



CENTER FOR GLOBAL HEALTH EQUITY
UNIVERSITY OF MICHIGAN

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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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 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. ■

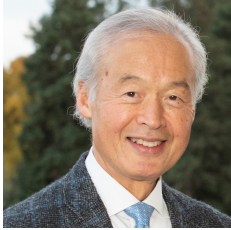
“

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, MD

About the Yamadas



**TADATAKA "TACHI"
YAMADA, MD**

Tadataka "Tachi" Yamada, MD (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. 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, 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.

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 at the University of Michigan is dedicated to interdisciplinary and collaborative efforts that tackle health disparities in low- and middle-income countries. By connecting U-M faculty, staff, and students with global partners, we strive to enhance our positive impact on individuals and communities worldwide.

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



AKBAR K. WALJEE, MD, MS

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

Akbar K. Waljee, MD, MS is the Leslie D. Yamada and Tachi Yamada M.D. Director, University of Michigan Center for Global Health Equity. Waljee is an assistant dean of Global Health Research and Lyle C. Roll Professor, departments of Learning Health Sciences and Internal Medicine. He is also a professor in the Department of Epidemiology at the University of Michigan.

Originally from Nairobi, Kenya, Waljee has dedicated his career to improving health and healthcare access, quality, and efficiency, particularly in resource-constrained settings. He is widely recognized for leveraging advanced methodological approaches, including artificial intelligence, to inform better decision-making and to deliver effective, equitable care both locally and globally.

His work has been supported by a range of grant funding, including the Veterans Affairs Health Systems Research, the National Institutes of Health, the State of Michigan, and the Department of Defense.

Waljee earned his undergraduate degree in biology and his medical degree from Emory University. He completed his internal medicine residency and gastroenterology/hepatology fellowship at the University of Michigan, joining the U-M Medical School faculty in 2009.



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).

About the directorship

ABOUT THE ENDOWED DIRECTORSHIP

The official title for the director of the center is Leslie D. Yamada and Tachi Yamada M.D. Director, University of Michigan Center for Global Health Equity. This designation was approved by the U-M Board of Regents on July 18, 2024, and is the title to be used in all official communications for the sitting director, ensuring consistent recognition of the Yamada family's legacy in advancing global health initiatives.

The directorship of the University of Michigan's Center for Global Health Equity was named for Tachi and Leslie Yamada in October 2024 to honor their pivotal contributions to the establishment and development of the interdisciplinary center, which focuses on scholarship, collaboration, and impactful work in global health equity. This endowed directorship marked a significant milestone for the center, launched in 2021 following a transformative gift from the Yamada family.

HOW TO USE THE TITLE

When referencing the Yamada directorship, please adhere to the following guidelines to remain consistent with the endowment agreement with the Yamada family and the Office of University Development.

- **Exclusion of “Executive”:** *Ensure that the word “executive” is not included in the title.*
- **Inclusion of “University of Michigan”:** *Always include “University of Michigan” in the title.*
- *Use a comma only when the title is presented in a single line.*

TWO LINE FORMAT

with or without degrees, as appropriate

*Akbar K. Waljee, MD, MS, AGAF
Leslie D. Yamada and Tachi Yamada M.D. Director
University of Michigan Center for Global Health Equity*

ONE-LINE FORMAT OR IN-TEXT

*Akbar K. Waljee, Leslie D. Yamada and Tachi Yamada M.D.
Director, University of Michigan Center for Global Health Equity*



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 Priscilla Busingye, MBChB (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.



Farhana Alarakhiya, 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

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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.



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