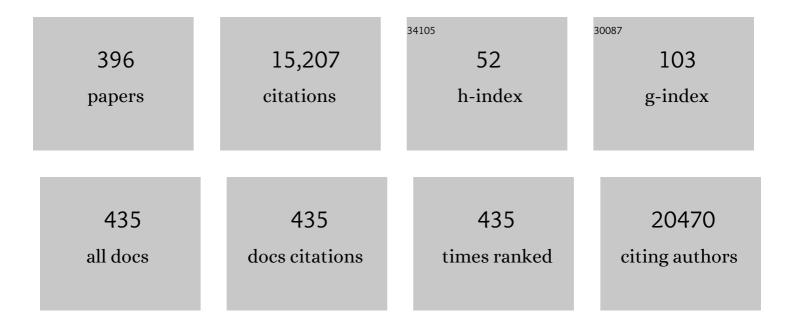
J Jaime Miranda

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/4664155/publications.pdf Version: 2024-02-01



#	Article	IF	CITATIONS
1	Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19·1 million participants. Lancet, The, 2017, 389, 37-55.	13.7	1,667
2	Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants. Lancet, The, 2021, 398, 957-980.	13.7	1,289
3	Global burden of cancer attributable to high body-mass index in 2012: a population-based study. Lancet Oncology, The, 2015, 16, 36-46.	10.7	718
4	Indigenous and tribal peoples' health (The Lancet–Lowitja Institute Global Collaboration): a population study. Lancet, The, 2016, 388, 131-157.	13.7	682
5	The UCL–Lancet Commission on Migration and Health: the health of a world on the move. Lancet, The, 2018, 392, 2606-2654.	13.7	511
6	Nonâ€communicable diseases in low―and middleâ€income countries: context, determinants and health policy. Tropical Medicine and International Health, 2008, 13, 1225-1234.	2.3	301
7	Comorbid depression in medical diseases. Nature Reviews Disease Primers, 2020, 6, 69.	30.5	234
8	Multimorbidity. Nature Reviews Disease Primers, 2022, 8, .	30.5	212
9	Variations between women and men in risk factors, treatments, cardiovascular disease incidence, and death in 27 high-income, middle-income, and low-income countries (PURE): a prospective cohort study. Lancet, The, 2020, 396, 97-109.	13.7	194
10	Understanding the rise of cardiometabolic diseases in low- and middle-income countries. Nature Medicine, 2019, 25, 1667-1679.	30.7	177
11	Global patterns of mortality in international migrants: a systematic review and meta-analysis. Lancet, The, 2018, 392, 2553-2566.	13.7	174
12	Nutrition status of children in Latin America. Obesity Reviews, 2017, 18, 7-18.	6.5	169
13	The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion. Lancet, The, 2020, 396, 991-1044.	13.7	165
14	Epidemiology in Latin America and the Caribbean: current situation and challenges. International Journal of Epidemiology, 2012, 41, 557-571.	1.9	154
15	Association between Household Air Pollution Exposure and Chronic Obstructive Pulmonary Disease Outcomes in 13 Low- and Middle-Income Country Settings. American Journal of Respiratory and Critical Care Medicine, 2018, 197, 611-620.	5.6	129
16	Achieving the Millennium Development Goals: Does Mental Health Play a Role?. PLoS Medicine, 2005, 2, e291.	8.4	122
17	Effect of salt substitution on community-wide blood pressure and hypertension incidence. Nature Medicine, 2020, 26, 374-378.	30.7	122
18	Effectiveness of an mHealth intervention to improve the cardiometabolic profile of people with prehypertension in low-resource urban settings in Latin America: a randomised controlled trial. Lancet Diabetes and Endocrinology,the, 2016, 4, 52-63.	11.4	117

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19	Differences in cardiovascular risk factors in rural, urban and rural-to-urban migrants in Peru. Heart, 2011, 97, 787-796.	2.9	107
20	Cardiovascular, respiratory, and related disorders: key messages from Disease Control Priorities, 3rd edition. Lancet, The, 2018, 391, 1224-1236.	13.7	101
21	Major Cardiovascular Risk Factors in Latin America: A Comparison with the United States. The Latin American Consortium of Studies in Obesity (LASO). PLoS ONE, 2013, 8, e54056.	2.5	100
22	Management of NCD in Low- and Middle-Income Countries. Global Heart, 2014, 9, 431.	2.3	98
23	Trade-Offs in Relative Limb Length among Peruvian Children: Extending the Thrifty Phenotype Hypothesis to Limb Proportions. PLoS ONE, 2012, 7, e51795.	2.5	95
24	Hypertension Prevalence, Awareness, Treatment, and Control in Selected LMIC Communities: Results From the NHLBI/UHG Network of Centers of Excellence for Chronic Diseases. Global Heart, 2016, 11, 47.	2.3	95
25	Addressing geographical variation in the progression of non-communicable diseases in Peru: the CRONICAS cohort study protocol. BMJ Open, 2012, 2, e000610.	1.9	90
26	The shift of obesity burden by socioeconomic status between 1998 and 2017 in Latin America and the Caribbean: a cross-sectional series study. The Lancet Global Health, 2019, 7, e1644-e1654.	6.3	90
27	Building a Data Platform for Cross-Country Urban Health Studies: the SALURBAL Study. Journal of Urban Health, 2019, 96, 311-337.	3.6	89
28	Endemic Cardiovascular Diseases of the Poorest Billion. Circulation, 2016, 133, 2561-2575.	1.6	87
29	Behavioral Attitudes and Preferences in Cooking Practices with Traditional Open-Fire Stoves in Peru, Nepal, and Kenya: Implications for Improved Cookstove Interventions. International Journal of Environmental Research and Public Health, 2014, 11, 10310-10326.	2.6	84
30	International Health Electives: Four years of experience. Travel Medicine and Infectious Disease, 2005, 3, 133-141.	3.0	83
31	Chronic exposure to biomass fuel is associated with increased carotid artery intima-media thickness and a higher prevalence of atherosclerotic plaque. Heart, 2013, 99, 984-991.	2.9	79
32	Inequalities in life expectancy in six large Latin American cities from the SALURBAL study: an ecological analysis. Lancet Planetary Health, The, 2019, 3, e503-e510.	11.4	77
33	Design and Rationale of the HAPIN Study: A Multicountry Randomized Controlled Trial to Assess the Effect of Liquefied Petroleum Gas Stove and Continuous Fuel Distribution. Environmental Health Perspectives, 2020, 128, 47008.	6.0	72
34	Prevention, management, and rehabilitation of stroke in low- and middle-income countries. ENeurologicalSci, 2016, 2, 21-30.	1.3	71
35	A Novel International Partnership for Actionable Evidence on Urban Health in Latin America: LACâ€Urban Health and SALURBAL. Global Challenges, 2019, 3, 1800013.	3.6	70
36	Socioeconomic status and COPD among low- and middle-income countries. International Journal of COPD, 2016, Volume 11, 2497-2507.	2.3	69

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37	Noncommunicable Diseases and Injuries in Latin America and the Caribbean: Time for Action. PLoS Medicine, 2006, 3, e344.	8.4	68
38	Going beyond killer apps: building a better mHealth evidence base. BMJ Global Health, 2018, 3, e000676.	4.7	67
39	Life expectancy and mortality in 363 cities of Latin America. Nature Medicine, 2021, 27, 463-470.	30.7	67
40	Understanding global health issues: are international medical electives the answer?. Medical Education, 2004, 38, 688-690.	2.1	66
41	Agreement Between the World Health Organization Algorithm and Lung Consolidation Identified Using Point-of-Care Ultrasound for the Diagnosis of Childhood Pneumonia by General Practitioners. Lung, 2015, 193, 531-538.	3.3	66
42	Obesity risk in rural, urban and rural-to-urban migrants: prospective results of the PERU MIGRANT study. International Journal of Obesity, 2016, 40, 181-185.	3.4	66
43	Obesity and its Relation With Diabetes and Hypertension: A Cross-Sectional Study Across 4 Geographical Regions. Global Heart, 2016, 11, 71.	2.3	65
44	Peruvian Mental Health Reform: A Framework for Scaling-up Mental Health Services. International Journal of Health Policy and Management, 2017, 6, 501-508.	0.9	62
45	Cultural adaptation of birthing services in rural Ayacucho, Peru. Bulletin of the World Health Organization, 2009, 87, 724-729.	3.3	62
46	Overlooking undernutrition? Using a composite index of anthropometric failure to assess how underweight misses and misleads the assessment of undernutrition in young children. Social Science and Medicine, 2008, 66, 1963-1966.	3.8	61
47	The evolution of global health teaching in undergraduate medical curricula. Globalization and Health, 2012, 8, 35.	4.9	61
48	Prevalence of chronic obstructive pulmonary disease and variation in risk factors across four geographically diverse resource-limited settings in Peru. Respiratory Research, 2015, 16, 40.	3.6	61
49	Relationship Between Daily Exposure to Biomass Fuel Smoke and Blood Pressure in High-Altitude Peru. Hypertension, 2015, 65, 1134-1140.	2.7	60
50	Integration of a Technology-Based Mental Health Screening Program Into Routine Practices of Primary Health Care Services in Peru (The Allillanchu Project): Development and Implementation. Journal of Medical Internet Research, 2018, 20, e100.	4.3	59
51	Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America. JMIR MHealth and UHealth, 2015, 3, e19.	3.7	59
52	The effect on cardiovascular risk factors of migration from rural to urban areas in Peru: PERU MIGRANT Study. BMC Cardiovascular Disorders, 2009, 9, 23.	1.7	58
53	Effect of rural-to-urban within-country migration on cardiovascular risk factors in low- and middle-income countries: a systematic review. Heart, 2012, 98, 185-194.	2.9	58
54	Urban environment interventions linked to the promotion of physical activity: A mixed methods study applied to the urban context of Latin America. Social Science and Medicine, 2015, 131, 18-30.	3.8	57

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55	A cross-sectional study of determinants of indoor environmental exposures in households with and without chronic exposure to biomass fuel smoke. Environmental Health, 2014, 13, 21.	4.0	56
56	Innovative Approaches to Hypertension Control in Low- and Middle-Income Countries. Cardiology Clinics, 2017, 35, 99-115.	2.2	56
57	Diagnostic accuracy of the Finnish Diabetes Risk Score (FINDRISC) for undiagnosed T2DM in Peruvian population. Primary Care Diabetes, 2018, 12, 517-525.	1.8	56
58	Mortality profiles in a country facing epidemiological transition: An analysis of registered data. BMC Public Health, 2009, 9, 47.	2.9	52
59	Interethnic differences in the accuracy of anthropometric indicators of obesity in screening for high risk of coronary heart disease. International Journal of Obesity, 2009, 33, 568-576.	3.4	52
60	Gaps in Hypertension Guidelines in Low- and Middle-Income Versus High-Income Countries. Hypertension, 2016, 68, 1328-1337.	2.7	52
61	Conceptualising global health: theoretical issues and their relevance for teaching. Globalization and Health, 2012, 8, 36.	4.9	51
62	Physical activity and sedentary behavior patterns and sociodemographic correlates in 116,982 adults from six South American countries: the South American physical activity and sedentary behavior network (SAPASEN). International Journal of Behavioral Nutrition and Physical Activity, 2019, 16, 68.	4.6	51
63	The process of prioritization of non-communicable diseases in the global health policy arena. Health Policy and Planning, 2019, 34, 370-383.	2.7	51
64	A Multiethnic Study of Pre-Diabetes and Diabetes in LMIC. Global Heart, 2016, 11, 61.	2.3	51
65	Assessing computer skills in Tanzanian medical students: an elective experience. BMC Public Health, 2004, 4, 37.	2.9	49
66	Exporting "failure": why research from rich countries may not benefit the developing world. Revista De Saude Publica, 2010, 44, 185-189.	1.7	47
67	Family Support and Diabetes: Patient's Experiences From a Public Hospital in Peru. Qualitative Health Research, 2018, 28, 1871-1882.	2.1	44
68	Challenges in the diagnosis of paediatric pneumonia in intervention field trials: recommendations from a pneumonia field trial working group. Lancet Respiratory Medicine,the, 2019, 7, 1068-1083.	10.7	44
69	Prevalence, Clinical Profile, Iron Status, and Subject-Specific Traits for Excessive Erythrocytosis in Andean Adults Living Permanently at 3,825 Meters Above Sea Level. Chest, 2014, 146, 1327-1336.	0.8	43
70	Global Alliance for Chronic Disease researchers' statement on multimorbidity. The Lancet Global Health, 2018, 6, e1270-e1271.	6.3	43
71	Urbanisation but not biomass fuel smoke exposure is associated with asthma prevalence in four resource-limited settings. Thorax, 2016, 71, 154-160.	5.6	42
72	Training and Capacity Building in LMIC for Research in Heart and Lung Diseases: The NHLBI—UnitedHealth Global Health Centers of Excellence Program. Global Heart, 2016, 11, 17.	2.3	42

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73	An exploration into caring for a stroke-survivor in Lima, Peru: Emotional impact, stress factors, coping mechanisms and unmet needs of informal caregivers. ENeurologicalSci, 2017, 6, 33-50.	1.3	41
74	Climate change and COVID-19: reinforcing Indigenous food systems. Lancet Planetary Health, The, 2020, 4, e381-e382.	11.4	41
75	Heterogeneous contributions of change in population distribution of body mass index to change in obesity and underweight. ELife, 2021, 10, .	6.0	41
76	Addressing healthy aging populations in developing countries: unlocking the opportunity of eHealth and mHealth. Emerging Themes in Epidemiology, 2014, 11, 136.	2.7	40
77	Contribution of modifiable risk factors for hypertension and type-2 diabetes in Peruvian resource-limited settings. Journal of Epidemiology and Community Health, 2016, 70, 49-55.	3.7	40
78	Effect of a Digital Intervention on Depressive Symptoms in Patients With Comorbid Hypertension or Diabetes in Brazil and Peru. JAMA - Journal of the American Medical Association, 2021, 325, 1852.	7.4	40
79	Physical activity and cardiovascular risk factors among rural and urban groups and rural-to-urban migrants in Peru: a cross-sectional study. Revista Panamericana De Salud Publica/Pan American Journal of Public Health, 2010, 28, 1-8.	1.1	40
80	Stunting, adiposity, and the individualâ€level "dual burden―among urban lowland and rural highland peruvian children. American Journal of Human Biology, 2014, 26, 481-490.	1.6	39
81	The Association Between Socioeconomic Status and Obesity in Peruvian Women. Obesity, 2012, 20, 2283-2289.	3.0	38
82	Global prevention and control of NCDs: Limitations of the standard approach. Journal of Public Health Policy, 2015, 36, 408-425.	2.0	38
83	Increased Cardiometabolic Risk and Worsening Hypoxemia at High Altitude. High Altitude Medicine and Biology, 2016, 17, 93-100.	0.9	38
84	Cancer patterns, trends, and transitions in Peru: a regional perspective. Lancet Oncology, The, 2017, 18, e573-e586.	10.7	38
85	Global Shifts in Cardiovascular Disease, the Epidemiologic Transition, and Other Contributing Factors. Cardiology Clinics, 2017, 35, 1-12.	2.2	38
86	Combating non-communicable diseases: potentials and challenges for community health workers in a digital age, a narrative review of the literature. Health Policy and Planning, 2019, 34, 55-66.	2.7	38
87	Epidemiology and risk factors of asthma-chronic obstructive pulmonary disease overlap in low- and middle-income countries. Journal of Allergy and Clinical Immunology, 2019, 143, 1598-1606.	2.9	38
88	Relation between the Global Burden of Disease and Randomized Clinical Trials Conducted in Latin America Published in the Five Leading Medical Journals. PLoS ONE, 2008, 3, e1696.	2.5	38
89	The "Rule of Halves―Does Not Apply in Peru. Critical Pathways in Cardiology, 2013, 12, 53-58.	0.5	37
90	Low correlation between household carbon monoxide and particulate matter concentrations from biomass-related pollution in three resource-poor settings. Environmental Research, 2015, 142, 424-431	7.5	37

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91	Cross-Sectional Comparison of Sleep-Disordered Breathing in Native Peruvian Highlanders and Lowlanders. High Altitude Medicine and Biology, 2017, 18, 11-19.	0.9	37
92	Tackling NCD in LMIC: Achievements and Lessons Learned From the NHLBI—UnitedHealth Global Health Centers of Excellence Program. Global Heart, 2016, 11, 5.	2.3	36
93	Use of a Mobile Phone App to Treat Depression Comorbid With Hypertension or Diabetes: A Pilot Study in Brazil and Peru. JMIR Mental Health, 2019, 6, e11698.	3.3	36
94	Associations of stunting in early childhood with cardiometabolic risk factors in adulthood. PLoS ONE, 2018, 13, e0192196.	2.5	35
95	Secondary CV Prevention in South America in a Community Setting: The PURE Study. Global Heart, 2017, 12, 305.	2.3	35
96	Comparison of Nonblood-Based and Blood-Based Total CV Risk Scores in Global Populations. Global Heart, 2016, 11, 37.	2.3	35
97	Job Preferences of Nurses and Midwives for Taking Up a Rural Job in Peru: A Discrete Choice Experiment. PLoS ONE, 2012, 7, e50315.	2.5	34
98	Effect of low-sodium salt substitutes on blood pressure, detected hypertension, stroke and mortality. Heart, 2019, 105, heartjnl-2018-314036.	2.9	33
99	Travel Time to Health Facilities as a Marker of Geographical Accessibility Across Heterogeneous Land Coverage in Peru. Frontiers in Public Health, 2020, 8, 498.	2.7	33
100	Stated Preferences of Doctors for Choosing a Job in Rural Areas of Peru: A Discrete Choice Experiment. PLoS ONE, 2012, 7, e50567.	2.5	33
101	Agreement Between Cardiovascular Disease Risk Scores in Resource-Limited Settings. Critical Pathways in Cardiology, 2015, 14, 74-80.	0.5	32
102	Delivery of TypeÂ2 diabetes care in low―and middleâ€income countries: lessons from Lima, Peru. Diabetic Medicine, 2016, 33, 752-760.	2.3	32
103	Low HDL cholesterol as a cardiovascular risk factor in rural, urban, and rural-urban migrants: PERU MIGRANT cohort study. Atherosclerosis, 2016, 246, 36-43.	0.8	31
104	Impact of urbanisation and altitude on the incidence of, and risk factors for, hypertension. Heart, 2017, 103, 827-833.	2.9	31
105	Moving from formative research to co-creation of interventions: insights from a community health system project in Mozambique, Nepal and Peru. BMJ Global Health, 2018, 3, e001183.	4.7	31
106	Discriminative Accuracy of Chronic Obstructive Pulmonary Disease Screening Instruments in 3 Low- and Middle-Income Country Settings. JAMA - Journal of the American Medical Association, 2022, 327, 151.	7.4	31
107	The Latin American Consortium of Studies in Obesity (LASO). Obesity Reviews, 2009, 10, 364-370.	6.5	30
108	The effect of rural-to-urban migration on social capital and common mental disorders: PERU MIGRANT study. Social Psychiatry and Psychiatric Epidemiology, 2012, 47, 967-973.	3.1	30

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109	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.	2.9	30
110	Lessons learned about co-creation: developing a complex intervention in rural Peru. Global Health Action, 2020, 13, 1754016.	1.9	30
111	Multimorbidity matters in low and middle-income countries. Journal of Multimorbidity and Comorbidity, 2022, 12, 263355652211060.	2.2	30
112	Introducing medical students to global health issues: a Bachelor of Science degree in international health. Lancet, The, 2003, 362, 822-824.	13.7	28
113	A â€~Polypill' Aimed At Preventing Cardiovascular Disease Could Prove Highly Cost-Effective For Use In Latin America. Health Affairs, 2013, 32, 155-164.	5.2	28
114	Maternal obesity and fetal deaths: results from the Brazilian cross-sectional demographic health survey, 2006. BMC Pregnancy and Childbirth, 2014, 14, 5.	2.4	28
115	Launching a salt substitute to reduce blood pressure at the population level: a cluster randomized stepped wedge trial in Peru. Trials, 2014, 15, 93.	1.6	28
116	Burden of chronic kidney disease in resource-limited settings from Peru: a population-based study. BMC Nephrology, 2015, 16, 114.	1.8	28
117	Chronic exposure to biomass fuel smoke and markers of endothelial inflammation. Indoor Air, 2016, 26, 768-775.	4.3	28
118	Disability, caregiver's dependency and patterns of access to rehabilitation care: results from a national representative study in Peru. Disability and Rehabilitation, 2016, 38, 582-588.	1.8	28
119	The Relationship Between Socioeconomic Status and CV Risk Factors: The CRONICAS Cohort Study of Peruvian Adults. Global Heart, 2016, 11, 121.	2.3	28
120	Designing a comprehensive behaviour change intervention to promote and monitor exclusive use of liquefied petroleum gas stoves for the Household Air Pollution Intervention Network (HAPIN) trial. BMJ Open, 2020, 10, e037761.	1.9	28
121	Availability, Formulation, Labeling, and Price of Low-sodium Salt Worldwide: Environmental Scan. JMIR Public Health and Surveillance, 2021, 7, e27423.	2.6	28
122	Body Mass Index and Self-Perception of Overweight and Obesity in Rural, Urban and Rural-to-Urban Migrants: PERU MIGRANT Study. PLoS ONE, 2012, 7, e50252.	2.5	27
123	Implementation of foot thermometry plus mHealth to prevent diabetic foot ulcers: study protocol for a randomized controlled trial. Trials, 2016, 17, 206.	1.6	27
124	Geographical variation in the progression of type 2 diabetes in Peru: The CRONICAS Cohort Study. Diabetes Research and Clinical Practice, 2016, 121, 135-145.	2.8	27
125	Transitioning mental health into primary care. Lancet Psychiatry,the, 2017, 4, 90-92.	7.4	27
126	Adherence to Pharmacotherapy and Medication-Related Beliefs in Patients with Hypertension in Lima, Peru. PLoS ONE, 2014, 9, e112875.	2.5	26

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127	Effectiveness-implementation of COPD case finding and self-management action plans in low- and middle-income countries: global excellence in COPD outcomes (GECo) study protocol. Trials, 2018, 19, 571.	1.6	26
128	Low Body Mass Index Is Associated with Higher Odds of COPD and Lower Lung Function in Low- and Middle-Income Countries. COPD: Journal of Chronic Obstructive Pulmonary Disease, 2019, 16, 58-65.	1.6	26
129	Park use, perceived park proximity, and neighborhood characteristics: Evidence from 11 cities in Latin America. Cities, 2020, 105, 102817.	5.6	26
130	The future of human malnutrition: rebalancing agency for better nutritional health. Globalization and Health, 2021, 17, 119.	4.9	26
131	Global response to non-communicable disease. BMJ: British Medical Journal, 2011, 342, d3823-d3823.	2.3	25
132	A systematic review of shared decision making interventions in chronic conditions: a review protocol. Systematic Reviews, 2014, 3, 38.	5.3	25
133	Rural-to-urban migration and risk of hypertension: longitudinal results of the PERU MIGRANT study. Journal of Human Hypertension, 2017, 31, 22-28.	2.2	25
134	Traditional Medicines and Kidney Disease in Low- and Middle-Income Countries: Opportunities and Challenges. Seminars in Nephrology, 2017, 37, 245-259.	1.6	25
135	Critical review of multimorbidity outcome measures suitable for low-income and middle-income country settings: perspectives from the Global Alliance for Chronic Diseases (GACD) researchers. BMJ Open, 2020, 10, e037079.	1.9	25
136	Towards a comprehensive global approach to prevention and control of NCDs. Globalization and Health, 2014, 10, 74.	4.9	24
137	Pedestrian signalization and the risk of pedestrian-motor vehicle collisions in Lima, Peru. Accident Analysis and Prevention, 2014, 70, 273-281.	5.7	24
138	Behaviour change strategies for reducing blood pressure-related disease burden: findings from a global implementation research programme. Implementation Science, 2015, 10, 158.	6.9	24
139	Regression from prediabetes to normal glucose levels is more frequent than progression towards diabetes: The CRONICAS Cohort Study. Diabetes Research and Clinical Practice, 2020, 163, 107829.	2.8	24
140	Reproductive health without rights in Peru. Lancet, The, 2004, 363, 68-69.	13.7	23
141	The cost of illness attributable to diabetic foot and cost-effectiveness of secondary prevention in Peru. BMC Health Services Research, 2015, 15, 483.	2.2	23
142	Length of urban residence and obesity among within-country rural-to-urban Andean migrants. Public Health Nutrition, 2016, 19, 1270-1278.	2.2	23
143	Characterising variability and predictors of infant mortality in urban settings: findings from 286 Latin American cities. Journal of Epidemiology and Community Health, 2021, 75, jech-2020-215137.	3.7	23
144	Applying the Triangle Taste Test to Assess Differences between Low Sodium Salts and Common Salt: Evidence from Peru. PLoS ONE, 2015, 10, e0134700.	2.5	23

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145	Resilience in Vulnerable Populations With Type 2 Diabetes Mellitus and Hypertension: A Systematic Review and Meta-analysis. Canadian Journal of Cardiology, 2015, 31, 1180-1188.	1.7	22
146	Urbanization and Daily Exposure to Biomass Fuel Smoke Both Contribute to Chronic Bronchitis Risk in a Population with Low Prevalence of Daily Tobacco Smoking. COPD: Journal of Chronic Obstructive Pulmonary Disease, 2016, 13, 186-195.	1.6	22
147	Parity and Overweight/Obesity in Peruvian Women. Preventing Chronic Disease, 2017, 14, E102.	3.4	22
148	Addressing the impact of urban exposure on the incidence of type 2 diabetes mellitus: The PERU MIGRANT Study. Scientific Reports, 2018, 8, 5512.	3.3	22
149	Fidelity and Adherence to a Liquefied Petroleum Gas Stove and Fuel Intervention during Gestation: The Multi-Country Household Air Pollution Intervention Network (HAPIN) Randomized Controlled Trial. International Journal of Environmental Research and Public Health, 2021, 18, 12592.	2.6	22
150	Sex Differences in Risk Factors for Cardiovascular Disease: The PERU MIGRANT Study. PLoS ONE, 2012, 7, e35127.	2.5	21
151	Early anthropometric indices predict short stature and overweight status in a cohort of peruvians in early adolescence. American Journal of Physical Anthropology, 2012, 148, 451-461.	2.1	21
152	Type 2 diabetes and cardiac autonomic neuropathy screening using dynamic pupillometry. Diabetic Medicine, 2015, 32, 1470-1478.	2.3	21
153	Reducing salt in bread: a quasi-experimental feasibility study in a bakery in Lima, Peru. Public Health Nutrition, 2016, 19, 976-982.	2.2	21
154	Rethinking research processes to strengthen co-production in low and middle income countries. BMJ, The, 2021, 372, m4785.	6.0	21
155	Implementation barriers for mHealth for non-communicable diseases management in low and middle income countries: a scoping review and field-based views from implementers. Wellcome Open Research, 2020, 5, 7.	1.8	21
156	Metabolic Abnormalities Are Common among South American Hispanics Subjects with Normal Weight or Excess Body Weight: The CRONICAS Cohort Study. PLoS ONE, 2015, 10, e0138968.	2.5	20
157	Biomass fuel smoke exposure was associated with adverse cardiac remodeling and left ventricular dysfunction in Peru. Indoor Air, 2017, 27, 737-745.	4.3	20
158	Trends and patterns of the double burden of malnutrition (DBM) in Peru: a pooled analysis of 129,159 mother–child dyads. International Journal of Obesity, 2021, 45, 609-618.	3.4	20
159	Addressing Depression Comorbid With Diabetes or Hypertension in Resource-Poor Settings: A Qualitative Study About User Perception of a Nurse-Supported Smartphone App in Peru. JMIR Mental Health, 2019, 6, e11701.	3.3	20
160	Determining a cost effective intervention response to HIV/AIDS in Peru. BMC Public Health, 2009, 9, 352.	2.9	19
161	Cohort Profile: The PERU MIGRANT Study–A prospective cohort study of rural dwellers, urban dwellers and rural-to-urban migrants in Peru. International Journal of Epidemiology, 2017, 46, 1752-1752f.	1.9	19
162	Human resources for health in Peru: recent trends (2007–2013) in the labour market for physicians, nurses and midwives. Human Resources for Health, 2017, 15, 69.	3.1	19

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163	Role of mHealth in overcoming the occurrence of post-stroke depression. Acta Neurologica Scandinavica, 2018, 137, 12-19.	2.1	19
164	Delivery by caesarean section and risk of childhood obesity: analysis of a Peruvian prospective cohort. PeerJ, 2015, 3, e1046.	2.0	19
165	On the front line of primary health care: the profile of community health workers in rural Quechua communities in Peru. Human Resources for Health, 2006, 4, 11.	3.1	18
166	Migration Surrogates and Their Association With Obesity Among Withinâ€Country Migrants. Obesity, 2010, 18, 2199-2203.	3.0	18
167	Sex Differences in Health Care-seeking Behavior for Acute Coronary Syndrome in a Low Income Country, Peru. Critical Pathways in Cardiology, 2011, 10, 99-103.	0.5	18
168	Short Sleep Duration and Childhood Obesity: Cross-Sectional Analysis in Peru and Patterns in Four Developing Countries. PLoS ONE, 2014, 9, e112433.	2.5	18
169	The effect of changes in visibility and price on fruit purchasing at a university cafeteria in Lima, Peru. Public Health Nutrition, 2015, 18, 2742-2749.	2.2	18
170	Evaluating consumer preferences for healthy eating from Community Kitchens in low-income urban areas: A discrete choice experiment of Comedores Populares in Peru. Social Science and Medicine, 2015, 140, 1-8.	3.8	18
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