

How Health Affairs developed

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I do not have much to say about the creation and development of Health Affairs. It was a journal born out of economic necessity (my own) and thus its creation does not make for a particularly compelling story.

To be perfectly honest, it was a journal created in 1981 because when I became the national correspondent of The New England Journal of Medicine, also in 1981, the compensation was such that I needed to find more income to cover my costs of living. Thus, Health Affairs was born as a matter of necessity, less than because I had a great thirst to create yet another health-related journal. Even at that, I was not convinced there was room for another journal. At the time, the founder of Project HOPE, which owns the journal and helped to fund it in its early years, had to use all of his powers of persuasion to convince me to take on the job.

Project HOPE is an international organization that operates health education programs in about 25 other countries. It also operates a Center for Health Affairs, which is a health policy and research organization with a staff of about 15 analysts—either Ph.D.s, or Master's level individuals. Today, Health Affairs is self-sustaining, but we still operate under the aegis of Project HOPE. Essentially, we are a free-standing small unit within Project HOPE, with ten employees. Two of the ten handle the circulation and marketing of journal; the eight other employees are editors.

Health Affairs has grown over the years because it evolved during a period when more and more people were interested in health policy and health policy-making, principally as it occurs in the United States. We have tried to publish papers on the status of systems in other industrialized countries, but that process is always difficult because of the differences in culture, history, language etc. I still believe the paper on the Japanese system is the finest on that subject published in an

English-language journal. We have about 500 subscribers who reside in countries other than the USA.

The staff of Health Affairs is composed of individuals all of whom have been schooled in the liberal arts, as opposed to economics, medicine or other disciplines. Given this bent, we have always placed a high premium on the clarity of papers and on making them understandable to a broad, serious-minded audience. As a result, Health Affairs serves as a information channel between academically-oriented authors (most of whom have been economists, although we are striving to publish more material by noneconomists) and a broader audience of individuals who work in federal and state governments, in private industry and in universities. Many medical libraries subscribed to the journal and health-care journalists, science writers and editorialists also subscribe to the journal.

Having said this, Health Affairs remains a journal of only modest size in a nation with 260 million people. Our paid circulation ranges between between 10,000 and 12,000 individuals and institutions. Although these numbers are small, Health Affairs is about three times larger in circulation than a number of other American quarterly journals (Milbank Memorial Quarterly, Inquiry, Journal of Health Politics, Policy and Law, and Medical Care). America's health-care reform debate generated some additional readers, but the numbers have now slipped back a bit to our normal size.

One way or another, all of the above journals are subsidized because they do not generate enough revenue to cover their expenses. The forms of subsidization include grants from private foundations (The Commonwealth Fund, Robert Wood Johnson Foundation, Henry J. Kaiser Family Foundation, the Kellogg Foundation and the MacArthur Foundation), the free labor of academics striving to win tenure, and private industry contributions. Subscription revenue covers about 55 percent of our expenses and the remainder comes from founda-

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tions. Health Affairs budget will total about \$1.5 million dollars in 1995.

We attract foundation support mostly for the thematic issues we publish on health policy concerns of wide interest, such as the future of Medicare, mental health, medical innovation, violence as a public health concern, managed care etc. Our thematic issues tend to be more memorable to readers because they are kept as references on subjects of wide concern. Thematic issues are often used by teachers in university classrooms because the material is current and the authors are generally well respected, if not revered by their academic colleagues.

If I had one piece of advice for your journal it is to underscore the importance of peer review, that is the review of all manuscripts by expert reviewers who work outside of the journal. External peer review has been particularly important to building the credibility of Health Affairs because its staff does not have the academic qualifications to be judged as expert. Because peer review is a central part of our process, we attract

manuscripts from most of the nation's leading health economists, political scientists and sociologists.

We found out early on that the source of most of our manuscripts would derive from academicians, rather than from private industry leaders or government decisionmakers. The reason is that while private industry leaders might have strong views on particularly health policy subjects, they are usually reluctant to express those views publicly because their views could suddenly change, for some competitive or proprietary reason. Moreover, private industry leaders are not in the business of writing. Thus, most material that comes from such figures is usually written by public relation people who lack the necessary substance to write for a journal like Health Affairs.

I wish you and your colleagues the very best as you devote yourselves to the development of a Japanese equivalent of Health Affairs. We are indeed flattered that you would think enough of our journal to want to emulate it.