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SUMMARY

The *Journal of Health Design's* tagline is “better health by design”. The tagline encompasses improved health achieved through better design of physical structures, processes, technologies, engagement, and the doctor-patient relationship. “Better health by design” also includes designing better access to services and providers, and creating a more meaningful connection through deep listening and active engagement.

Key Words

Health care; patient experience; design thinking; health improvement

INTRODUCTION

With this edition, we have entered our fourth year of publication. It’s been an exciting journey since the first issue of *The Journal of Health Design* (*The JHD*) was published in 2016. As many of our supporters and readers know, *The JHD* started with a vision to create a forum for people to publish research, insights, editorials, case studies and reviews on their efforts to shape, modify and improve the design of health systems to achieve better outcomes. Since we launched *The JHD* podcast series, we have had the good fortune to have interviewed many prominent experts from across the world who are committed to making changes so that consumers of health care have better experiences with their providers, hospitals, etc., and better health. Visit [our podcast page](#) to listen to some fascinating conversations.

Last year the editorial team chose the tagline “Better health by design”—we believe it encapsulates the depth and breadth we are aiming for with the journal. “Better health by design” can be improved health achieved through better design of physical structures, exam rooms, processes, technologies and apps, communication, engagement, and the doctor-patient relationship. It can be designing better access to services and providers, including better mental health support, better home care and better services for populations at risk. It can also be creating a more meaningful connection with someone through deep listening and active engagement.

We believe that small changes can have a big impact. “Better health by design” doesn’t require tens of thousands, hundreds of thousands, or millions of dollars to make the healthcare experience better for recipients and providers alike. Positive changes doesn’t require that a healthcare system be upended or overhauled. The “patient experience” is a key focus these days, much as “patient satisfaction” was before it. We believe “better health by design” is here to stay and will evolve continuously.

In this issue, we are pleased to bring you “Finding Joe: Patient-directed goal setting on the journey to therapeutic targets in diabetes care”. In this editorial, the authors explain how effective diabetes management requires that patients be active and engaged participants in their health care. Despite shared decision-making, medication adherence remains at sub-optimal levels. The problem may lie, in part, in the fact that the shared

decision-making is physician-directed with patient input. The authors suggest it is time focus on a pathway built by patient-led sustainable and achievable goals.

We're pleased to bring you "Breaking barriers: Using evidence from a Community Treatment Observatory (CTO) to enhance uptake of HIV services in Sierra Leone". This design insight presents lessons learned from the establishment of a Community Treatment Observatory (CTO) to generate evidence and engage duty bearers in improving service delivery for HIV patients in Sierra Leone. The CTO provides a unique opportunity to galvanise efforts of civil society actors and affected populations to tackle new infections and improve care for selected key populations in Sierra Leone.

"What's my what? A survey of anatomical knowledge in a community in Western Melbourne" is a research paper that reveals how most respondents were unable to locate specific body organs and the anatomical source of pain. The study data suggest poorer health literacy than previously described in the literature. The researchers contend that the study findings have implications for help-seeking behaviour and may be a factor in delayed presentation for serious pathology.

We'd like to remind you of our two "Call for Papers" themes for this year—improving the health of populations at risk and the power of connection. If you, a colleague, someone in your professional network or in your social media connections is doing work in these areas, pass along the information or email editor@journalofhealthdesign.com. Follow us on Twitter @JHDinfo. And if you know an individual who would be a great podcast guest, please let us know.

We're excited about what lies ahead this year. Remain engaged, keep reading and let us know how we're doing. We're committed to our mission of developing a forum for those who are committed to better health by design.