
Style Guide & Standards Manual

rev. Jan 2025



About this Document

This document is a comprehensive resource that provides guidance to ensure written and spoken materials are in alignment with the overarching brand guidance for the center, the University of Michigan, and Michigan Medicine.

The way we present our center through the spoken or written word is an opportunity to convey to our stakeholders that our initiatives are not confined to a single school or department. Instead, we represent a cross-campus movement here at the University of Michigan.

While there is a need for flexibility and adapting communications to specific country and project activities, these branding standards and guidance have been designed to promote common elements across the center's materials. Use of these elements will help promote more consistent, effective communications and strengthen the identity and visibility of the center while ensuring clear messaging to our audiences that we are well-integrated into the University of Michigan.

While unique to the center, these guidelines draw from the overarching frameworks defined by both Michigan Medicine¹ and the University of Michigan². ■

1 Michigan Medicine Editorial Guidelines (myumi.ch/pkV5q)

2 U-M Editorial Resources (myumi.ch/XGy4P)

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Protecting the "Lungs of Atlanta": Environmental Justice, Criminalization, and the Defend the Atlanta Forest Movement



Nico Juárez, School of Social Work

Global Health Impact

Health equity cannot be achieved in the midst of environmental devastation nor can it be achieved if communities have no capacity to organize in their own interests. This work addresses the criminalization of environmental movements, ultimately giving communities a mechanism to resist into what forms state repression may take so that activists might better plan and prepare for it. In doing so, this research seeks to reduce environmental injustice by empowering community organizers and the communities they work with, insofar as the state seeks to repress communities fighting for their survival and fighting to defend the local environment around them. It will be necessary for organizers to have the right to this research to inform their strategies.

Challenge

We cannot have health equity on a dying planet. As environmental justice movements throughout the United States have continually demonstrated, the health and well-being of populations is directly tied to the well-being of their physical, local environments as well as the well-being of the global climate as a whole. However, at the same time, environmental justice movements are increasingly being criminalized by the state and targeted for state repression. Tracing how and why the state criminalizes these movements, and how activists can respond to these challenges, is key to empowering communities and to ensuring communities have flourishing environments where health equity can bloom.

Methods

This study engages in a critical discourse analysis (CDA) of the RICO indictment the state of Georgia filed against 61 activists and organizers. CDAs of institutional documents are substantially relevant to social welfare and environmental policy scholarship, unveiling the relationship between institutional discourses and institutional activity. Legal documents, in particular, are used in research to examine and excavate meanings and ideas behind state institutions' actions. CDA advances health research by giving health policy scholars insight into how unspoken assumptions and ideological commitments impact institutional action. This study asks: how did the state legally construct the organizers as criminals and through what lens did it present the broader movement itself as a criminal enterprise?

Findings

Findings reveal that the state of Georgia attempts to yoke and non-violent activist practices such as mutual aid and practices of violent extremism by equating those violent anarchists.

GLOBAL HEALTH EQUITY



Call for Future Research: Future research needs to examine how this form of criminalization takes place in other geographies. Widespread repression of environmental activists is increasing worldwide. The US Department of Homeland Security (DHS) has recently grouped environmental activists within "domestic violent extremists." How federal governments view movements for environmental justice is important for organizers and activists to plan campaigns and evaluate best approaches to obtain support for the communities with whom they organize.



Who we are

A HOME FOR CHANGEMAKERS & BEST

The Center for Global Health Equity at the University of Michigan **champions collaborative efforts to address health disparities in low- and middle-income countries.**

We are a home for innovative problem solvers who want to make a lasting change in the world in close partnership and collaboration with leaders, researchers, and individuals in low- and middle-income settings around the world. Embedded within the University of Michigan, we help our partners leverage the latest in the cutting-edge research and the unrivaled expertise available across our three campuses.

We know that global health work is hard and often slow, but we're here for our partners every step of the way, singularly focused on the impact for people in the communities we serve. ■



OUR VISION

We envision communities where **everyone has sustainable opportunities to realize optimal mental and physical health.**

OUR MISSION

We **advance interdisciplinary engagement across our university** and with global partners to equitably prevent disease and improve health in low- and middle-income countries.

Our Strategic Themes

- Informing policy and programming related to the social determinants of health.
- Empowering women and communities as effectors of equitable health.
- Developing data science and technologies to advance health equity.
- Environmental justice and climate change.
- Strengthening systems to improve health and health equity.



Our Personality

HOPEFUL

Our work can be tough, but we embrace the challenge. We have a positive, can-do attitude and sense of optimism that comes through in the stories we tell.

COLLABORATIVE

We know that no one gets anywhere alone. That is why CGHE focuses on people—the relationships our members build and the impact they have on the people and communities they serve.

RELIABLE

Our members can count on us to deliver on our promises day in and day out. We hold ourselves accountable for our commitments and maintain the trust of our members, partners, and stakeholders over the long term.

CURIOUS

In the face of the unknown, we explore and fill gaps in our knowledge through active listening, continuous learning, and not settling for the first solution.

HUMBLE

We offer a helping hand without seeking recognition and we recognize that there's always room for improvement. We are here to support our members and their projects behind the scenes—and we celebrate their wins, both big and small.

OUR PERSONALITY IN ACTION

Brand attributes can be combined and communicated in different ways at different times to reflect nuanced dimensions of the the center’s personality. This section expands upon individual attributes to articulate how each might influence the look, feel and tone of voice of an expression.

	OUR LOOK	OUR VOICE
Hopeful	Bright, vibrant colors in real world settings depicting work in action. Visible emotion, determination on people’s faces	Honest and empowering. Breaking down difficult topics
Collaborative	People looking happy to work together. U-M “guests” depicted as active listeners, observers.	The prefix “co-” should be in front of every description of our members’ role: co-author, co-lead, co-llaborate
Humble	Simple visuals, always in support of a single, clear message. Uncomplicated compositions, use of white space. U-M “guests” depicted as active listeners, observers.	Straightforward, clear, amplifying the work of host country nationals We aren’t saving the world – our in-country partners are.
Reliable	Content emphasizes our long term partnerships and should be consistent in tone, visuals, and feel. Our content should also closely align with all U-M standards and guidance so that our viewers know that we are closely connected with the University and its resources.	We are here for the long haul.
Curious	We ask questions with empathy to define the operating landscape for our members and global partners.	Global partners break down difficult topics, explaining the complexity of the environments in which our members operate.

WHAT IS GLOBAL HEALTH EQUITY?

In short: while global health provides a general framework for understanding and addressing health issues on a worldwide scale, global health equity hones in on the disparities and imbalances that exist within this global context and seeks to rectify them.

A global health approach typically refers to efforts to address health concerns that transcend borders which could include everything from infectious disease, non-communicable disease, mental health, nutrition, and more. While this approach focuses on improved health outcomes for all, it does not always explicitly address the systemic disparities, power imbalances, and structural determinants that lead to health inequities.

By contrast, global health equity is more specific in its focus on **ensuring that everyone, regardless of where they live or their socio-economic status, has a fair and just opportunity to attain their full health potential.** It directly addresses the systemic disparities in health that are avoidable, unfair, and systematically distributed across different population groups. It goes beyond just health outcomes and delves into the root causes of health disparities, including socio-economic factors, power dynamics, racism, access to resources, and more. Global health equity places a strong emphasis on power-balanced partnerships, mutual benefits, and actively working against systems and ideologies (like racism and colonial influences) that perpetuate health disparities. ■

August E, Tadesse L, O'Neill MS, Eisenberg JNS, Wong R, Kolars JC, Bekele A. What is Global Health Equity? A Proposed Definition. Ann Glob Health. 2022 Jul 4;88(1):50. doi: 10.5334/aogh.3754. PMID: 35860038; PMCID: PMC9266830.



OUR HISTORY

The Center for Global Health Equity was established at the University of Michigan in 2020, inspired by a catalytic donation from Dr. Tachi Yamada, a pioneering figure in the pharmaceutical research and global health sectors with strong ties to the University.

During his career, Tachi Yamada observed that faculty within academia are seldom incentivized to partner across disciplinary boundaries. In an environment where success was measured by the number of publications and grants received, the benefits of research often remained distant from communities in need of the most support.

Not content with the status quo, Tachi Yamada and his wife Leslie devoted their personal and professional lives to supporting thoughtfully disruptive ideas that lead to tangible results. The Center that they helped create is a continuation of these ideals.

With this perspective, the center aims to channel the collective knowledge of the university's faculty, students, and staff towards innovative projects that make a genuine difference in the lives of individuals in low-income nations where multidimensional approaches are essential to address health challenges like disease prevention, nutrition, and sanitation. ■

“

A great challenge of our time is that millions, mostly children in the poorest countries, die each year unnecessarily from illnesses that can be prevented or treated. With a breadth of expertise and a culture that values collaboration both within the institution and around the world,

the University of Michigan is uniquely suited to address this challenge.

–Tachi Yamada

About the Yamadas



**TADATAKA "TACHI"
YAMADA, MD**

Dr. Tadataka "Tachi" Yamada (June 5, 1945 – August 4, 2021) was a renowned Japanese-born American physician and gastroenterologist, whose career spanned academia, the pharmaceutical industry, and global health initiatives. He received his BA from Stanford University and his MD from New York University School of Medicine. Dr. Yamada held prominent roles including Chairman of Research and Development at GlaxoSmithKline and President of Global Health at the Bill & Melinda Gates Foundation, where he oversaw over \$9 billion in grants to tackle major health challenges such as TB, HIV, and malaria.

As an academic, Dr. Yamada headed the Gastroenterology Division at the University of Michigan and authored over 150 manuscripts and the seminal "Textbook of Gastroenterology." He was instrumental in advancing the understanding of gastrointestinal diseases and treatments. His contributions earned him honors such as election to the National Academy of Medicine and a Knight Commander of the Most Excellent Order of the British Empire.

Dr. Yamada served on numerous boards, including Agilent Technologies and the Clinton Health Access Initiative, and was a dedicated advocate for health equity.



LESLIE YAMADA

Leslie Yamada graduated from the American School in Japan and earned a BA in Religious Studies from New York University. Following graduation from NYU, she embarked on a career in social service. She has a deep passion and commitment to the arts and to supporting both her local and global community. Leslie currently serves on the Board of the Pacific Northwest Ballet and is involved with the Recovery Café and the Washington Women's Foundation. She remains deeply involved in the work of the center and is committed to the advancement of global health equity.



Talking about the Center

Explaining What We Do

ABOUT THE CENTER

The Center for Global Health Equity champions interdisciplinary, collaborative efforts to address health disparities in low- and middle-income countries. By uniting U-M faculty, staff, and students with global partners, we amplify our impact on individuals and communities in need.

SHORTHANDS

In written communications, first introduce the full name of our organization as the Center for Global Health Equity. Following mentions may use the shorthand “the center”. Avoid using “CGHE”, “the CGHE,” “Center” or other variations in public-facing materials.

DESCRIBING YOUR ROLE

“ FACULTY MEMBER
Hello! I am [Name], [title] within the [Home Department] at the University of Michigan. My research revolves around the area of [research topic area], and I actively contribute to efforts that tackle some of the pressing challenges in global health equity today. Additionally, I am proud to say I am part of the university’s Center for Global Health Equity, where we work collaboratively towards sustainable, community-driven solutions aimed at reducing health disparities across the world.

“ STAFF MEMBER
Hello! My name is [Name] and I am a [title] at the Center for Global Health Equity at the University of Michigan. We bring together University of Michigan faculty, staff, and students with external partners in pursuit of novel global health solutions that can positively impact individuals and communities in low- and middle-income settings.

Reinforcing our Connection to the University of Michigan

Our relationship to the University of Michigan is a key component of our identity. To ensure this relationship is well understood, it is important that our staff and stakeholders emphasize that our efforts span the entire University of Michigan ecosystem, not just the Medical School or School of Public Health.

Here is some suggested language to describe how the Center fits within the University of Michigan landscape:

- “ *The Center for Global Health Equity brings together researchers from across the University of Michigan’s three campuses to develop sustainable, multidisciplinary partnerships that can improve lives around the world.*
- “ *The Center for Global Health Equity at the University of Michigan is a campus-wide research accelerator encouraging interdisciplinary work that addresses global health equity.*

About our Leadership



JOSEPH “JOE” KOLARS, MD, MACP

Leslie D. Yamada and Tachi Yamada M.D. Director,
Center for Global Health Equity

Joseph C. Kolars M.D. is the Leslie D. and Tachi Yamada M.D. Director, University of Michigan Center for Global Health Equity. In 2023, he completed a 14-year term as Senior Associate Dean for Education and Global Initiatives at the U-M Medical School. A practicing gastroenterologist, he holds appointments as Professor of Medicine in the U-M Medical School and Professor of Health Management and Policy in the U-M School of Public Health. Kolars has focused his career on education and training, holding numerous leadership roles in education programs at the Mayo Clinic and the University of Michigan. Global health has been a major component of his career for almost 40 years with a focus on education and health system strengthening in low-resource areas.

He is on the board of the China Medical Board and provides consultation to the NIH Fogarty International Center Advisory Council. From 2007-11 he served as a consultant to the Bill and Melinda Gates Foundation where he oversaw initiatives that partnered health science schools in Sub-Saharan Africa with those in the U.S. Since 2010, he has been the co-director of the Joint Institute for Translational and Clinical Research with Peking University of Health Sciences. He lived with his family in Shanghai from 1996-1999 to help establish one of China's first Western-based health care systems. He obtained his MD degree in 1982 from the University of Minnesota Medical School and completed his post-graduate training at the University of Michigan.

NOTE: Any use of this bio must be signed off on by Joe and/or his administrative associate, Kelly Espinoza.



ELLEN MEADER, PHD, MED

Managing Director,
Center for Global Health Equity

Ellen Meader, PhD is a seasoned administrator with over thirty years of experience in higher education and has worked at U-M in several different capacities. Prior to her current position, Ellen was an Assistant Vice Provost for Equity, Inclusion, and Academic Affairs in the Provost's Office. She also worked with the U-M ADVANCE Program focusing on equitable and preemptive strategies in faculty

recruitment, retention, climate, and leadership; in the Rackham Graduate School as a program manager in the Office of Graduate Student Success; and in the College of Literature, Science, and the Arts in the Office of the Dean as a Research and Policy Analyst. Ellen received her PhD from U-M's Center for the Study of Higher and Postsecondary Education (CSHPE).



Members of the center participate in a team-building activity during a workshop in early 2022.

Photography

Signaling our Values in the Images we Use

Photography plays a pivotal role in how we communicate our mission, impact, and values to stakeholders. As an equity-focused organization, the images we use in our communication materials must reflect our values, respect the communities we serve, and genuinely showcase our impact.

We're committed not just to featuring the groundbreaking research of our University of Michigan team, but to prominently showcasing our international collaborators. These local partners are not merely participants; they are leaders vital to realizing health equity in their own communities – the places they both serve and call home. It is crucial that our visual narratives honor these contributions, illuminating not just the health challenges, but also the solutions, optimism, and ongoing advancements they are achieving on the ground. **Our photography should uplift others, stressing the substantive changes we are driving by partnering with dedicated individuals globally. ■**



Things to Avoid

STEREOTYPES

Be aware of, and avoid, perpetuating harmful stereotypes.

VULNERABLE MOMENTS

Avoid excessive focus on vulnerable, emotionally-charged moments including crying or various states of undress, including medical consultations.

OVERZEALOUS POST-PROCESSING

Avoid excessive edits that might misrepresent the reality.

SAVIOR COMPLEX

Don't portray yourself or any outsider as a "savior".

MONOCHROME IMAGES

Don't use black and white filters just to make situations appear more dramatic.

IMAGES OF CHILDREN

Avoid using photos of children as beneficiaries of Center programming.

NOTE: Any photos of children used for official purposes or otherwise associated with the Center should have sign off from Center leadership. Requests must make a compelling case for the use of these photos and observe all local and U-M privacy and protection guidelines for such use cases.



Impact Scholar HaEun Lee (left) accompanies her mentor Sister Dr. Priscilla Busingye (right)—obstetrician and gynecologist and fistula surgeon at Saint Francis Hospital in Nsambya, Uganda—on a site visit to a camp that provides free postpartum surgical procedures.

Things to Embrace

RESILIENCE

Show the strength and resilience of people, not just their hardships. Portray people as active agents in their lives, not passive victims.

POSITIVITY

Highlight positive aspects and success stories.

SEEKING CONSENT

Before taking all photos, get verbal or written permission from those who will be depicted in your images and provide them with an idea of where the images might appear in the future.

Note: More stringent consent documentation is required in situations involving vulnerable groups, minors, or subjects depicted in activities that are considered taboo or unlawful. Prior to and following your engagement with stakeholders, it is strongly recommended that you consult with the Center's leadership to confirm adherence to all relevant policies and best practices.

CAREFUL CAPTIONS

Provide accurate, respectful, and informative captions, including the names of those depicted wherever possible.

CRITIQUE AND FEEDBACK

Seek feedback on your images from diverse perspectives.

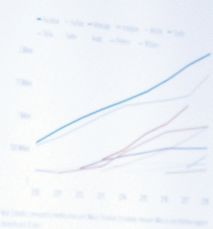
KEY DRIVERS - 2010'S - THE DECADE OF DISRUPTION

DAILY TIME SPENT ONLINE PER CAPITA WORLDWIDE (2010-2016), BY DEVICE

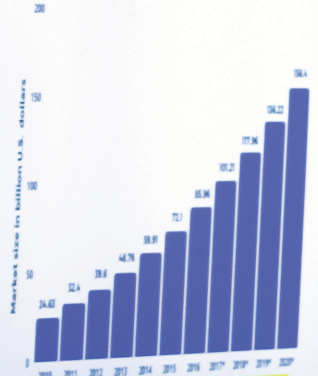


Mobile upgrade
3G to 4G

NUMBER OF PEOPLE USING SOCIAL MEDIA PLATFORMS

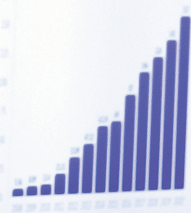


Social media
pushed our
lives online



Cloud computing acceptance

EXPECTED TOTAL SIZE OF THE PUBLIC CLOUD SaaS MARKET FROM 2008 TO 2020 (IN BILLION U.S. DOLLARS)



SaaS growth

Farhana Alarakhya, chief data innovation Officer at AKU's Data and Innovation Office, presents to a group of center leadership during a retreat for our Data Collaborative initiative.



Language


Signaling our Values in the Language we Use

In the context of our work in global health, the words and language used to describe the people we serve, our global partners, and our members can have profound implications.

Every individual deserves respect and dignity. Using inappropriate or demeaning language can strip beneficiaries of their humanity or agency. Language should uplift rather than marginalize.

Stereotypical or generalizing language can perpetuate myths and misconceptions about communities, cultures, or health conditions. This can hinder the overall mission of our organization and might unintentionally harm those it aims to help.

Using empowering language emphasizes the strengths, resilience, and capacities of beneficiaries. It shifts the narrative from passive recipients of aid to active participants in their health and well-being. ■



On a recent visit, center member Cheryl Moyer, a faculty member at the U-M School of Public Health, met with local traditional leaders in Techiman, Ghana, as part of the Ghana Michigan platform to IMProve Access, quality Care, and Training for health (IMPACT) project.

Editorial Guidelines

The center aims to follow the editorial guidelines provided by both the University¹ and Michigan Medicine². Unless otherwise noted, the center generally follows Associated Press (AP) style for all text content. Below you will find both examples that follow the AP style and examples of how our usage departs from AP style. Note that this section is not a comprehensive resource, but instead aims to provide guidance on commonly asked questions.

If you are unsure of AP style or Michigan Medicine style for a particular instance, contact the communications manager at the Center or reach out to MichMedMedia@med.umich.edu ■

¹ *U-M Style Guide*

² *Michigan Medicine Editorial Guide*

QUICK REFERENCE

Avoid using acronyms for named centers and programs on external communications as much as possible. For example, the Center for Global Health Equity should not be shortened to CGHE.

When using the shorthand “center” to refer to our organization, it should only be capitalized when you are using the full name of the center or if it is at the beginning of the sentence.

Health care should always be two words (unless you are referring to a formal name, such as the “Institute for Healthcare Policy and Innovation”)

A person’s job title is always LOWERCASE when listed after the person’s name (Smith, the director of infection prevention). It is UPPERCASE only if it is a formal title and listed before a person’s name. When possible, put titles after a person’s name except when they are very short (U-M President Jane Jones).



JOB TITLES & HOME ORGANIZATIONS

For academic degrees, see Professional Credentials

A person's job title is always LOWERCASE when listed after the person's name (Smith, the director of infection prevention)

- *It is also lowercase in any situation if it is merely a job description and not a formal title (i.e., nurse Jane Jones)*
- *It is UPPERCASE only if it is a formal title and listed before a person's name. When possible, put titles after a person's name except when they are very short (U-M President Jane Jones)*

Capitalize proper nouns, such as Michigan Medicine (Jane Jones, chief of rheumatology at Michigan Medicine). Only capitalize "Center" (i.e. Center for Global Health Equity) when you are using the full name in text or capitalize C if it is that the beginning of the sentence.

- *It [after first full mention of the Center for Global Health Equity at the University of Michigan] John Doe, who is also member of the center, went on to explain....*
- *Center member Maria Lopez recognized for work in global health*
- *Epidemiologist and member of the center Juan Menendez recently published....*
- *The center, which was established by a landmark gift,*

When a faculty member holds a named professorship, give the full or shortened name of the professorship after the faculty member's name. If using the full Regents-approved name, capitalize all major words; for a shortened name, only the surname associated with the professorship should be capitalized.

- *John Smith, MD, the Robert Brown Professor of Internal Medicine*
- *John Smith, MD, who holds the Brown professorship of internal medicine*

You can refer to faculty appointments in multiple ways, depending on the situation:

- *James Smith, MD, is an assistant professor of internal medicine in the University of Michigan Medical School, part of Michigan Medicine. (If the University of Michigan has already been mentioned in the text, it could be shortened to U-M here.)*
- *James Smith, MD, is an assistant professor and cardiologist at Michigan Medicine.*
- *Mary Jones, MD, is lead physician for the skin cancer team at University of Michigan Health Rogel Cancer Center and an associate professor of dermatology in the U-M Medical School, both part of Michigan Medicine.*
- *James Lopez, PhD, is a biological chemistry professor at the University of Michigan Medical School.*

Other job title examples:

- *James Smith, MD, assistant professor of otolaryngology*
- *Preeti Patel, Michigan Medicine's chief quality officer ...*
- *Michigan Medicine's Chief Quality Officer Preeti Patel ...*

For all other titles, use AP style.

DEGREES

We do not use profession-based titles before a person's name (such as Dr. before a physician's name), even on second reference to that person within an article or block of text. The only exceptions are in biographies or as part of a quote.

- *Jennifer Lee, Ph.D. - but on second reference, just use "Lee"*
- *"Dr. Lee was a fascinating person to interview," said Joan Jackson.*

In most circumstances, the center follows U-M guidance which allows us to omit periods from abbreviations, including academic degrees. Common credentials we use include:

- *PhD*
- *MD*
- *DO*
- *MBBS*
- *RN*
- *MSW*
- *MBA*
- *MPH*

When the abbreviation of a degree might be unfamiliar to an audience, we recommend using a generic degree (such as BA, BS, MA, PhD, MBA) along with the subcategory spelled out, or spelling out the entire degree. When it's clear from the context that the degree is a bachelor's, master's or doctorate, you may omit the level of degree and just provide the field abbreviation in parentheses.

When spelling out degrees, use lowercase: bachelor of science, master of business administration, bachelor's degree, master's degree, doctorate.

We do not commonly use abbreviations that do not refer to earned degrees (i.e.. FACS, FAAN). If it is integral to the story, it is preferable to spell it out.

A bachelor's degree can be noted if that is the highest degree yet attained by an individual name within a list of others with higher degrees.

- *"The study was led by medical student Jane Brown, BS, who worked with pediatrics resident Sophia Jones, MD, and Juan Esteban, MD, PhD a professor of pediatrics.*

If an individual does not have a degree and is included within a list of others with higher degrees, it is acceptable to drop mention of degrees of all of those included in the list.

For individuals who hold more than three post-bachelor's degrees, it is preferable to mention the two to three most pertinent to the topic at hand.

A master's degree earned on the way to a doctorate is not normally noted.

Whenever possible in external communication, create a hyperlink to a complete biography of a quoted or named person.

ACRONYMS

Spell out the full name of a group, program, product, etc., on first reference.

Avoid using acronyms for named centers and programs on external communications.

- *For example, the Center for Global Health Equity should not be shortened to CGHE.*

If you want to use an acronym that is not in common public use, do not put it in parentheses, instead use it shortly after the reference and then use the acronym on all future references.

- *Health Information Technology & Services, known widely as HITS, is rolling out new software.*

Some well-known organizations or acronyms don't need to be spelled out on first reference.

- *Among the nationally known ones would be FBI, CIA, CDC, NASA*
- *Some regulations, acts of Congress and laws are known by acronyms (ADA, ACA), use the full name on first reference.*
- *You should follow the preference of well-known organizations that no longer use the spelled-out versions of their original names (AARP, JDRF, NAACP) and then describe the organization afterward.*
- *Medical organizations should be spelled out and can be shortened on second reference: American Heart Association, American Medical Association, etc. Certain ailments can be referred to as an acronym on all references: AIDS, HIV*
- *Other medical terms sufficient with an acronym on first reference: DNA, RNA, MRI and CT.*
- *It is best practice to give enough information that someone who doesn't know what a CT scan or MRI is could infer: "Smith had a CT scan of his head, which allowed doctors to look for signs of damage to his brain."*

If your audience is not likely to encounter the acronym in other settings, use a description rather than an acronym on second reference.

- *Orphans and vulnerable children (rather than the public health acronym OVC)*

ABBREVIATIONS FOR THE UNIVERSITY OF MICHIGAN AND ITS CAMPUSES

The University of Michigan should be U-M on all second references, with the exception of second mentions of satellite campuses.

- *U-M (hyphen)*
- *UM-Ann Arbor (hyphen)*
- *UM-Dearborn (hyphen)*
- *UM-Flint (hyphen)*

Note the use of hyphens in both the long and abbreviated forms.

- *The University of Michigan*
- *The University of Michigan-Ann Arbor (hyphen)*
- *The University of Michigan-Dearborn (hyphen)*
- *The University of Michigan-Flint (hyphen)*

Unless it is the first word in a sentence or part of an official title, 'the' should not be capitalized in running text.

- *John attends the University of Michigan.*

DATES

Never include minutes if an event is happening on the hour; use minutes in every other scenario.

If months are used with a specific date, you may abbreviate:

January (Jan.), February (Feb.), August (Aug.), September (Sept.), October (Oct.), November (Nov.), December (Dec.). Never abbreviate March, April, May, June, or July.

- *Monday, Nov. 27*
- *Tuesday, March 16*

If a month is used by itself or only with a year, always spell it out.

- *January*
- *January 2018*
- *Jan. 28, 2018*
- *April 6, 2018*
- *April 2018*

Never use “st” or “th,” etc., at the end of a date

- *Jan. 28th is incorrect*

If the date takes place in this calendar year, no year is necessary. If it takes place in any other year, include the year.

- *Jan. 28 if you’re referring to Jan. 28, 2021*
- *Jan. 28, 2022 if referring to next year’s date*

TIMES

Never include minutes if an event is happening on the hour; use minutes in every other scenario.

In external communications, be certain that ET is referenced.

Internal communication should not refer to the time zone unless it is different from Eastern Time.

Use lowercase letters with periods and no spaces when referring to a.m. and p.m.

- *9:15 a.m.*
- *10 p.m. (not 10:00 p.m. or 10:00 PM)*
- *Noon*
- *Midnight*
- *When giving a specific time followed by a.m. or p.m. it is not necessary to say “in the morning” or “in the evening”*

LOCATIONS

Spell out state names when listed with cities.

International cities need city and country.

- *The research team traveled to La Paz, Bolivia in 2019.*

CONTRACTIONS

Contracting two words together (isn't, aren't, can't) is a more informal style. **It is best to avoid excessive use of them**, though contractions listed in the dictionary are acceptable especially in informal context or in quotes.

- *Incorrect: Lee said the mRNA vaccines are very powerful and safe. He explains that they're based on a molecule called messenger RNA.*
- *Correct: "They're based on a molecule called messenger RNA," he said.*
- *Incorrect: Smith said women who are pregnant shouldn't hesitate to contact their provider's office.*
- *Correct: Smith said women should not hesitate to contact their provider's office.*

PUNCTUATION

There is no Oxford comma in AP style.

- *The is no comma between "and" and the final item in a list (i.e., Sally likes diversity, equity and inclusion...)*

If two words together are modifying a noun, they should be hyphenated. If those same two words do not directly modify a noun, they should not be hyphenated

- *"She plays a well-known character on The Good Place."*
- *"Her character on The Good Place is well known."*

NUMBERS

Spell out every number between one and nine (unless it is used as a percentage, i.e. -9%).

Numbers 10 and above should always be referred to with digits.

- *The ONLY exception is when you begin a sentence with a number. The number needs to be spelled out entirely in that scenario (i.e., "Thirty-seven people read the curriculum story last month.")*

Percentages are always given as a number and percent sign, except at the start of a sentence.

- *When a range of percentage is given use the percent sign or word after each percentage.*
- *In all, 10% of older adults said they do not watch television*
- *Forty-seven percent of young adults use Instagram*
- *Depending on how the question was asked, 17% to 21% of teens said they slept enough.*

Phone numbers should be listed with digits and hyphens, but no parentheses (i.e., "For more information, Jones can be reached at 734-555-1212.")

Round large numbers, and numbers ending in decimals, up to the nearest round number for general audiences.

The AP Style Guide has an extensive entry on numbers; email MichMedmedia@med.umich.edu for further guidance.

Words to Avoid ...and some Alternatives

Many terms in the global health sector have evolved over time, as they have been critiqued for perpetuating stereotypes, colonial attitudes, or misrepresentations. Here is a list of terms that have been identified as problematic and should be avoided, or carefully explained so as to avoid negative connotations, in Center communications.

WORD	LIMITATION	ALTERNATIVES
Africa	Treating Africa as a monolithic entity can perpetuate harmful stereotypes, overlook the complexities of individual nations, and fail to address the specific challenges and opportunities that exist within each country.	Addressing specific regions or countries within Africa allows for a more accurate and respectful understanding of the continent's complexities and the people who call it home.
Afflicted	Suggests a lack of agency or that the condition or situation is the only defining factor for that individual or community.	"Impacted by"
Battle, Fight, War (against a disease)	While these convey urgency, they can also imply that those who die or don't recover "lost" or didn't "fight" hard enough.	"Significant challenge" "Urgent challenge"
Beneficiaries	Implies passive receipt of aid rather than active participation.	"Partners" or "participants."
Developing Countries	This term has been critiqued for being overly broad and implying that countries labeled as such are inferior or backward.	"Low- and middle-income countries (LMICs)" or other specific descriptors
Disadvantaged or Underprivileged	While these terms attempt to describe social determinants of health, they can sometimes seem paternalistic.	"Low-income," "marginalized", or "persons facing economic challenges" might be more appropriate. Some argue it's better to describe the systemic issues causing inequality rather than labeling people or groups by their hardships.
Endemic Populations	While technically accurate in epidemiological terms, when used in public facing materials it can be interpreted as defining all people of the population with the disease or health challenge they face.	When possible, it is better to specify "regions where [disease] is endemic."

WORD	LIMITATION	ALTERNATIVES
Failed state	While it describes specific political conditions, it can be dismissive and doesn't recognize a state's potential for recovery or its people's resilience.	See Developing Countries.
Global North/South	This terminology has roots in Cold War-era distinctions between the "First World" and "Third World." Using it can inadvertently reinforce outdated and potentially problematic ways of thinking about global affairs.	Alternatives like high poverty contexts, low- or high-income countries, low-resourced, etc. are better (but not perfect) alternatives.
Handouts	Can trivialize the aid given and imply a lack of agency on the part of recipients.	Financial support or assistance are better alternatives.
High-Risk Groups	This term can inadvertently stigmatize certain populations, like those at higher risk for HIV.	More specific terms, such as "men who have sex with men" or "intravenous drug users," are preferred.
Infested	Often used with "disease-infested" or "crime-infested," it's a problematic way to label areas with challenges.	Communities experiencing high levels of [insert challenge here].
Lead/Leader/Leaders Leaders & Best	While leadership is not problematic in and of itself, the Center wants to ensure that it is not elevating its role above that of our collaborators and partners, particularly when those partners are coming from low- and middle-income countries.	Collaborate, co-lead, and other alternatives emphasizing partnership are preferred whenever possible.
Native	Can be misused to generalize diverse indigenous populations.	Indigenous, local communities. See Tribal.
Non-compliant	Describing a patient as non-compliant places blame on the patient for not adhering to medical recommendations. This term can stigmatize individuals and overlook the complex factors that may be contributing to their non-adherence.	Ensure your description emphasizes the specific barriers to treatment like transportation, poverty, community stigma, etc.

WORD	LIMITATION	ALTERNATIVES
Patient Zero	Refers to the first patient in an outbreak or epidemic. This term can inadvertently assign blame or stigma to an individual. Additionally, the term reflects a misinterpretation of a scientific study tracking patients suffering from what would come to be known as AIDS.	Technical terms such as index case, alongside a plain language definition, will suffice here.
Poverty-stricken	Portrays communities purely through the lens of what they lack.	“Low-income,” “high poverty contexts”, or “under-resourced” might be more neutral.
Research	Due to the negative connotations and historical abuses associated with the term “research” in colonial and post-colonial health initiatives, particularly where unethical practices were conducted, we advise exercising caution in the use of this term.	“Scholarship”
Rescue/Save	Phrases like “rescuing children from poverty” or “saving Africa” are problematic when used to describe the actions of well-resourced outsiders coming into challenged communities, as they reinforce the savior complex.	See Lead.
Slums	Considered derogatory and over-simplifying.	Alternatives include “informal settlements.”
Third World	Originally coined during the Cold War to refer to countries not aligned with NATO or the Communist Bloc, it’s now seen as pejorative and reductionist.	Low- and middle-income countries
Tribal	Often used to pejoratively or overly simplistically describe diverse indigenous populations.	See Native.
Underdeveloped Countries	See Third World.	See Third World.
Vulnerable Populations	While sometimes accurate, it’s better to define which groups meant.	“Children under five,” “People without access to health care” “People who use intravenous drugs”



U-M graduate students (L-R) David Grace, Allison Cheung, and Taila Bailes participated in a pre-departure training offered to the recipients of our student research development grants.

Boilerplate

Turnkey Text for your Content Needs

Boilerplate in a communications context refers to a standardized set of text that can be used across different materials, ensuring a uniform brand message and identity.

These bits of pre-approved text not only maintain consistency but also save time and resources. Instead of reinventing the wheel for every new press release, report, or company communication, the communications team has a set script to work from. It's like a trusty playbook, keeping messaging on-brand and accurate.



THE CENTER FOR GLOBAL HEALTH EQUITY

The Center for Global Health Equity at the University of Michigan champions collaborative efforts to address health disparities in low- and middle-income countries. Based at the University of Michigan, the center thrives on collaboration, embracing both interdisciplinary and co-design approaches. By uniting U-M faculty, staff, and students with external stakeholders, we amplify our impact on individuals and communities in need.

THE UNIVERSITY OF MICHIGAN

One of the nation's top public universities, the University of Michigan has been a leader in research, learning and teaching for more than 200 years. With one of the highest research volumes of any public university in the country, U-M is advancing new solutions and knowledge in areas ranging from the COVID-19 pandemic to driverless vehicle technology, social justice and carbon neutrality. Its main campus in Ann Arbor comprises 19 schools and colleges; there are also regional campuses in Dearborn and Flint, and a nationally ranked health system, Michigan Medicine. The university also boasts a world-renowned intercollegiate athletics program and has been the site of many important events in U.S. history, including JFK's announcement of the Peace Corps, LBJ's "Great Society" speech, and the clinical trials of the Salk polio vaccine. U-M's alumni body is one of the largest in the world and includes a U.S. president, scientists, actors, astronauts and inventors.



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All marketing materials should include the University of Michigan Regents and the Executive Officers of Michigan Medicine when possible; the names can be presented as a bulleted list or in paragraph form (depending upon space constraints).

As of January 2025:

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Dean, University of Michigan Medical School,
CEO, Michigan Medicine

David C. Miller, MD, MPH
President, University of Michigan Health System,
Executive Vice Dean for Clinical Affairs, Medical School

Debra F. Weinstein, MD
Executive Vice Dean for Academic Affairs, Medical School
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Steven L. Kunkel, PhD
Executive Vice Dean for Research, Medical School
Chief Scientific Officer, Michigan Medicine

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

Jordan B. Acker, Michael J. Behm, Mark J. Bernstein, Paul W. Brown, Sarah Hubbard, Denise Ilitch, Ron Weiser, Katherine E. White, Santa J. Ono (ex officio).

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In instances where space is limited, please use the following instead:

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