The mission of the American Heart Association (AHA) is “Building healthier lives, free of cardiovascular diseases and stroke.” The stated 2020 Impact Goal of the AHA is to reduce cardiovascular disease and stroke by 20% and improve the health of all Americans by 20% by 2020. The AHA has a dynamic strategic-planning process. In 2009 and 2010, as the AHA was completing a cycle of strategic planning, one of the action strategies of the AHA Strategic Plan (driving to the 2020 goal) was to “Accelerate Science Interpretation”. “Open-science” methods were called for to speed “the interpretation of research relevant to the attainment and maintenance of ideal cardiovascular health into guidelines, statements, public policy recommendations or other expert guidance” and to speed “interpretation of research relevant to maintenance and improvement of health throughout the lifespan into guidelines, statements, public policy recommendations or other expert guidance”.

Open science means much more than open-access (OA) publishing, especially inasmuch as the AHA is also a funder of research (the second largest funder of cardiovascular disease and stroke research in the United States, after the National Institutes of Health). Although the AHA is also a funder of research relevant to maintenance and so on. The AHA needed a good vehicle to publish such research.

The AHA Scientific Publishing Committee engaged a consultant to perform a feasibility study. The committee spoke with AHA editors, to the AHA councils, and to the AHA’s volunteer leadership. It looked at rejected articles and where they were eventually published. The AHA already had a referral model in place with Circulation in that it referred articles to the six Circulation-branded journals that launched in 2008.

We, the committee, realized the need to ensure an easy, well-established payment process for authors and their funders. The only income that a publisher can plan to receive for an OA journal is author fees. We knew that we needed a turnkey operation rather than trying to gather those payments ourselves. We also wanted to emphasize speed, although some of our journals already publish articles within 2 weeks of submission. However, except in the case of an “editor’s pick” article, an article would not be freely available until 6 months after publication (the 11 traditional-model journals also make original research articles freely available after 6 months).

One Society’s Perspective on Open-Access Publishing

Heather Goodell

The feasibility study led to an RFP for a publisher and a search for an editor-in-chief. The AHA Scientific Publishing Committee announced its intent to launch the new OA journal at the AHA’s annual meeting in November 2010. Although lacking both an editor and a journal name, the OA journal was promoted extensively at the meeting. The wonders of marketing! Committee members also discussed the journal at length with current AHA editors to allay misgivings and encourage referrals from the 11 existing journals. Objectives included using the same peer-review process and achieving a slightly higher acceptance rate. The AHA’s 16 member councils were asked to nominate editorial-board representatives, with the editor-in-chief making the final selections. It is the committee’s hope that all the councils will participate, but especially those representing nutrition, physical activity, nursing, and other fields important to the AHA’s overall mission, fields not represented often in the existing 11 journals.

The Journal of the American Heart Association, JAHA, began accepting submissions in November 2011 and published its first articles in February 2012. The referral process continues to be refined because we are also switching manuscript submission systems. Until all 12 journals are using one system, the process will be a bit tedious. JAHA submissions are steady, and we are encouraged by the number of direct submissions (not referred from the other journals). The editor-in-chief and the staff have been able to roll with the punches, handling the surprises that invariably occur in launching a new journal. We do not know what the future holds and are about to embark on more strategic planning, but we believe that we are better positioned to adapt and contribute to the AHA mission.

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