

<p><b>To Cite:</b> Jiwa M. From the Editor: The value of partnership. JHD. 2021;6(2):380–381.</p> <p><b>Corresponding Author:</b> Moyez Jiwa Melbourne, VIC, Australia editor@journalofhealthdesign.com</p> <p><b>Copyright:</b> © 2021 The Authors. Published by Archetype Health Pty Ltd.. This is an open access article under the <a href="#">CC BY-NC-ND 4.0 license</a>.</p>	<p><b>SUMMARY</b> We cannot underestimate the value of partnership—in life, at work, and in our health care. The JHD and Health Design podcast continues to thrive because of partners who believe in the mission of “small changes, big impact” and “better health by design.”</p> <p><b>Key Words</b> Patients; partnership; health care; primary care</p>
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## INTRODUCTION

It has been an exciting few months for The JHD. We continue to serve the mission “*small change big impact*” and “*better health by design*.” Since publication of the last edition we have hosted 19 podcasts, launched a course on clinical confidence for medical students, and supported a dozen patient advocates to write and submit papers to the journal. We continue to amplify the voices of patients and physicians who have a great deal to offer to improve outcomes for patients in the years to come.

A highlight for me as the host of the Health Design podcast was the conversation with Dr. Ron Wyatt on the first anniversary of the death of George Floyd. It is clear that inequitable access to health care is a reality in 2021 as much as it was in the 1950s when many in America and overseas were subjected to the indignity of racial prejudice. I was also very moved by my conversations with so many of our guests who have managed to navigate challenging diagnoses in the context of complex healthcare systems to get as good an outcome as possible. The willingness to assume agency and to work in partnership with clinicians made all the difference—not by discovering a cure necessarily but by leveraging all that is already available to serve their cause.

In partnership with our sponsors, the Patient and Physician Advocacy Alliance (PPAA) and specifically, the Unfixed community led by Kimberly Warner, we launched several new initiatives to amplify the voice of those that the journal exists to serve. We developed a course for medical students to bolster their confidence when serving patients. The course has been championed by clinicians based at Harvard University, The Mayo Clinic, and by the one and only Dr BJ Miller. It is currently being piloted at two medical schools in the US and Australia, and we have plans for the course to be made available broadly in both those countries for a start. We also plan to develop an academy for scientific writing in which the JHD’s editorial team will offer materials to help authors who are new to scientific writing a conduit to prepare manuscripts for submission.

In this issue we're pleased to bring you, "Opioid overdose response and health information complexities: A pilot study on Naloxone kit design." The authors explore how the distribution of Naloxone kits (emergency first aid for opioid overdoses) has revealed the need for alternative ways to get training, kits, and education to individuals who are at risk of overdose. They report on an interdisciplinary study that aimed to understand better the barriers to adopting and using Naloxone kits for opioid overdoses. Their research suggests that several opportunities exist to use design methods can help identify and address these barriers.

"'From bench to bedside and back': Rethinking MedTec innovation and technology transfer through a dedicated Makerlab" is a research protocol paper that presents the setup, network environment, and some of the initial results and learnings from Innolab IGT, a medical, technology, and innovation laboratory at a university clinic in Germany. Innolab IGT's learning environment has created short distances between operating rooms and labs; facilitated quick, responsive communication; and enhanced direct identification of clinical needs. Notable benefits from the lab's creation include scientific recognition (publications), economic translation (patents and startup generation), knowledge transfer, and economic stimulus.

The review article, "Help-seeking behaviour and attitudes towards alcohol reduction in men" aims to provide a summary of men's help-seeking behaviour to reduce their alcohol intake and synthesise identified barriers and motivators to this action. Using the Health Belief Model, this review addresses personal variables, individual beliefs, and cues to action. The author found that attitudinal barriers, including concerns of stigma, shame, and embarrassment, were significant. Not knowing where to seek help was the greatest structural barrier. Poor problem recognition was also evident through low perceived severity and susceptibility to the harms of alcohol.

The editorial, "Mistrust in health care as a potential for vaccine uptake: A patient perspective," offers a personal perspective on African Americans' distrust of the American healthcare system and vaccine hesitancy. The author explores the problems and explains why she decided to get the COVID-19 vaccine.

We are grateful to the PPAA and to the many individuals who support and promote our mission to make tangible differences to outcomes for people with new and enduring illness. We're committed to publishing, sharing, and promoting what healthcare practitioners, patients, designers, architects, and other innovators are doing to improve the delivery of health care despite constraints. Spread the word about [The JHD](#) and [The Health Design Podcast](#).

Contact us at [editor@journalofhealthdesign.com](mailto:editor@journalofhealthdesign.com) to recommend a podcast guest or to share information about someone doing great work to improve the patient experience and health outcomes. Remain engaged, keep reading, and let us know how we're doing.

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