The 5 American Heart Association (AHA) journals—
*Circulation; Arteriosclerosis, Thrombosis, and Vascular Biology; Circulation Research; Hypertension;* and *Stroke*—are resolved to further an ambitious and formidable goal of the AHA, which is to become the best communicator of scientific information to the public at large. The journals exemplify the very nature of the AHA’s primary objective of “fighting heart disease and stroke” by publishing the work of the pioneers and visionaries of medicine and science. Their breakthrough research, use of innovative technologies, experiments, and discoveries are the core substance of the AHA journals. Irrefutable evidence gives testimony to the realization of the goals of the AHA within the scope of the AHA journals—the 1997 Institute for Scientific Information (ISI) impact factors (source: ISI. 1997 Journal Citation Report [JCR]).

Stated simply, the AHA journals reign at the very top of the field of cardiology, according to the ISI JCR. This annual publication of the ISI tracks the impact factor of scientific journals each year, and each year, the AHA journals dominate their competitors in the areas of cardiology, cardiovascular disease, and vascular biology.

A balanced mix of components in the content, production, and distribution of the AHA journals has been tested and proved successful in maintaining the journals’ leading impact factors: publish the best articles; reduce time to publication; and expand distribution.

The first two elements cooperate in a mutually beneficial cycle. By reducing the time from manuscript submission to publication in the AHA journals, new breakthroughs in science and medicine are swiftly communicated to cardiologists, researchers, and health professionals. This reduction in time to publication also then acts to draw in the best papers on breakthrough research and reports, papers that the authors can feel assured will be presented to the community rapidly. During the past 5 months, the AHA and Lippincott Williams & Wilkins, the official publisher of the AHA journals, have implemented a condensed production schedule for all 5 AHA journals. The result: the most critical papers, editorials, reviews, and images are publicized quickly and directly.

Expanded distribution of the AHA journals is focused in two domains: increased publication frequency and the World Wide Web. Beginning in January 1998, *Circulation* proudly became the only weekly cardiology journal. Also celebrated in January was a frequency change for *Circulation Research*, which moved from a monthly to biweekly publication. This milestone frequency change links back to the expeditious publication of papers in AHA journals and thus the ability of the journals to attract more substantial works. Second, the AHA will formally launch the journals on the World Wide Web in full text and graphics in August 1998. Although more detailed information on this project will be forthcoming in future announcements, the power of internet access to the AHA journals is already clear.

The goal of this cycle is to constantly attract exceptional papers to the AHA journals. This is what has driven the steady increase in AHA journal impact factors. Superior articles accumulate numerous citations. Increased citations and an increased number of articles published, as a result of increased frequency and reduced production time, are the favorable components of the impact factor calculation.

Calculation of the impact factor produces a figure that indicates how often a journal’s content is cited in relation to the

\[
\text{Impact Factor} = \frac{\text{A}}{\text{B}}
\]

where A = number of citations to AHA journal articles published in 1995–1996 (this is a subset of total citations in 1997), and B = number of articles published in 1995–1996, then C = A/B = 1997 impact factor.

![AHA Journals 1997 Impact Factors](image-url)

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amount of work published (ISI. Journal Impact Factor and
Half-Life. Website.). Therefore, the impact factor illustrates the
influence a journal has on its audience. Impact factors are
calculated by taking the number of total citations in a given year
and dividing by the combined number of articles published in the
journal in the previous two years (see the Figure) (Garfield E.

A short history lesson illustrates how tenaciously the AHA
journals have upheld their top standings in impact factor.
Circulation, the AHA flagship publication, has been No. 1 in the
Cardiac and Cardiovascular Systems category since the incep-
tion of the ISI JCR in 1975. In 1997, each of the AHA journals
enjoyed an increase in impact factor over 1996 numbers and the
impact factors of competitive journals. This is entirely represen-
tative of the superior quality of articles published and the number
of citations this notable body of work garners.

Those of you who closely follow the impact factor perfor-
cmance of the AHA journals may have noted that the journals
were removed from the Cardiac and Cardiovascular Systems
category in 1996. After discussions with the AHA and
Lippincott Williams & Wilkins, the ISI agreed to return the
AHA journals to the Cardiac and Cardiovascular Systems
category in 1997. The ISI prereleased the 1997 impact factor
data for the AHA journals to Lippincott Williams & Wilkins
on June 2, 1998.

The AHA and Lippincott Williams & Wilkins are ex-
teremely pleased to present here the 1997 impact factors,
which serve as an irrefutable testimony to the powerful
influence of the AHA journals on the medical community.

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AHA Scientific Publishing Committee Chair
AHA Journals at the Forefront of Cardiology: A Report on Excellence
Elizabethe G. Nabel

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