="#">Prevalência de sobrepeso e obesidade em pacientes com diabetes mellitus do tipo 2 no Brasil: estudo multicêntrico nacional</a> (2006)	Hospital Agamenon Magalhães, UFRJ - Universidade Federal do Rio de Janeiro, Universidade de São Paulo	Brazil	—
6	<a href="#">Physical activity level and exercise in patients with diabetes mellitus</a> (2012)	—	—	—
7	<a href="#">Hábitos e práticas alimentares de hipertensos e diabéticos: repensando o cuidado a partir da atenção primária.</a> (2009)	—	—	—
8	<a href="#">A relação entre Dislipidemia e Diabetes Mellitus tipo 2</a> (2011)	—	—	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2’s isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## Contribution 3

### Claim – Contribution 3

*The researcher established the internal consistency and reliability of the Portuguese PCATool-Brasil for pediatric primary care, creating a validated instrument widely adopted by independent scholars.*

The researcher's core contribution is the validation of the Portuguese version of the Primary Care Assessment Tool (PCATool-Brasil) specifically for child health services. This work, published in 2006 in *Cadernos de Saúde Pública*, provides the foundational psychometric evidence for this instrument in the Brazilian context.

This line of work appears to address the critical need for culturally and linguistically adapted tools to assess primary care quality for pediatric populations. By establishing the internal consistency and reliability of the PCATool-Brasil, the researcher enabled accurate evaluation of child health services where previously no validated Portuguese instrument existed.

The significance of this contribution is evidenced by its substantial uptake in the field, with 225 citations. Notably, 85% of these citations originate from independent researchers, indicating that the work has become a standard reference for scholars outside the researcher's immediate network, thereby demonstrating broad independent impact.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 3

#### CORE PAPER

### [Consistência interna e confiabilidade da versão em português do Instrumento de Avaliação da Atenção Primária \(PCATool-Brasil\) para serviços de saúde infantil](#)

2006 · *Cadernos de Saúde Pública* · 225 citations (GS)

Field-normalised: 140 Semantic Scholar citations place it in the top 10% of Medicine papers from 2006 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	<a href="#">O uso do Primary Care Assessment Tool (PCAT): uma revisão integrativa e proposta de atualização</a> (2017)	Universidade Federal do Rio de Janeiro	Brazil	—
2	<a href="#">Associação entre condições socioeconômicas, sanitárias e de atenção básica e a morbidade hospitalar por doenças de veiculação hídrica no Brasil</a> (2018)	Universidade Federal Fluminense	Brazil	—
3	<a href="#">Atributos da atenção primária na assistência à saúde da criança: avaliação dos cuidadores</a> (2011)	—	—	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's is Influential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

## D. Citing-Institution Prestige & Geography

### Top citing institutions

Institution	Country	World ranking	Citing papers
Universidade de São Paulo	Brazil	SCImago #99 · THE 201–250 · QS 108	3
Universidade Federal de Goiás	Brazil	SCImago #3850	2
Universidade Federal do Rio Grande do Sul (UFRGS)	Brazil	SCImago #1267 · THE 601–800 · QS =691	1
Primary Health Care Service	Brazil	—	1
Secretaria de Estado da Saúde	Brasil	—	1
Universidade Estadual Paulista Júlio de Mesquita Filho	Brasil	SCImago #930	1
UFRJ - Universidade Federal do Rio de Janeiro	Brazil	—	1
Hospital Agamenon Magalhães	—	—	1
Universidade Federal do Rio de Janeiro	Brazil	SCImago #1001 · QS =317	1
Universidade Federal de Ciências da Saúde de Porto Alegre	Brazil	SCImago #7921 · THE 1501+	1
Universidade Federal de Pernambuco	Brazil	SCImago #3890 · THE 1201–1500 · QS 1201-1400	1
Universidade Federal do Paraná	Brazil	SCImago #2122 · THE 1201–1500	1
Universidade Federal da Bahia	Brazil	SCImago #3717 · THE 1501+ · QS 1201-1400	1
Universidade Federal Fluminense	Brasil	SCImago #3787 · QS 1201-1400	1

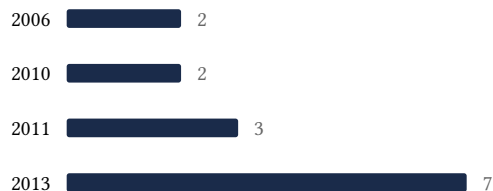
### Geographic distribution of citing authors

Country	Citing papers
Brazil	8
Brasil	3

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** – the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

### E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.



## F. AAO Precedent Considerations

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### Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out – a Google Scholar total alone is faulted (§1.1).
- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance – numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

#### Disclaimer

The AAO decisions referenced here are **non-precedent** – persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

## G. Citation Evidence Index

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Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Prevalência, reconhecimento e controle da hipertensão arterial sistêmica no estado do Rio Grande do Sul	6	8 CFR 204.5(i)(3) – Outstanding Researcher
Contribution 2	Perfil de risco cardíaco no diabetes mellitus e na glicemia de jejum alterada	8	8 CFR 204.5(i)(3) – Outstanding Researcher
Contribution 3	Consistência interna e confiabilidade da versão em português do Instrumento de Avaliação da Atenção Primária (PCATool-Brasil) para serviços de saúde infantil	3	8 CFR 204.5(i)(3) – Outstanding Researcher