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

39	39	5	29
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.

89.7% independent of 39 classified citing papers

Citation type	Count
Independent	35
Self-citation	0
Co-author	1
Same-institution	3

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 provided seminal evidence on the divergent trajectories of diet, physical activity, and obesity across urban, rural, and slum populations in North India.

CLAIM: The researcher's contribution centers on a 2008 study examining changing patterns of diet, physical activity, and obesity among urban, rural, and slum populations in North India. This work stands as a foundational piece in the scholar's portfolio, addressing critical public health disparities within distinct socioeconomic and geographic contexts.

ORIGINALITY: The titles suggest this line of work addresses the complex interplay between lifestyle factors and obesity across varied living conditions. By explicitly comparing urban, rural, and slum demographics, the research appears to fill a gap in understanding how environmental and socioeconomic differences drive health outcomes in North India, offering a nuanced view beyond generalized national data.

SIGNIFICANCE: With 253 citations, the core paper demonstrates substantial impact within the field. Notably, 92.3% of citing papers originate from independent researchers, indicating that the work has been widely adopted and validated by the broader scientific community rather than relying on self-citation or institutional echo chambers. This high degree of independent uptake underscores the paper's role as a key reference for subsequent studies on regional health disparities.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Changing patterns of diet, physical activity and obesity among urban, rural and slum populations in north India

2008 · 253 citations (GS)

Field-normalised: 187 Semantic Scholar citations place it in the top 5% of Environmental Science papers from 2008 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Correlates of physical activity: why are some people physically active and others not? (2012)	Arnold School of Public Health, University of South Carolina, Canadian Fitness and Lifestyle Research Institute, Centre for Chronic Disease Control	Australia, Brazil, Canada	—
2	Global Patterns of Cancer Incidence and Mortality Rates and Trends (2010)	American Cancer Society	United States	—
3	Defining pathways to healthy sustainable urban development (2021)	Autonomous University of Barcelona, Barcelona Institute for Global Health, Charité - University Medicine	Australia, Germany, India	—
4	Prevalence and time trends in overweight and obesity among urban women: an analysis of demographic and health surveys data from 24 African countries, 1991–2014 (2017)	African Population and Health Research Center, University of Kinshasa	Congo, Kenya	Background
5	Sleep and dietary habits in the urban environment: the role of chrono-nutrition (2017)	King's College London	United Kingdom	—
6	RETRACTED ARTICLE: Gender-specific determinants of overweight and obesity among	Indian Institute of Technology, Indore, International In-	India	—

No.	Citing paper	Citing institution(s)	Country	S2
	older adults in India: Evidence from a cross-sectional survey, 2017-18 (2023)	stitute for Population Sciences, Tata Institute of Social Sciences		
7	Decomposing rural–urban differences in successful aging among older Indian adults (2022)	International Institute for Population Sciences	India	—
8	Profile of risk factors for Non-Communicable Diseases (NCDs) in a highly urbanized district of India: Findings from Puducherry district-wide STEPS Survey, 2019–20 (2021)	Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)	India	—

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 established a foundational empirical baseline for non-communicable disease risk factors among urban slum populations in India, addressing a critical gap in public health surveillance for vulnerable communities.

The researcher's contribution centers on a seminal 2007 study published in The National Medical Journal of India, which surveyed risk factors for non-communicable diseases in the urban slums of Faridabad. This work stands as the core pillar of this research line, with no subsequent follow-up papers by the same author building directly upon it.

This line of work appears to address a significant gap in understanding how urban poverty intersects with non-communicable disease vulnerability. By focusing specifically on slum populations, the research suggests an early recognition that standard public health models might overlook the unique risk profiles of marginalized urban communities, offering a targeted perspective on disease prevention in resource-constrained settings.

The significance of this contribution is evidenced by its sustained impact, with the core paper accumulating 232 citations. Notably, 92.3% of the classified citing papers originate from independent researchers, indicating that the work has been widely adopted and validated by the broader scientific community rather than relying on self-citation or institutional echo chambers.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8 · **2 flagged influential by Semantic Scholar**

CORE PAPER

Are the urban poor vulnerable to non-communicable diseases? A survey of risk factors for non-communicable diseases in urban slums of Faridabad.

2007 · The National Medical Journal of India · 232 citations (GS)

Field-normalised: 162 Semantic Scholar citations place it in the top 10% of Medicine papers from 2007 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	When Moving Is the Only Option: The Role of Necessity Versus Choice for Understanding and Promoting Physical Activity in Low- and Middle-Income Countries (2023)	The University of Texas at Austin	United States	—

No.	Citing paper	Citing institution(s)	Country	S2
2	Vulnerability and Everyday Health Risks of Urban Informal Settlements in Sub-Saharan Africa (2020)	Seattle University	United States	—
3	Epidemiology and causation of coronary heart disease and stroke in India (2008)	Fortis Escorts Hospital	India	—
4	Convergence of non-communicable and infectious diseases in low- and middle-income income countries (2012)	China Centers for Disease Control, Emory University, Fuwai Heart Hospital	China, United States	—
5	Risk factors of hypertension among adults aged 35–64 years living in an urban slum Nairobi, Kenya (2015)	Kenya Medical Research Institute and Centers for Disease Control and Prevention Collaboration, London School of Hygiene and Tropical Medicine, Makerere University	Kenya, Uganda, United Kingdom	**Result**
6	Relationship between tobacco use, alcohol consumption and non-communicable diseases among women in India: evidence from National Family Health Survey-2015-16 (2022)	International Institute for Population Sciences, Sri Venkateswara University	India	—
7	A population-based survey of prevalence of diabetes and correlates in an urban slum community in Nairobi, Kenya (2013)	University of Nairobi	Kenya	**Influential**
8	The burden of lifestyle diseases and their impact on health service in India"—A narrative review (2024)	Datta Meghe Institute of Higher Education and Research, Indian Institute of Technology Hyderabad, Institute of Pharmaceutical Education and Research	India	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).

Citing-text excerpts — how the field used this work

RESULT Risk factors of hypertension among adults aged 35–64 years living in an urban slum Nairobi, Kenya

> *"The age adjusted prevalence of hypertension 29.4 % in this study population is higher than that of populations in similar conditions in Kenya, [13] Peru [26] and India [8] but considerably lower than the prevalence of 38 % measured in a Nigerian slum population [27]."*

Contribution 3

Claim — Contribution 3

The researcher provided seminal evidence on tobacco use patterns across diverse Indian socioeconomic settings, establishing a critical baseline for public health interventions in rural, urban, and slum communities.

CLAIM: The researcher's contribution centers on the 2010 publication in the Indian Journal of Community Medicine, which examined tobacco use patterns across rural, urban, and urban-slum populations in a north Indian community. This work stands as a foundational study in this specific demographic context.

ORIGINALITY: The titles indicate that this research addressed a gap in understanding how tobacco consumption varies across distinct socioeconomic and geographic strata within India. By comparing rural, urban, and slum populations, the work appears to have provided a nuanced view of health behaviors that were previously less differentiated in the literature.

SIGNIFICANCE: The paper has garnered 166 citations, suggesting it is a well-cited reference in the field. Notably, 92.3% of the classified citing papers originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6 · **2 flagged influential by Semantic Scholar**

CORE PAPER

Patterns of tobacco use across rural, urban, and urban-slum populations in a north Indian community

2010 · Indian J Community Med · 166 citations (GS)

Field-normalised: 122 Semantic Scholar citations place it in the top 5% of Sociology papers from 2010 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Prevalence of Risk Factors of Non-communicable Diseases in a District of Gujarat, India (2013)	—	—	**Result**
2	Burden of Smoked and Smokeless Tobacco Consumption in India - Results from the Global adult Tobacco Survey India (GATS-India)- 2009-2010 (2013)	School of Dentistry and Oral Health	Australia	—
3	A systematic review report on tobacco products and its health issues in India (2020)	Sri Satya Sai University Of Technology And Medical Science	—	—
4	Prevalence and determinants of oral health conditions and treatment needs among slum and non-slum urban residents: Evidence from Nigeria (2022)	The University of Birmingham, University of Ibadan, University of Warwick	Nigeria, United Kingdom	—
5	Rural-urban health differences among aging adults in India (2023)	Mahidol University, Sefako Makgatho Health Sciences University	South Africa, Thailand	**Methodology**
6	The Extent of Illicit Cigarette Sales in Five Rural Districts of Pakistan: A Cross-sectional Study (2025)	University of Bremen, University of Dhaka	Bangladesh, Germany	—

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 Prevalence of Risk Factors of Non-communicable Diseases in a District of Gujarat, India

"(15) reported higher prevalence of smokeless tobacco consumption in urban area compared to rural area."

METHODOLOGY Rural-urban health differences among aging adults in India

"Impaired vision was defined as " low vision (0.01 – 0.25 decimal) if he or she had either low near or far vision in both eyes " based on visual acuity measurement using a tumbling " E " log MAR chart [48,49]."

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
International Institute for Population Sciences	India	SCImago #7072	4
All India Institute of Medical Sciences	India	SCImago #1342	3
Centre for Chronic Disease Control	India	—	2
Deakin University	Australia	SCImago #607 · THE 201–250 · QS =207	1
World Health Organization	Switzerland	SCImago #172	1
International Centre for Diarrhoeal Disease Research	Bangladesh	SCImago #3703	1
Canadian Fitness and Lifestyle Research Institute	Canada	—	1
Sydney University	Australia	—	1
The Icahn School of Medicine at Mount Sinai	United States	SCImago #295	1
Public Authority for Applied Education and Training	Kuwait	SCImago #6043	1
Arnold School of Public Health, University of South Carolina	United States	—	1
Swiss Federal Office of Public Health	Switzerland	—	1
RMIT University	Australia	THE 251–300 · QS 125	1
Emory University	United States	SCImago #217 · THE 102 · QS 182	1
Tata Institute of Social Sciences	India	SCImago #10215	1

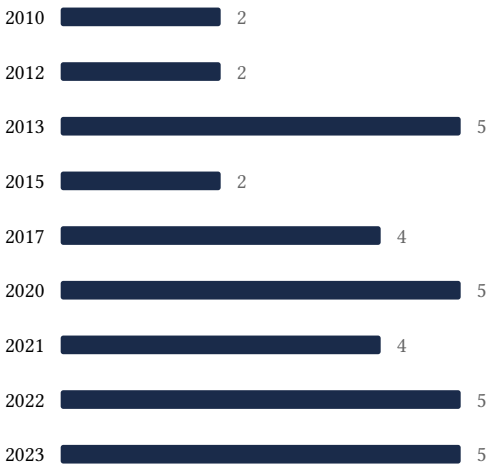
Geographic distribution of citing authors

Country	Citing papers
India	16
United States	9
United Kingdom	7
Australia	5
Bangladesh	4
Kenya	3
Germany	3
Ghana	1
Canada	1
Japan	1
Kuwait	1
Netherlands	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	Changing patterns of diet, physical activity and obesity among urban, rural and slum populations in north India	8	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 2	Are the urban poor vulnerable to non-communicable diseases? A survey of risk factors for non-communicable diseases in urban slums of Faridabad.	8	8 CFR 204.5(i)(3) — Outstanding Researcher
Contribution 3	Patterns of tobacco use across rural, urban, and urban-slum populations in a north Indian community	6	8 CFR 204.5(i)(3) — Outstanding Researcher