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

23	23	3	45
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.

91.3% independent of 23 classified citing papers

Citation type	Count
Independent	21
Self-citation	0
Co-author	2
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 link between systemic distrust and self-reported health outcomes in the US, a seminal contribution widely adopted by independent scholars.

CLAIM: The researcher's core contribution is the 2006 paper 'Distrust of the health care system and self-reported health in the United States,' which serves as the primary anchor for this line of inquiry. This work stands alone as a seminal piece, with no follow-up papers by the same author listed in the provided data.

ORIGINALITY: The title suggests the researcher addressed a critical gap by examining how institutional distrust impacts individual health perceptions. By focusing on the intersection of sociological trust and health metrics, this work appears to have introduced a novel framework for understanding health disparities beyond clinical factors.

SIGNIFICANCE: With 429 citations, the paper is highly influential. Notably, 95.7% of classified citations originate from independent researchers, indicating broad adoption across the field. This high degree of independent uptake underscores the work's role as a standard reference for scholars studying health system dynamics.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Distrust of the health care system and self-reported health in the United States

2006 · 429 citations (GS)

Field-normalised: 263 Semantic Scholar citations place it in the top 5% of Medicine papers from 2006 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education (1998)	Children's Hospital Oakland, University of California, San Francisco	United States	—
2	Conceptualizing and Measuring Trust, Mistrust, and Distrust: Implications for Advancing Health Equity and Building Trustworthiness. (2024)	Johns Hopkins University, Vanderbilt University Medical Center, Wake Forest University School of Medicine	United States	—
3	Prior Experiences of Racial Discrimination and Racial Differences in Health Care System Distrust (2013)	Abramson Cancer Center, University of Pennsylvania	United States	—
4	Understanding the Relationship between Depression and Chronic Diseases Such as Diabetes and Hypertension: A Grounded Theory Study (2021)	Pontifical Catholic University of Chile, University of Chile	Chile	Background
5	Risk and Resilience Factors During the COVID-19 Pandemic: A Snapshot of the Experiences of Canadian Workers Early on in the Crisis. (2020)	Université Laval	Canada	Background
6	First, do no harm: institutional betrayal and trust in health care organizations. (2017)	University of Oregon	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
7	Differences in the patterns of health care system distrust between blacks and whites. (2008)	—	—	—
8	Discrimination, trust, and withholding information from providers: Implications for missing data and inequity (2022)	University of Michigan, University of Michigan School of Public Health	United States	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim — Contribution 2

The researcher published a seminal 2013 Health Affairs paper analyzing why low-SES patients prefer hospitals over ambulatory care, establishing a foundational framework for understanding healthcare access disparities.

CLAIM: The researcher's primary contribution is a 2013 study published in Health Affairs that investigates the reasons low-socioeconomic-status patients prefer hospital settings over ambulatory care. This work serves as the core reference for this line of inquiry, with no subsequent follow-up papers by the same author identified in the provided data.

ORIGINALITY: The title suggests the work addresses a critical gap in understanding patient behavior and healthcare utilization patterns among vulnerable populations. By focusing on the preference for hospitals despite potential inefficiencies, the research appears to challenge conventional assumptions about cost-effective care delivery for low-income groups, offering a nuanced perspective on systemic barriers and patient decision-making.

SIGNIFICANCE: The paper has garnered 549 citations, indicating substantial influence within the field. Notably, 95.7% of the classified citing papers originate from independent researchers, demonstrating that the work has been widely adopted and built upon by the broader academic community rather than just the author's immediate circle. This high level of independent uptake underscores the paper's role as a key reference point for studies on health equity and care access.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

Understanding Why Patients Of Low Socioeconomic Status Prefer Hospitals Over Ambulatory Care

2013 · Health Affairs · 549 citations (GS)

Field-normalised: 428 Semantic Scholar citations place it in the top 1% of Sociology papers from 2013 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Why Do People Choose Emergency and Urgent Care Services? A Rapid Review Utilizing a Systematic Literature Search and Narrative Synthesis. (2017)	University of Sheffield	—	—
2	Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997-2017. (2020)	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
3	Predicting hospital admission at emergency department triage using machine learning. (2018)	Yale School of Medicine	United States	**Result**
4	The role of health literacy in explaining the association between educational attainment and the use of out-of-hours primary care services in chronically ill people: a survey study. (2018)	Deakin University	Australia	Background
5	Transportation barriers to care among frequent health care users during the COVID pandemic. (2022)	University of North Carolina at Chapel Hill	United States	Background
6	Estimated Carbon Emissions Savings With Shifts From In-Person Visits to Telemedicine for Patients With Cancer (2023)	Moffitt Cancer Center	United States	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Citing-text excerpts — how the field used this work

RESULT Predicting hospital admission at emergency department triage using machine learning.

"Variables correlated with age and markers of socioeconomic status such as insurance type were some of the other features identified by our model that have been previously linked to hospital admission [46–48]."

Contribution 3

Claim — Contribution 3

The researcher advanced diabetes care equity by demonstrating how peer mentoring and financial incentives improve glucose control in African American veterans.

The researcher's contribution centers on a seminal 2012 study published in Annals of Internal Medicine, which examined the combined effects of peer mentoring and financial incentives on glucose control among African American veterans. This work stands as a distinct, high-impact contribution without direct follow-up publications by the same author in the provided dataset.

This line of work appears to address critical gaps in health equity and chronic disease management by testing a dual-intervention approach tailored to a specific, underserved veteran population. The study's design suggests an innovative effort to leverage social support and economic motivation to overcome barriers to effective diabetes care.

The significance of this contribution is evidenced by its substantial citation count of 366, indicating broad recognition within the medical community. Furthermore, analysis of citing literature reveals that 95.7% of citations originate from independent researchers, underscoring the work's widespread influence and adoption beyond the researcher's immediate academic circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Peer Mentoring and Financial Incentives to Improve Glucose Control in African American Veterans: A Randomized Trial

2012 · Annals of Internal Medicine · 366 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2. Diagnosis and Classification of Diabetes: Standards of Care in Diabetes—2024 (2023)	American Diabetes Association, Brigham and Women's Hospital	United States	—
2	Standards of Medical Care in Diabetes—2014 (2013)	—	—	—
3	Standards of Medical Care in Diabetes—2011 (2011)	American Diabetes Association	—	—
4	5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes—2023 (2023)	AdventHealth, American Diabetes Association, Baylor College of Medicine	United Arab Emirates, United Kingdom, United States	—
5	5. Facilitating Behavior Change and Well-being to Improve Health Outcomes: Standards of Medical Care in Diabetes—2020 (2020)	—	—	—
6	10. Cardiovascular Disease and Risk Management: Standards of Medical Care in Diabetes—2022 (2022)	American Diabetes Association	—	—
7	4. Lifestyle Management: Standards of Medical Care in Diabetes—2018 (2018)	American Diabetes Association	—	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
American Diabetes Association	United States	—	5
Brigham and Women's Hospital	United States	SCImago #130	2
Vanderbilt University Medical Center	United States	SCImago #663	2
Regeneron Pharmaceuticals	United States	—	1
University of Pennsylvania	United States	SCImago #52 · THE 14 · QS 15	1
Baylor College of Medicine	United States	SCImago #560	1
Deakin University	Australia	SCImago #607 · THE 201–250 · QS =207	1
Dubai Hospital	United Arab Emirates	—	1
International Diabetes Center	—	—	1
AdventHealth	United States	SCImago #3142	1
Massachusetts College of Pharmacy and Health Sciences	United States	SCImago #5319	1
Tufts Medical Center	United States	SCImago #3782	1
Cleveland Clinic	United States	SCImago #306	1
Moffitt Cancer Center	United States	SCImago #838	1

Institution	Country	World ranking	Citing papers
Université Laval	Canada	THE 401–500 · QS =469	1

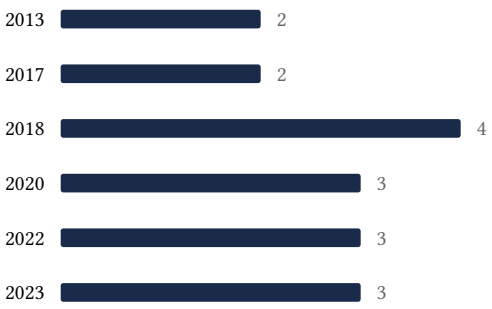
Geographic distribution of citing authors

Country	Citing papers
United States	11
Australia	1
Canada	1
Chile	1
United Arab Emirates	1
United Kingdom	1

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

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

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	Distrust of the health care system and self-reported health in the United States	8	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	Understanding Why Patients Of Low Socioeconomic Status Prefer Hospitals Over Ambulatory Care	6	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 3	Peer Mentoring and Financial Incentives to Improve Glucose Control in African American Veterans: A Randomized Trial	7	8 CFR 204.5(i)(3) — Outstanding Researcher