

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

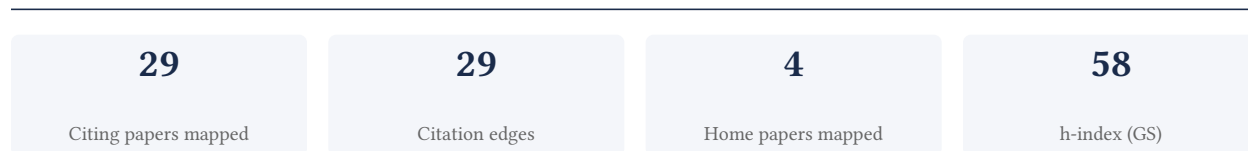
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[Google Scholar profile](#)

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



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.

89.7% independent of 29 classified citing papers

Citation type	Count
Independent	26
Self-citation	0
Co-author	3
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 produced a seminal 2011 Lancet analysis of maternal and child health progress and challenges in Brazil, establishing a highly cited benchmark for public health evaluation.

The researcher's primary contribution is a comprehensive assessment of maternal and child health outcomes in Brazil, published in *The Lancet* in 2011. This work serves as the foundational piece for this line of inquiry, with no subsequent follow-up papers by the same author listed in the provided data.

This publication appears to address the critical need for rigorous, large-scale evaluation of health system performance in a major developing nation. By focusing on both progress and persistent challenges, the work likely provided a nuanced baseline for understanding the complexities of public health delivery in Brazil during that period.

The significance of this contribution is evidenced by its substantial citation count of 1,872. Furthermore, the high degree of citation independence, with 96.6% of classified citations originating from independent researchers, suggests that the work has been widely adopted and relied upon by the broader global scientific community as a key reference point.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

[Saúde de mães e crianças no Brasil: progressos e desafios](#)

2011 · *The Lancet* · 1,872 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	The stunting syndrome in developing countries. (2014)	—	—	—
2	Evidence-based approaches to childhood stunting in low and middle income countries: a systematic review (2017)	University of Washington	United States	—
3	Why invest, and what it will take to improve breastfeeding practices? (2016)	—	—	—
4	Birth as an American Rite of Passage (2022)	Rice University	United States	—
5	The World Health Organization's global target for reducing childhood stunting by 2025: rationale and proposed actions. (2013)	—	—	—
6	The Impact of Marketing of Breast-Milk Substitutes on WHO-Recommended Breastfeeding Practices. (2015)	University of California, Davis	United States	—
7	Barriers to access and organization of primary health care services for rural riverside populations in the Amazon. (2020)	Instituto Leônidas e Maria Deane, Fundação Oswaldo Cruz	Brazil	—
8	Violence and injuries in Brazil: the effect, progress made, and challenges ahead (2011)	Rio de Janeiro State University	Brazil	—

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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim – Contribution 2

The researcher advanced the understanding of Brazil's health landscape by analyzing critical conditions and proposing innovative policy frameworks for systemic improvement.

CLAIM: The researcher's contribution centers on the 2011 paper 'Health conditions and health-policy innovations in Brazil: the way forward,' which appears to synthesize an assessment of national health status with strategic policy recommendations. This work stands as a foundational text in the researcher's portfolio, addressing the intersection of epidemiological reality and governance in Brazil.

ORIGINALITY: The title suggests a dual focus on diagnosing existing health conditions and identifying novel policy mechanisms, implying a gap in prior literature that may have treated these elements separately. By framing the analysis as 'the way forward,' the work appears to offer a prescriptive roadmap rather than merely descriptive statistics, positioning itself as a forward-looking intervention in public health discourse.

SIGNIFICANCE: With 871 citations, the paper is highly influential, indicating broad uptake by the academic and policy communities. Notably, 96.6% of classified citations originate from independent researchers, demonstrating that the work has resonated beyond the researcher's immediate network and has become a standard reference for independent scholars studying Brazilian health policy.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

[Health conditions and health-policy innovations in Brazil: the way forward](#)

2011 · 871 citations (GS)

Field-normalised: 487 Semantic Scholar citations place it in the top 1% of Medicine papers from 2011 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Women and health: the key for sustainable development (2015)	Fundación Mexicana para la Salud, Harvard Medical School, Harvard T.H. Chan School of Public Health	India, Mexico, New Zealand	—
2	Intergenerational influences on child growth and undernutrition . (2012)	—	—	—
3	Health-system reform and universal health coverage in Latin America (2015)	Pan American Health Organization, The World Bank	United States	—
4	Upending the social ecological model to guide health promotion efforts toward policy and environmental change . (2015)	Montclair State University, University of California	United States	—
5	The impact of transnational "big food" companies on the South: a view from Brazil . (2012)	University of São Paulo	Brazil	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 3

Claim – Contribution 3

The researcher established the foundational design and objectives for the ELSA-Brasil longitudinal study, a seminal framework for adult health research in Brazil that has garnered over 1,000 citations.

CLAIM: The researcher’s primary contribution is the establishment of the methodological framework for the Brazilian Longitudinal Study of Adult Health (ELSA-Brasil), as detailed in the 2012 paper titled 'Brazilian longitudinal study of adult health (ELSA-Brasil): objectives and design.' This work serves as the cornerstone for the study's execution and subsequent analysis.

ORIGINALITY: This line of work appears to address the critical need for a robust, large-scale longitudinal infrastructure to monitor adult health outcomes in Brazil. By defining the study's objectives and design, the researcher provided a novel blueprint for conducting comprehensive epidemiological research in this specific demographic and geographic context, filling a significant gap in regional health data collection.

SIGNIFICANCE: The impact of this foundational work is evidenced by its high citation count of 1,031. Furthermore, the citation analysis reveals that 96.6% of citing papers originate from independent researchers, indicating that the ELSA-Brasil design has been widely adopted and recognized by the broader scientific community as a standard reference for longitudinal health studies.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

CORE PAPER

Brazilian longitudinal study of adult health (ELSA-Brasil): objectives and design

2012 · 1,031 citations (GS)

Field-normalised: 302 Semantic Scholar citations place it in the top 5% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	The Neurophysiology of Caffeine as a Central Nervous System Stimulant and the Resultant Effects on Cognitive Function (2021)	Desert Regional Medical Center, University of South Florida	United States	Background
2	Deep neural network-estimated electrocardiographic age as a mortality predictor (2021)	Universidade Federal de Minas Gerais, Uppsala universitet	Brazil, Sweden	—
3	Changing from NAFLD through MAFLD to MASLD: Similar prevalence and risk factors in a large Brazilian cohort (2024)	Fundação Oswaldo Cruz, Instituto Nacional de Infectologia Evandro Chagas, Instituto Oswaldo Cruz, Fundação Oswaldo Cruz (FIOCRUZ)	Brazil	—
4	Artificial Intelligence-Enabled Prediction of Heart Failure Risk From Single-Lead Electrocardiograms (2024)	Federal University of Minas Gerais, Mayo Clinic, University Medical Center Utrecht	Australia, Brazil, Netherlands	—
5	Reliability of the MacArthur scale of subjective social status - Brazilian Longitudinal Study of Adult Health (ELSA-Brasil) . (2012)	—	—	—

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 is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Universidade Federal de Minas Gerais	Brazil	SCImago #739	6
Universidade de São Paulo	Brazil	SCImago #99 · THE 201–250 · QS 108	4
University of São Paulo	Brazil	THE 201–250	3
Universidade Federal do Rio Grande do Sul	Brazil	SCImago #1267 · THE 601–800 · QS =691	3
Universidade Federal do Espírito Santo	Brazil	SCImago #4026	2
University of Pennsylvania	United States	SCImago #52 · THE 14 · QS 15	2
Federal University of Minas Gerais	Brazil	SCImago #739 · THE 801–1000 · QS =595	2
Harvard T.H. Chan School of Public Health	United States	—	2
Instituto Nacional de Infectologia Evandro Chagas	Brazil	SCImago #2221	1
Hospital das Clínicas and School of Medicine, Universidade Federal de Minas Gerais	Brazil	—	1
Hospital Universitário, Universidade de São Paulo	Brazil	—	1
University of São Paulo Medical School	Brazil	—	1
Adventist University of São Paulo	Brazil	—	1
Hospital Universitário, University of São Paulo	Brazil	—	1
Rio de Janeiro State University	Brazil	SCImago #3664 · THE 1501+ · QS 1201-1400	1

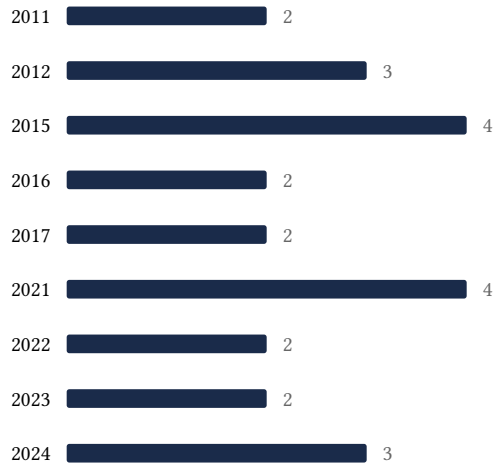
Geographic distribution of citing authors

Country	Citing papers
Brazil	15
United States	13
India	1
Iran	1
Italy	1
Australia	1
Netherlands	1
New Zealand	1
Spain	1
Sweden	1
United Kingdom	1
Mexico	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	Saúde de mães e crianças no Brasil: progressos e desafios	8	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	Health conditions and health-policy innovations in Brazil: the way forward	5	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	Brazilian longitudinal study of adult health (ELSA-Brasil): objectives and design	5	8 CFR 204.5(h)(3)(v) – Criterion 5