

Rohina Joshi, R Joshi, Joshi R

List of Publications by Year in descending order

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135
papers

10,355
citations

147566

31
h-index

33814

99
g-index

139
all docs

139
docs citations

139
times ranked

12680
citing authors

#	ARTICLE	IF	CITATIONS
1	Governance systems for skilled health worker migration, their public value and competing priorities: an interpretive scoping review. <i>Global Health Action</i> , 2022, 15, 2013600.	0.7	9
2	Utility of the Right to Health for Addressing Skilled Health Worker Shortages in Low- and Middle-Income Countries. <i>International Journal of Health Policy and Management</i> , 2022, , .	0.5	4
3	Social media interventions targeting exercise and diet behaviours in people with noncommunicable diseases (NCDs): A systematic review. <i>Internet Interventions</i> , 2022, 27, 100497.	1.4	15
4	Challenges in operationalising clinical trials in India during the COVID-19 pandemic. <i>The Lancet Global Health</i> , 2022, 10, e317-e319.	2.9	12
5	Pharmacistâ€™s time spent: Space for Pharmacy-based Interventions and Consultation Time (SPICE)â€™an observational time and motion study. <i>BMJ Open</i> , 2022, 12, e055597.	0.8	7
6	Effects of a Lifestyle Intervention to Prevent Deterioration in Glycemic Status Among South Asian Women With Recent Gestational Diabetes. <i>JAMA Network Open</i> , 2022, 5, e220773.	2.8	19
7	An intervention package for supporting the mental well-being of community health workers in low, and middle-income countries during the COVID-19 pandemic. <i>Comprehensive Psychiatry</i> , 2022, 115, 152300.	1.5	5
8	Applying systems thinking to identify enablers and challenges to scale-up interventions for hypertension and diabetes in low-income and middle-income countries: protocol for a longitudinal mixed-methods study. <i>BMJ Open</i> , 2022, 12, e053122.	0.8	1
9	Are return-of-service bursaries an effective investment to build health workforce capacity? A qualitative study of key South African policymakers. <i>PLOS Global Public Health</i> , 2022, 2, e0000309.	0.5	4
10	Integrated Management of Diabetes and Tuberculosis in Rural India â€™ Results From a Pilot Study. <i>Frontiers in Public Health</i> , 2022, 10, .	1.3	2
11	How do diverse low-income and middle-income countries implement primary healthcare team integration to support the delivery of comprehensive primary health care? A mixed-methods study protocol from India, Mexico and Uganda. <i>BMJ Open</i> , 2022, 12, e055218.	0.8	2
12	Hydroxychloroquine plus personal protective equipment versus personal protective equipment alone for the prevention of laboratory-confirmed COVID-19 infections among healthcare workers: a multicentre, parallel-group randomised controlled trial from India. <i>BMJ Open</i> , 2022, 12, e059540.	0.8	8
13	Exploring complementary and competitive relations between non-communicable disease services and other health extension programme services in Ethiopia: a multilevel analysis. <i>BMJ Global Health</i> , 2022, 7, e009025.	2.0	1
14	The organisation of primary health care service delivery for non-communicable diseases in Nigeria: A case-study analysis. <i>PLOS Global Public Health</i> , 2022, 2, e0000566.	0.5	10
15	Improving cause of death certification in the Philippines: implementation of an electronic verbal autopsy decision support tool (SmartVA auto-analyse) to aid physician diagnoses of out-of-facility deaths. <i>BMC Public Health</i> , 2021, 21, 563.	1.2	6
16	Evaluation of the alignment of policies and practices for state-sponsored educational initiatives for sustainable health workforce solutions in selected Southern African countries: a protocol, multimethods study. <i>BMJ Open</i> , 2021, 11, e046379.	0.8	5
17	An electronic decision supportâ€™based complex intervention to improve management of cardiovascular risk in primary health care: a cluster randomised trial (INTEGRATE). <i>Medical Journal of Australia</i> , 2021, 214, 420-427.	0.8	7
18	Why do strategies to strengthen primary health care succeed in some places and fail in others? Exploring local variation in the effectiveness of a community health worker managed digital health intervention in rural India. <i>BMJ Global Health</i> , 2021, 6, e005003.	2.0	6

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19	Additive association of knowledge and awareness on control of hypertension: a cross-sectional survey in rural India. <i>Journal of Hypertension</i> , 2021, 39, 107-116.	0.3	6
20	Do mentoring programmes influence women's careers in the health and medical research sector? A mixed-methods evaluation of Australia's Franklin Women Mentoring Programme. <i>BMJ Open</i> , 2021, 11, e052560.	0.8	11
21	Are there sex differences in completeness of death registration and quality of cause of death statistics? Results from a global analysis. <i>BMJ Global Health</i> , 2021, 6, e006660.	2.0	9
22	Health system capacity and readiness for delivery of integrated non-communicable disease services in primary health care: A qualitative analysis of the Ethiopian experience. <i>PLOS Global Public Health</i> , 2021, 1, e000026.	0.5	12
23	Integrating community-based verbal autopsy into civil registration and vital statistics: lessons learnt from five countries. <i>BMJ Global Health</i> , 2021, 6, e006760.	2.0	2
24	The impact of errors in medical certification on the accuracy of the underlying cause of death. <i>PLoS ONE</i> , 2021, 16, e0259667.	1.1	3
25	Feasibility and validity of using death surveillance data and SmartVA for fact and cause of death in clinical trials in rural China: a substudy of the China salt substitute and stroke study (SSaSS). <i>Journal of Epidemiology and Community Health</i> , 2021, 75, 540-549.	2.0	2
26	Aligning policymaking in decentralized health systems: Evaluation of strategies to prevent and control non-communicable diseases in Nigeria. <i>PLOS Global Public Health</i> , 2021, 1, e0000050.	0.5	4
27	Lessons Learnt during the Implementation of WISN for Comprehensive Primary Health Care in India, South Africa and Peru. <i>International Journal of Environmental Research and Public Health</i> , 2021, 18, 12541.	1.2	8
28	ASHA-Led Community-Based Groups to Support Control of Hypertension in Rural India Are Feasible and Potentially Scalable. <i>Frontiers in Medicine</i> , 2021, 8, 771822.	1.2	6
29	Charting the Rights of Community Health Workers in India: The Next Frontier of Universal Health Coverage.. <i>Health and Human Rights</i> , 2021, 23, 225-238.	1.3	1
30	Strategic, Successful, and Sustained Synergy: The Global Alliance for Chronic Diseases Hypertension Program. <i>Global Heart</i> , 2020, 14, 391.	0.9	2
31	Effectiveness of a scalable group-based education and monitoring program, delivered by health workers, to improve control of hypertension in rural India: A cluster randomised controlled trial. <i>PLoS Medicine</i> , 2020, 17, e1002997.	3.9	41
32	Access to care for childhood cancers in India: perspectives of health care providers and the implications for universal health coverage. <i>BMC Public Health</i> , 2020, 20, 1641.	1.2	10
33	Reformulation and strengthening of return-of-service (ROS) schemes could change the narrative on global health workforce distribution and shortages in sub-Saharan Africa. <i>Family Medicine and Community Health</i> , 2020, 8, e000498.	0.6	6
34	Hydroxychloroquine plus personal protective equipment versus standard personal protective equipment alone for the prevention of COVID-19 infections among frontline healthcare workers: the Hydroxychloroquine Prophylaxis Evaluation (HOPE) trial: A structured summary of a study protocol for a randomized controlled trial. <i>Trials</i> , 2020, 21, 754.	0.7	7
35	Lifestyle InterVention IN Gestational diabetes (LIVING) in India, Bangladesh and Sri Lanka: protocol for process evaluation of a randomised controlled trial. <i>BMJ Open</i> , 2020, 10, e037774.	0.8	1
36	Community pharmacist workflow: Space for Pharmacy-based Interventions and Consultation Time study protocol. <i>International Journal of Pharmacy Practice</i> , 2020, 28, 441-448.	0.3	2

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37	Improving medical certification of cause of death: effective strategies and approaches based on experiences from the Data for Health Initiative. BMC Medicine, 2020, 18, 74.	2.3	34
38	Automated verbal autopsy: from research to routine use in civil registration and vital statistics systems. BMC Medicine, 2020, 18, 60.	2.3	29
39	Hypertension in Rural India: The Contribution of Socioeconomic Position. Journal of the American Heart Association, 2020, 9, e014486.	1.6	15
40	Non-Medical prescribing policies: A global scoping review. Health Policy, 2020, 124, 721-726.	1.4	10
41	How well are non-communicable disease services being integrated into primary health care in Africa: A review of progress against World Health Organization's African regional targets. PLoS ONE, 2020, 15, e0240984.	1.1	40
42	Addressing barriers to primary health-care services for noncommunicable diseases in the African Region. Bulletin of the World Health Organization, 2020, 98, 906-908.	1.5	7
43	Abstract 13354: Effectiveness of a Complex Intervention Based on Electronic Decision Support to Improve Management of Cardiovascular Disease Risk in Primary Healthcare: A Cluster-randomised Controlled Trial. Circulation, 2020, 142, .	1.6	0
44	Title is missing!. , 2020, 15, e0240984.		0
45	Title is missing!. , 2020, 15, e0240984.		0
46	Title is missing!. , 2020, 15, e0240984.		0
47	Title is missing!. , 2020, 15, e0240984.		0
48	Title is missing!. , 2020, 15, e0240984.		0
49	Title is missing!. , 2020, 15, e0240984.		0
50	Process evaluation in the field: global learnings from seven implementation research hypertension projects in low-and middle-income countries. BMC Public Health, 2019, 19, 953.	1.2	30
51	Monitoring progress in reducing maternal mortality using verbal autopsy methods in vital registration systems: what can we conclude about specific causes of maternal death?. BMC Medicine, 2019, 17, 104.	2.3	3
52	Task-sharing for the prevention and control of non-communicable diseases. The Lancet Global Health, 2019, 7, e686-e687.	2.9	11
53	Strengthening and measuring research impact in global health: lessons from applying the FAIT framework. Health Research Policy and Systems, 2019, 17, 48.	1.1	14
54	The development of an Android platform to undertake a discrete choice experiment in a low resource setting. Archives of Public Health, 2019, 77, 20.	1.0	5

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55	Evaluating access to essential medicines for treating childhood cancers: a medicines availability, price and affordability study in New Delhi, India. <i>BMJ Global Health</i> , 2019, 4, e001379.	2.0	35
56	Lifestyle intervention programme for Indian women with history of gestational diabetes mellitus. <i>Global Health, Epidemiology and Genomics</i> , 2019, 4, e1.	0.2	8
57	SMARThealth India: A stepped-wedge, cluster randomised controlled trial of a community health worker managed mobile health intervention for people assessed at high cardiovascular disease risk in rural India. <i>PLoS ONE</i> , 2019, 14, e0213708.	1.1	45
58	Organisation of primary health care in the Asia-Pacific region: developing a prioritised research agenda. <i>BMJ Global Health</i> , 2019, 4, e001467.	2.0	17
59	Organisation of primary health care systems in low- and middle-income countries: review of evidence on what works and why in the Asia-Pacific region. <i>BMJ Global Health</i> , 2019, 4, e001487.	2.0	29
60	What do community health workers want? Findings of a discrete choice experiment among Accredited Social Health Activists (ASHAs) in India. <i>BMJ Global Health</i> , 2019, 4, e001509.	2.0	38
61	General practitioner and pharmacist collaboration: does this improve risk factors for cardiovascular disease and diabetes? A systematic review protocol. <i>BMJ Open</i> , 2019, 9, e027634.	0.8	3
62	What do Accredited Social Health Activists need to provide comprehensive care that incorporates non-communicable diseases? Findings from a qualitative study in Andhra Pradesh, India. <i>Human Resources for Health</i> , 2019, 17, 73.	1.1	24
63	A health care labyrinth: perspectives of caregivers on the journey to accessing timely cancer diagnosis and treatment for children in India. <i>BMC Public Health</i> , 2019, 19, 1613.	1.2	20
64	Assessment of Barriers and Facilitators to the Delivery of Care for Noncommunicable Diseases by Nonphysician Health Workers in Low- and Middle-Income Countries. <i>JAMA Network Open</i> , 2019, 2, e1916545.	2.8	46
65	A lifestyle intervention programme for the prevention of Type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus [LIVING study]: protocol for a randomized trial. <i>Diabetic Medicine</i> , 2019, 36, 243-251.	1.2	11
66	Methodological challenges to collecting clinical and economic outcome data: Lessons from the pilot dialysis outcomes India study. <i>Nephrology</i> , 2019, 24, 445-449.	0.7	4
67	How to assess and prepare health systems in low- and middle-income countries for integration of services—a systematic review. <i>Health Policy and Planning</i> , 2018, 33, 298-312.	1.0	40
68	Gaps in Guidelines for the Management of Diabetes in Low- and Middle-Income Versus High-Income Countries—A Systematic Review. <i>Diabetes Care</i> , 2018, 41, 1097-1105.	4.3	62
69	TEXT messages to improve MEDication adherence and Secondary prevention (TEXTMEDS) after acute coronary syndrome: a randomised clinical trial protocol. <i>BMJ Open</i> , 2018, 8, e019463.	0.8	19
70	Reporting of ethics in peer-reviewed verbal autopsy studies: a systematic review. <i>International Journal of Epidemiology</i> , 2018, 47, 255-279.	0.9	1
71	Considering pharmacy workflow in the context of Australian community pharmacy: A pilot time and motion study. <i>Research in Social and Administrative Pharmacy</i> , 2018, 14, 1157-1162.	1.5	13
72	Cardiovascular, respiratory, and related disorders: key messages from Disease Control Priorities, 3rd edition. <i>Lancet, The</i> , 2018, 391, 1224-1236.	6.3	101

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73	Population surveillance of cardiovascular diseases in low-income to middle-income countries should leverage existing international collaborations. <i>BMJ Global Health</i> , 2018, 3, e000866.	2.0	8
74	Task-shifting for cardiovascular risk factor management: lessons from the Global Alliance for Chronic Diseases. <i>BMJ Global Health</i> , 2018, 3, e001092.	2.0	39
75	Cardiovascular disease risk and comparison of different strategies for blood pressure management in rural India. <i>BMC Public Health</i> , 2018, 18, 1264.	1.2	14
76	Practice patterns and outcomes after stroke across countries at different economic levels (INTERSTROKE): an international observational study. <i>Lancet, The</i> , 2018, 391, 2019-2027.	6.3	96
77	Evaluation of a training program of hypertension for accredited social health activists (ASHA) in rural India. <i>BMC Health Services Research</i> , 2018, 18, 320.	0.9	41
78	Conversion of gestational diabetes mellitus to future Type 2 diabetes mellitus and the predictive value of HbA _{1c} in an Indian cohort. <i>Diabetic Medicine</i> , 2017, 34, 37-43.	1.2	31
79	New challenges for verbal autopsy: Considering the ethical and social implications of verbal autopsy methods in routine health information systems. <i>Social Science and Medicine</i> , 2017, 184, 65-74.	1.8	21
80	The Potential Impact of Public Health Interventions in Preventing Kidney Disease. <i>Seminars in Nephrology</i> , 2017, 37, 234-244.	0.6	8
81	Effectiveness of community health worker training programmes for cardiovascular disease management in low-income and middle-income countries: a systematic review. <i>BMJ Open</i> , 2017, 7, e015529.	0.8	68
82	A contemporary picture of the burden of death and disability in Indian adolescents: data from the Global Burden of Disease Study. <i>International Journal of Epidemiology</i> , 2017, 46, 2036-2043.	0.9	9
83	Innovative Approaches to Hypertension Control in Low- and Middle-Income Countries. <i>Cardiology Clinics</i> , 2017, 35, 99-115.	0.9	56
84	Implementing the PHMRC shortened questionnaire: Survey duration of open and closed questions in three sites. <i>PLoS ONE</i> , 2017, 12, e0178085.	1.1	3
85	Development of macaronic Hindi-English "Hinglish"™ text message content for a coronary heart disease secondary prevention programme. <i>Heart Asia</i> , 2016, 8, 32-38.	1.1	13
86	Gaps in Hypertension Guidelines in Low- and Middle-Income Versus High-Income Countries. <i>Hypertension</i> , 2016, 68, 1328-1337.	1.3	52
87	Use of Smartphone for Verbal Autopsy. <i>Asia-Pacific Journal of Public Health</i> , 2016, 28, 601-610.	0.4	9
88	Cluster randomised feasibility trial to improve the Control of Hypertension In Rural India (CHIRI): a study protocol. <i>BMJ Open</i> , 2016, 6, e012404.	0.8	17
89	A feasibility study on using smartphones to conduct short-version verbal autopsies in rural China. <i>Population Health Metrics</i> , 2016, 14, 31.	1.3	11
90	The paradox of verbal autopsy in cause of death assignment: symptom question unreliability but predictive accuracy. <i>Population Health Metrics</i> , 2016, 14, 41.	1.3	8

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91	What is the optimal recall period for verbal autopsies? Validation study based on repeat interviews in three populations. <i>Population Health Metrics</i> , 2016, 14, 40.	1.3	25
92	An integrated general practice and pharmacy-based intervention to promote the use of appropriate preventive medications among individuals at high cardiovascular disease risk: protocol for a cluster randomized controlled trial. <i>Implementation Science</i> , 2015, 11, 129.	2.5	7
93	Improving performance of the Tariff Method for assigning causes of death to verbal autopsies. <i>BMC Medicine</i> , 2015, 13, 291.	2.3	80
94	A shortened verbal autopsy instrument for use in routine mortality surveillance systems. <i>BMC Medicine</i> , 2015, 13, 302.	2.3	70
95	How Much Does a Verbal Autopsy Based Mortality Surveillance System Cost in Rural India?. <i>PLoS ONE</i> , 2015, 10, e0126410.	1.1	15
96	Suicide deaths in rural <sc>A</sc>ndhra <sc>P</sc>radesh â€“ a cause for global health action. <i>Tropical Medicine and International Health</i> , 2015, 20, 188-193.	1.0	15
97	Dialysis outcomes in <sc>I</sc>ndia: A pilot study. <i>Nephrology</i> , 2015, 20, 329-334.	0.7	13
98	Deconstructing epidemiology. <i>CHRISMED Journal of Health and Research</i> , 2015, 2, 3.	0.1	0
99	Task Shifting for Non-Communicable Disease Management in Low and Middle Income Countries â€“ A Systematic Review. <i>PLoS ONE</i> , 2014, 9, e103754.	1.1	378
100	Tobacco use, smoking quit rates, and socioeconomic patterning among men and women: a cross-sectional survey in rural Andhra Pradesh, India. <i>European Journal of Preventive Cardiology</i> , 2014, 21, 1308-1318.	0.8	30
101	O043 Task-shifting for cardiovascular disease management â€“ results from a cluster randomised control trial in rural India. , 2014, 9, e11.		1
102	Using verbal autopsy to measure causes of death: the comparative performance of existing methods. <i>BMC Medicine</i> , 2014, 12, 5.	2.3	130
103	Follow-up of Blood-Pressure Lowering and Glucose Control in Type 2 Diabetes. <i>New England Journal of Medicine</i> , 2014, 371, 1392-1406.	13.9	520
104	O112 How much does a non-physician healthcare worker based model of care for cardiovascular disease management cost?. , 2014, 9, e30.		1
105	A multifaceted strategy using mobile technology to assist rural primary healthcare doctors and frontline health workers in cardiovascular disease risk management: protocol for the SMARTHealth India cluster randomised controlled trial. <i>Implementation Science</i> , 2013, 8, 137.	2.5	40
106	Effects of the Endpoint Adjudication Process on the Results of a Randomised Controlled Trial: The ADVANCE Trial. <i>PLoS ONE</i> , 2013, 8, e55807.	1.1	34
107	The Rural Andhra Pradesh Cardiovascular Prevention Study (RAPCAPS). <i>Journal of the American College of Cardiology</i> , 2012, 59, 1188-1196.	1.2	78
108	Population Health Metrics Research Consortium gold standard verbal autopsy validation study: design, implementation, and development of analysis datasets. <i>Population Health Metrics</i> , 2011, 9, 27.	1.3	147

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109	Effects on the estimated cause-specific mortality fraction of providing physician reviewers with different formats of verbal autopsy data. <i>Population Health Metrics</i> , 2011, 9, 33.	1.3	3
110	Comparison of Near-Patient Capillary Glucose Measurement and a Risk Assessment Questionnaire in Screening for Type 2 Diabetes in a High-Risk Population in Rural India. <i>Diabetes Care</i> , 2011, 34, 44-49.	4.3	24
111	Epidemiology of sudden cardiac death in rural South India - insights from the andhra pradesh rural health initiative. <i>Indian Pacing and Electrophysiology Journal</i> , 2011, 11, 93-102.	0.3	11
112	Characteristics of non-fatal fall injuries in rural India. <i>Injury Prevention</i> , 2010, 16, 166-171.	1.2	19
113	Recalibration of a Framingham risk equation for a rural population in India. <i>Journal of Epidemiology and Community Health</i> , 2009, 63, 379-385.	2.0	41
114	Fatal and Nonfatal Cardiovascular Disease and the Use of Therapies for Secondary Prevention in a Rural Region of India. <i>Circulation</i> , 2009, 119, 1950-1955.	1.6	61
115	Validity of self-reported cardiovascular disease. <i>Internal Medicine Journal</i> , 2009, 39, 5-6.	0.5	10
116	Rationale and design of the Rural Andhra Pradesh Cardiovascular Prevention Study (RAPCAPS): A factorial, cluster-randomized trial of 2 practical cardiovascular disease prevention strategies developed for rural Andhra Pradesh, India. <i>American Heart Journal</i> , 2009, 158, 349-355.	1.2	15
117	Routine blood pressure lowering and intensive glucose control in patients with Type 2 diabetes: the ADVANCE trial. <i>Expert Review of Endocrinology and Metabolism</i> , 2009, 4, 111-118.	1.2	1
118	Trials of cardiovascular risk factor management in type 2 diabetes. <i>Current Opinion in Cardiology</i> , 2009, 24, 288-294.	0.8	6
119	An Electronic Clinical Decision Support Tool to Assist Primary Care Providers in Cardiovascular Disease Risk Management: Development and Mixed Methods Evaluation. <i>Journal of Medical Internet Research</i> , 2009, 11, e51.	2.1	59
120	Methodological trends in studies based on verbal autopsies before and after published guidelines. <i>Bulletin of the World Health Organization</i> , 2009, 87, 678-682.	1.5	34
121	Verbal autopsy coding: are multiple coders better than one?. <i>Bulletin of the World Health Organization</i> , 2009, 87, 51-57.	1.5	22
122	ADVANCES IN REDUCING THE BURDEN OF VASCULAR DISEASE IN TYPE 2 DIABETES. <i>Clinical and Experimental Pharmacology and Physiology</i> , 2008, 35, 434-437.	0.9	6
123	Intensive Blood Glucose Control and Vascular Outcomes in Patients with Type 2 Diabetes. <i>New England Journal of Medicine</i> , 2008, 358, 2560-2572.	13.9	6,447
124	Global Inequalities in Access to Cardiovascular Health Care. <i>Journal of the American College of Cardiology</i> , 2008, 52, 1817-1825.	1.2	126
125	Significant lipid, adiposity and metabolic abnormalities amongst 4535 Indians from a developing region of rural Andhra Pradesh. <i>Atherosclerosis</i> , 2008, 196, 943-952.	0.4	88
126	The burden of fatal and non-fatal injury in rural India. <i>Injury Prevention</i> , 2008, 14, 232-237.	1.2	34

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127	Blood pressure lowering with fixed combination perindoprilâ€“indapamide: key findings from ADVANCE. Journal of Hypertension, 2008, 26, S11-S15.	0.3	7
128	Efficacy and safety of fixed combination of perindopril and indapamide in type 2 diabetes: results from ADVANCE in context of available evidence. Journal of Hypertension, 2008, 26, S21-S27.	0.3	5
129	New insights from ADVANCE. Journal of Hypertension, 2007, 25, S23-S30.	0.3	5
130	The challenge of balancing methodological research rigour and practical needs in low-income settings: What we are doing and what we need to do better. Critical Public Health, 2007, 17, 81-89.	1.4	6
131	Level and Treatment of Coronary Heart Disease Risk in A Rural Indian Population. Heart Lung and Circulation, 2007, 16, S60.	0.2	0
132	ADVANCE: breaking new ground in type 2 diabetes. Journal of Hypertension, 2006, 24, S22-S28.	0.3	18
133	ADVANCE: Lessons from the runâ€“in phase of a large study in type 2 diabetes. Blood Pressure, 2006, 15, 340-346.	0.7	7
134	Chronic diseases now a leading cause of death in rural Indiaâ€“mortality data from the Andhra Pradesh Rural Health Initiative. International Journal of Epidemiology, 2006, 35, 1522-1529.	0.9	238
135	Assessing the Diagnostic Accuracy of Physicians for Home Death Certification in Shanghai: Application of SmartVA. Frontiers in Public Health, 0, 10, .	1.3	2