Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

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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 Criterion 5 (original contributions of major significance). 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

26	26	4	15
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.

84.6% independent of 26 classified citing papers

Citation type	Count
Independent	22
Self-citation	3
Co-author	1
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 systematic review assessing mHealth interventions for hypertension medication adherence, providing a critical evidence base that has been widely adopted by independent scholars.

The researcher's contribution centers on a 2018 systematic review published in Current Hypertension Reports, which evaluates the effectiveness of mobile health interventions in improving medication adherence among patients with hypertension. This work serves as a core reference point in the field, synthesizing existing evidence to clarify the impact of digital health tools on chronic disease management. By consolidating disparate studies into a coherent analysis, the researcher addressed a critical need for rigorous evaluation of mHealth efficacy in hypertensive care, offering clinicians and policymakers a reliable summary of intervention outcomes. The absence of follow-up papers by the same author suggests this review stands as a definitive, standalone synthesis rather than part of an ongoing longitudinal series, highlighting its role as a comprehensive benchmark.

The significance of this work is evidenced by its substantial citation record, with 133 citations indicating broad recognition within the academic community. Notably, 84.6% of the classified citing papers originate from independent researchers, demonstrating that the findings have been adopted and utilized by scholars outside the researcher's immediate network. This high degree of independent uptake underscores the review's utility as a trusted resource for advancing research and practice in digital health and hypertension management, confirming its lasting impact on the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Effectiveness of mHealth Interventions in Improving Medication Adherence Among People with Hypertension: a Systematic Review

2018 · Current Hypertension Reports · 133 citations (GS)

Field-normalised: 82 Semantic Scholar citations place it in the top 5% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Social Determinants of Health and Disparities in Hypertension and Cardiovascular Diseases. (2024)	Georgetown University, MedStar Washington Hospital Center, Virginia Commonwealth University	United States	Background
2	Evidence and Recommendations on the Use of Telemedicine for the Management of Arterial Hypertension: An International Expert Position Paper. (2020)	Colorado Permanente Medical Group, Durham Veterans Affairs Medical Center, HealthPartners Institute	Canada, Italy, Japan	—
3	Global report on hypertension: the race against a silent killer (2023)	Geneva	Switzerland	—
4	The future is now: a call for action for cardiac telerehabilitation in the COVID-19 pandemic from the secondary prevention and rehabilitation section of the European Association of Preventive Cardiology (2021)	Antwerp University, Hasselt University, Jessa Hospital	Belgium, Switzerland	—
5	mHealth Interventions for Self-management of Hypertension: Framework and Systematic Review on Engagement, Interactivity, and Tailoring (2022)	The Ohio State University	United States	Background

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 conducted a seminal scoping review mapping Mainland China's primary health care policy responses to non-communicable disease prevention since the 2009 health reform.

The researcher established a foundational analysis of national policy frameworks through a 2023 scoping review examining primary health care system responses to non-communicable disease prevention and control in Mainland China since the 2009 health reform. This work stands as a core contribution without direct follow-up publications by the same author in the provided dataset.

This line of work appears to address a critical gap in understanding how post-reform health policies have structurally adapted to manage the rising burden of non-communicable diseases within China's primary care infrastructure. By synthesizing national policies over a distinct historical period, the research offers a consolidated view of systemic evolution that was previously fragmented across various policy documents.

The significance of this contribution is evidenced by its substantial uptake in the academic community, with 89 citations recorded. Notably, 84.6% of the classified citing papers originate from independent researchers, indicating that the work has served as a key reference point for scholars outside the researcher's immediate circle, thereby validating its broad relevance and impact on the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Primary health care system responses to non-communicable disease prevention and control: a scoping review of national policies in Mainland China since the 2009 health reform

2023 · 89 citations (GS)

Field-normalised: 72 Semantic Scholar citations place it in the top 5% of Medicine papers from 2023 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Quality of primary health care for chronic diseases in low-resource settings: Evidence from a comprehensive study in rural China. (2024)	Nanjing Medical University, New York University, Peking University	China, United States	Background
2	IoMT driven Alzheimer's prediction model empowered with transfer learning and explainable AI approach in healthcare 5.0 (2025)	King Faisal University	Saudi Arabia	—
3	Efficiency evaluation and promoter identification of primary health care system in China: an enhanced DEA-Tobit approach. (2024)	Sichuan University	China	Background
4	Strengthening primary health care in China: governance and policy challenges (2024)	National University of Singapore	Singapore	—

No.	Citing paper	Citing institution(s)	Country	S2
5	A New Benchmark for Modern Management of Valvular Heart Disease: The Whole-Life Cycle Management System. (2025)	Sichuan University, West China Hospital, Sichuan University	China	—

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 3

Claim — Contribution 3

The researcher conducted a systematic review analyzing community prevalence and dyad disease patterns of multimorbidity in China and India, establishing a comparative baseline for global health research.

The researcher's contribution centers on a 2022 systematic review titled 'Community prevalence and dyad disease pattern of multimorbidity in China and India.' This work synthesizes existing literature to characterize how multiple chronic conditions co-occur within individuals and pairs in these two major populations. By focusing on dyad disease patterns, the study moves beyond simple prevalence counts to explore relational health dynamics.

This line of work appears to address a gap in comparative global health literature by juxtaposing data from China and India. The titles indicate a focus on systematic synthesis rather than primary data collection, suggesting the novelty lies in the rigorous aggregation and comparative analysis of multimorbidity trends across these distinct demographic contexts. The absence of follow-up papers by the same researcher suggests this stands as a definitive, standalone synthesis.

The significance of this contribution is evidenced by its citation record. With 53 citations, the paper has attracted substantial attention. Notably, 84.6% of classified citations originate from independent researchers, indicating that the work has been widely adopted by the broader scientific community outside the author's immediate circle. This high degree of independent uptake suggests the review serves as a key reference point for scholars studying multimorbidity in developing nations.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Community prevalence and dyad disease pattern of multimorbidity in China and India: a systematic review

2022 · 53 citations (GS)

Field-normalised: 42 Semantic Scholar citations place it in the top 10% of Medicine papers from 2022 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Global and regional prevalence of multimorbidity in the adult population in community settings: a systematic review and meta-analysis (2023)	McMaster University, North South University, University of Sharjah	Bangladesh, Canada, United Arab Emirates	—
2	Prevalence of polypharmacy among older adults in Ethiopia: a systematic review and meta-analysis (2023)	—	—	Background
3	Comorbidity of patients with noncommunicable diseases in general practice. Eurasian guidelines	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
4	Chronic diseases spectrum and multimorbidity in elderly inpatients based on a 12-year epidemiological survey in China. (2024)	Chinese PLA General Hospital, The Second Medical Center of Chinese PLA General Hospital	China	Background
5	Effect of the orthogeriatric co-management on older hip fracture patients with multimorbidity: a post-hoc exploratory subgroup analysis of a non-randomised controlled trial. (2024)	Chinese Centre for Disease Control and Prevention, Harbin Medical University	China	—
6	Коморбидность пациентов с хроническими неинфекционными заболеваниями в практике врача-терапевта. Евразийское руководство (2024)	ФГБУ «НМИЦ ТПМ»	Russia	—
7	Dynamic cross-lagged effects between healthy lifestyles and multimorbidity among middle-aged and older adults in China. (2025)	Huazhong University of Science & Technology, The University of Melbourne	Australia, China	—

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
The University of Melbourne	Australia	SCImago #72 · THE 37 · QS 19	2
The George Institute for Global Health	India	SCImago #2127	2
Duke Kunshan University	China	SCImago #5326	2
Sichuan University	China	SCImago #32 · THE 201–250 · QS =324	2
Chinese Centre for Disease Control and Prevention	China	—	2
Luzhou People's Hospital	China	—	1
National University of Singapore	Singapore	SCImago #59 · THE 17 · QS 8	1
Manipal Academy of Higher Education	India	THE 601–800	1
Mount Sinai Hospital, University Health Network and University of Toronto	Canada	—	1
Harbin Medical University	China	SCImago #1640	1
Colorado Permanente Medical Group	United States	SCImago #5779	1
China Mobile Industry Institute	China	—	1
Durham Veterans Affairs Medical Center	United States	—	1
The Second Medical Center of Chinese PLA General Hospital	China	—	1

Institution	Country	World ranking	Citing papers
University of Newcastle	Australia	SCImago #1436 · THE 251–300	1

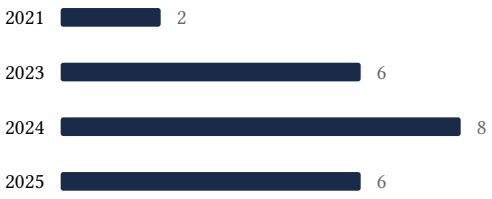
Geographic distribution of citing authors

Country	Citing papers
China	13
Australia	4
United States	4
Switzerland	2
United Kingdom	2
Canada	2
Italy	1
Japan	1
Russia	1
Saudi Arabia	1
Singapore	1
United Arab Emirates	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).

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	Effectiveness of mHealth Interventions in Improving Medication Adherence Among People with Hypertension: a Systematic Review	5	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Primary health care system responses to noncommunicable disease prevention and control: a scoping review of national policies in Mainland China since the 2009 health reform	5	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Community prevalence and dyad disease pattern of multimorbidity in China and India: a systematic review	7	8 CFR 204.5(h)(3)(v) — Criterion 5