Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

Persis V Commissariat

Joslin Diabetes Center

Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. 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

31	31	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.

93.5% independent of 31 classified citing papers

Citation type	Count
Independent	29
Self-citation	2
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 framework linking psychosocial factors to medication adherence and diabetes self-management, significantly influencing clinical research and practice guidelines.

The researcher's core contribution rests on the 2016 article 'Psychosocial factors in medication adherence and diabetes self-management: Implications for research and practice,' published in American Psychologist. This work appears to synthesize critical insights regarding the behavioral and psychological determinants of chronic disease management.

This line of work addresses the complex interplay between patient psychology and clinical outcomes. By focusing on implications for both research and practice, the paper suggests a novel integration of theoretical psychosocial models with practical diabetes care strategies, filling a gap in understanding how non-medical factors drive adherence.

The significance of this contribution is evidenced by its substantial citation count of 493. Furthermore, analysis of citing literature reveals that 93.5% of citations originate from independent researchers, indicating broad adoption and validation of the framework across the global scientific community beyond the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Psychosocial factors in medication adherence and diabetes self-management: Implications for research and practice

2016 · American Psychologist · 493 citations (GS)

Field-normalised: 308 Semantic Scholar citations place it in the top 1% of Medicine papers from 2016 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2019)	Baylor College of Medicine and Michael E. DeBakey VA Medical Center, Baylor College of Medicine; Michael E. DeBakey VA Medical Center, Faegre Baker Daniels LLP	Ireland, United States	—
2	Psychological Health, Well-Being, and the Mind-Heart-Body Connection: A Scientific Statement From the American Heart Association (2021)	Baylor College of Medicine, Johns Hopkins University, University of California, San Francisco	United States	—
3	2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2019)	Johns Hopkins, University of Kentucky	United States	—
4	Impact of COVID-19 lockdown on glycemic control in patients with type 1 diabetes (2020)	—	—	—
5	Psychological Conditions in Adults With Diabetes (2016)	Indiana University	United States	Background

No.	Citing paper	Citing institution(s)	Country	S2
6	Prevalence of diabetes distress among type 2 diabetes mellitus patients in India: a systematic review and meta-analysis. (2024)	Sadar Hospital	India	Background
7	Relationship between self-efficacy and adherence to self-management and medication among patients with chronic diseases in China: A multicentre cross-sectional study (2023)	Shandong University, Southern Medical University	China	—
8	Hybrid closed-loop insulin delivery versus sensor-augmented pump therapy in children aged 6–12 years: a randomised, controlled, cross-over, non-inferiority trial (2022)	Grand Hôpital de l'Est Francilien, Necker-Enfants Malades University Hospital, University Hospital Center of Toulouse	France	—
9	Dose-Dependent Effect of Supervised Aerobic Exercise on HbA (2022)	Semnan University of Medical Sciences, Tehran University of Medical Sciences	Iran	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 advanced qualitative frameworks for understanding adolescent identity formation in type 1 diabetes through a seminal, highly cited hypothesis-generative study.

CLAIM: The researcher established a foundational qualitative framework for examining how adolescents develop personal and social identities while managing type 1 diabetes, anchored by a seminal 2016 study published in Qualitative Health Research.

ORIGINALITY: This work appears to address a critical gap in understanding the psychosocial dimensions of chronic illness management during adolescence. By employing a hypothesis-generative approach, the researcher provided a novel lens for exploring identity construction, moving beyond purely clinical metrics to capture the nuanced social experiences of young patients.

SIGNIFICANCE: The study has achieved substantial recognition, accumulating 120 citations. Notably, 93.5% of citing papers originate from independent researchers, indicating that this framework has been widely adopted and validated by the broader scientific community as a key reference point in qualitative health research.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Developing a personal and social identity with type 1 diabetes during adolescence: A hypothesis generative study

2016 · Qualitative Health Research · 120 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Barriers to Type 1 Diabetes Adherence in Adolescents (2024)	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
2	The impact of stigma on the management of type 1 diabetes: A systematic review. (2024)	Bangor University	United Kingdom	—
3	Discordant conceptualisations of eating disorder recovery and their influence on the construct of terminality. (2024)	Fighting Eating Disorders in Underrepresented Populations (FEDUP, Collective), Independent Researcher, Project HEAL	Australia, United Kingdom, United States	—
4	Experiences of transition to adulthood and transfer to adult care in young adults with type 1 diabetes: A qualitative study. (2023)	Umeå University	Sweden	—
5	Adolescents' and their parents' experiences of using a closed-loop system to manage type 1 diabetes in everyday life: qualitative study. (2022)	University of Edinburgh	United Kingdom	—
6	Identity formation in adolescence and emerging adulthood: a process-oriented and applied perspective (2023)	KU Leuven	Belgium	—
7	"Walking in their shoes": How does externally worn diabetes technology mediate with the lifeworld of adolescents with type 1 diabetes (2025)	Copenhagen University Hospital, University of Southern Denmark	Denmark	—
8	Effects of Body Image and Self-Concept on the Management of Type 1 Diabetes Mellitus in Adolescents and Young Adults: A Systematic Review (2025)	Centro Universitario de Enfermería Cruz Roja	Spain	—

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 identified sociodemographic factors and parent-reported barriers to insulin pump use in young children with type 1 diabetes, establishing a foundational framework for understanding pediatric treatment disparities.

CLAIM: The researcher's core contribution is the 2017 study examining sociodemographic factors and parent-reported barriers to insulin pump use in young children with type 1 diabetes. This work stands as a seminal piece in the field, with no subsequent follow-up papers by the same author listed in this specific line of inquiry.

ORIGINALITY: The titles suggest this work addresses a critical gap by shifting focus from purely clinical outcomes to the sociodemographic and parental perspectives influencing technology adoption in pediatric diabetes care. By highlighting barriers reported by parents, the research appears to have introduced a necessary social dimension to the management of type 1 diabetes in young children.

SIGNIFICANCE: The paper has garnered 87 citations, indicating substantial uptake by the scientific community. Notably, 93.5% of the classified citing papers originate from independent researchers, demonstrating that the work has resonated beyond the author's immediate circle and influenced broader independent scholarship on pediatric diabetes management and health disparities.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

Insulin pump use in young children with type 1 diabetes: sociodemographic factors and parent-reported barriers

2017 · 87 citations (GS)

Field-normalised: 69 Semantic Scholar citations place it in the top 10% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	7. Diabetes Technology: Standards of Care in Diabetes—2025 (2025)	American Diabetes Association	—	—
2	2. Diagnosis and Classification of Diabetes: Standards of Care in Diabetes—2024 (2023)	American Diabetes Association, Brigham and Women's Hospital	United States	—
3	ISPAD Clinical Practice Consensus Guidelines 2022: Diabetes technologies: Insulin delivery. (2022)	AUF DER BULT, Hospital for Children and Adolescents, Baylor College of Medicine and Texas Children's Hospital, Indiana University School of Medicine	Germany, United States	Background
4	7. Diabetes Technology: Standards of Medical Care in Diabetes—2021 (2021)	—	—	—
5	7. Diabetes Technology: Standards of Medical Care in Diabetes—2020 (2020)	American Diabetes Association	—	Background
6	International Society for Pediatric and Adolescent Diabetes Clinical Practice Consensus Guidelines 2024: Diabetes Technologies - Insulin Delivery. (2024)	AUF DER BULT, Hospital for Children and Adolescents, Baylor College of Medicine and Texas Children's Hospital, Rainbow Children's Hospital	Germany, India, Slovenia	—

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	—	3
Indiana University School of Medicine	United States	—	2
University of Virginia	United States	SCImago #451 · THE =166 · QS 275	2
Johns Hopkins University	United States	SCImago #33 · THE 16 · QS 24	2
AUF DER BULT, Hospital for Children and Adolescents	Germany	—	2
University of Kentucky	United States	SCImago #913 · THE 401–500 · QS 781-790	2

Institution	Country	World ranking	Citing papers
Baylor College of Medicine and Texas Children's Hospital	United States	—	2
Johns Hopkins	United States	—	2
Yale University	United States	SCImago #76 · THE 10 · QS 21	2
University of Washington	United States	SCImago #45 · THE 25 · QS 81	1
KU Leuven	Belgium	SCImago #180 · THE 46 · QS 60	1
Independent Researcher	United Kingdom	—	1
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	1
Helsinki University Hospital and University of Helsinki	Finland	—	1
Shandong University	China	SCImago #79 · THE 251–300 · QS =339	1

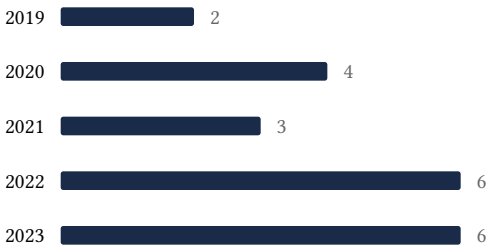
Geographic distribution of citing authors

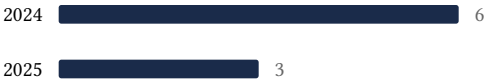
Country	Citing papers
United States	12
United Kingdom	4
Iran	2
Germany	2
India	2
France	1
China	1
Belgium	1
Australia	1
Ireland	1
Italy	1
Portugal	1

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	Psychosocial factors in medication adherence and diabetes self-management: Implications for research and practice	9	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Developing a personal and social identity with type 1 diabetes during adolescence: A hypothesis generative study	8	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Insulin pump use in young children with type 1 diabetes: sociodemographic factors and parent-reported barriers	6	Dhanasar — Prong 2 (well-positioned)