



BRAND BOOK

2022



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OUR BRAND

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GREETINGS!

Global Partners in Care is a non-profit organization that supports access to hospice and palliative care worldwide by establishing collaborative partnerships, supporting research and education, and raising awareness of the global need for access to essential hospice and palliative care services.

Our brand is one of the most important tools we have to promote our work. Consistency in wording and visuals amplifies our messages – it also builds trust and loyalty. This brand book is designed to enhance the creativity our stakeholders bring to our mutual work. If you have any questions about our branding, please contact info@globalpartnersincare.org.

OUR VISION

At Global Partners in Care, we envision a world where individuals and families facing serious illness, death, and grief have access to essential palliative care services that afford comfort and dignity – which are human rights.

OUR MISSION

Global Partners in Care supports compassionate care where the need is great and resources are few by enhancing access to hospice and palliative care worldwide.

OUR PASSION

An unswerving commitment to extending compassion and reducing suffering for those with life-limiting conditions and their loved ones.

OUR VALUES

Compassion, Dignity, Innovation,
Integrity, Quality, Service, Stewardship

OUR PERSONALITY

Compassionate, Collaborative, Resourceful, Appreciative,
Honest, Intellectually Curious, Welcoming, Creative

OUR BRAND TONE

Nowhere is clear, simple language more necessary than when communicating about difficult, complicated topics – like palliative care. The topic is serious; we balance this with wanting our brand to feel accessible and empathetic. We emphasize clarity in communication and transparency in all aspects of our work.

Additionally, many people don't understand what palliative care is and why it is crucial everywhere, especially in lower resource settings. Our goal is that everyone who encounters Global Partners in Care comes away with a fuller understanding of our work and its meaning to those with life-limiting conditions.



LOGO

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CIRCLING THE GLOBE

Our logo expresses our intention... that caring for those with life-limiting conditions, which is the heart of palliative care, is a global concern.

We are intentional in the placement of the globe in our logo. No single continent takes center stage. Every continent is the same color, representing our commitment to enhancing access to palliative care in every corner of the globe. The burst that introduces our name ties our identity to that of organizational umbrella entities, Center for Hospice Care (CHC) and the Hospice Foundation (HF). It incorporates CHC's color-bar asterisk which represents the interdisciplinary team that comes together to support patients and their families. The transparency of the colors in the asterisk communicates the relationship and integration of these services and the nature of our work. The quartered background represents HF's four mission pillars: fundraising, stewardship, education, and collaboration. Global Partners in Care integrates all aspects represented by the asterisk and quarters in its work.

The guidelines that follow provide direction on how to use our logo.

COMPONENTS

Our logo has two components – the encircled globe and our “Global Partners in Care” wordmark which is set in Avenir Heavy (Global + Partners) and Avenir Medium (In Care).

The globe and wordmark can be used vertically or horizontally. The wordmark can be used in black and blue type or in white type, whichever works best with your design. One-color versions of the logo are also available in both orientations. All versions are available for [download](#).



DETAILS MATTER

Do:

- Use our most current logo
- Use the logo that works best with your background

Don't:

- Squish or skew our logo
- Modify the type or colors



SIZE + SPACE

Although our logo isn't a diva and doesn't require top billing or center stage, it does need to be large enough to be legible and have room to breathe. That means the horizontal logo should be at least 1.5" wide and the vertical logo should be at least 0.5" wide. Either logo should have at least 0.125" of clear space.

Minimum
Logo Widths



Minimum
Clear Space



COLORS

15 Primary Colors

16 Secondary Colors

CMYK 100.73.0.2
RGB 0.85.164
HEX #0055a4
Pantone 7688 C

Our **Brand** Primary Colors

Our colors are clear and welcoming, conveying an upbeat, empathetic attitude (like us).

CMYK 86.11.100.4
RGB 0.154.72
HEX #009a48
Pantone 347 C

Our Brand

Secondary Colors

Secondary colors are those used in the quartered background and the asterisk. The quartered background colors are, from upper left and continuing clockwise, orange, light blue, light green, and dark blue (this is the blue from our primary colors). The asterisk bars appear, beginning with the darkest and continuing clockwise: medium blue, light blue, orange, yellow, light green. The quartered background and asterisk do not rotate from this position when used in the logo.

Medium Blue **CMYK** 60.21.0.12
RGB 85.151.197
HEX #5597c5

Light Blue **CMYK** 18.0.9.0
RGB 206.242.239
HEX #cfebe8

Light Green **CMYK** 24.0.28.0
RGB 195.227.196
HEX #c3e3c5

Orange **CMYK** 0.35.70.0
RGB 251.177.97
HEX #fbb161

Yellow **CMYK** 0.1.40.0
RGB 255.245.172
HEX #fff5ac

TYPOGRAPHY

18 Brand Fonts

Global Partners in Care

Officially Speaking

Using our official fonts helps communicate our brand effectively and efficiently. Our primary font is Avenir. We use Ronsard Crystal Medium for headlines and Bodoni Oldstyle for callouts.

RONSARD CRYSTAL

Ronsard Crystal Medium

Ronsard Crystal Bold

AVENIR

Avenir Light

Avenir Light Oblique

Avenir Book

Avenir Book Oblique

Avenir Roman

Avenir Oblique

Avenir Medium

Avenir Medium Oblique

Avenir Heavy

Avenir Heavy Oblique

Avenir Black

Avenir Black Oblique

BODONI 72 OLDSTYLE

Bodoni 72 Oldstyle Book

Bodoni 72 Oldstyle Book Italic

Bodoni 72 Oldstyle Bold

PHOTOGRAPHY

20 Picture This



Dignity and Compassion Are Our Focus

Photographs of our partners/collaborators and the important work they do helps us advocate for access to palliative care. Palliative care is a serious subject, but at its heart are hope and dignity. Palliative care alleviates pain and suffering for millions around the globe. Our photographs should accurately reflect the realities of those with life-limiting conditions in a humane manner. They should motivate those who view them to feel inspired by our partners' and collaborators' work.

Our photos should reflect an ethical approach to advocacy. They should accurately represent the experiences of our partners, their patients, and the patients' loved ones. They should encourage viewers to see the whole patient, not just their disease and symptoms.





ILLUSTRATION

23 Illustrating Care



Illustrating Care

Our illustrations are simple. They aid with navigating our materials and building an understanding of our work. They should always be easy to understand.





LANGUAGE + COPY

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Tone Matters

We know that organizations don't work with organizations, that people work with people. So we write in a way that helps our audiences feel comfortable with what we do and how we do it.

We know a lot about palliative care provision – but we're not know it all. Our tone is professional, factual, and friendly. We aren't medical experts – but we rely on them to make sure we're providing accurate information that is crucial to our audiences. We provide a lot of information – but never with the intent to overwhelm our audiences.

Writing Guidelines

Whether you're creating a 280-character tweet or a writing a white paper that provides technical information about a palliative care topic:

1. Be Accurate.

The facts and figures we use matter. So do the words we choose. Assure that they're all accurate. Remember, too, that figures change frequently, so check that you have the most current numbers and please reference or cite the source.

2. Be Clear.

Being transparent in all aspects of our work is an important part of our brand. Use simple, straight-forward language to communicate about palliative care, partnerships, collaborations and education.

3. Be Compassionate.

Palliative care is compassionate care. Everything we say and do should be through a lens of compassion.

4. Be Concise.

Our messages are more likely to be received when they are concise. Get rid of "fluff" words like "in order to," "very," etc.

5. Be Friendly.

Being friendly is how we find common ground with others. Remember, too, that palliative care is holistic care. It respects the person and meets them on their terms.

6. Be Positive.

Life-limiting conditions are inherently difficult to live with, to treat, to talk about. Focus on the positive aspects that palliative care provides to manage these. We can be honest about the burden without being burdensome.

7. Emphasize Dignity.

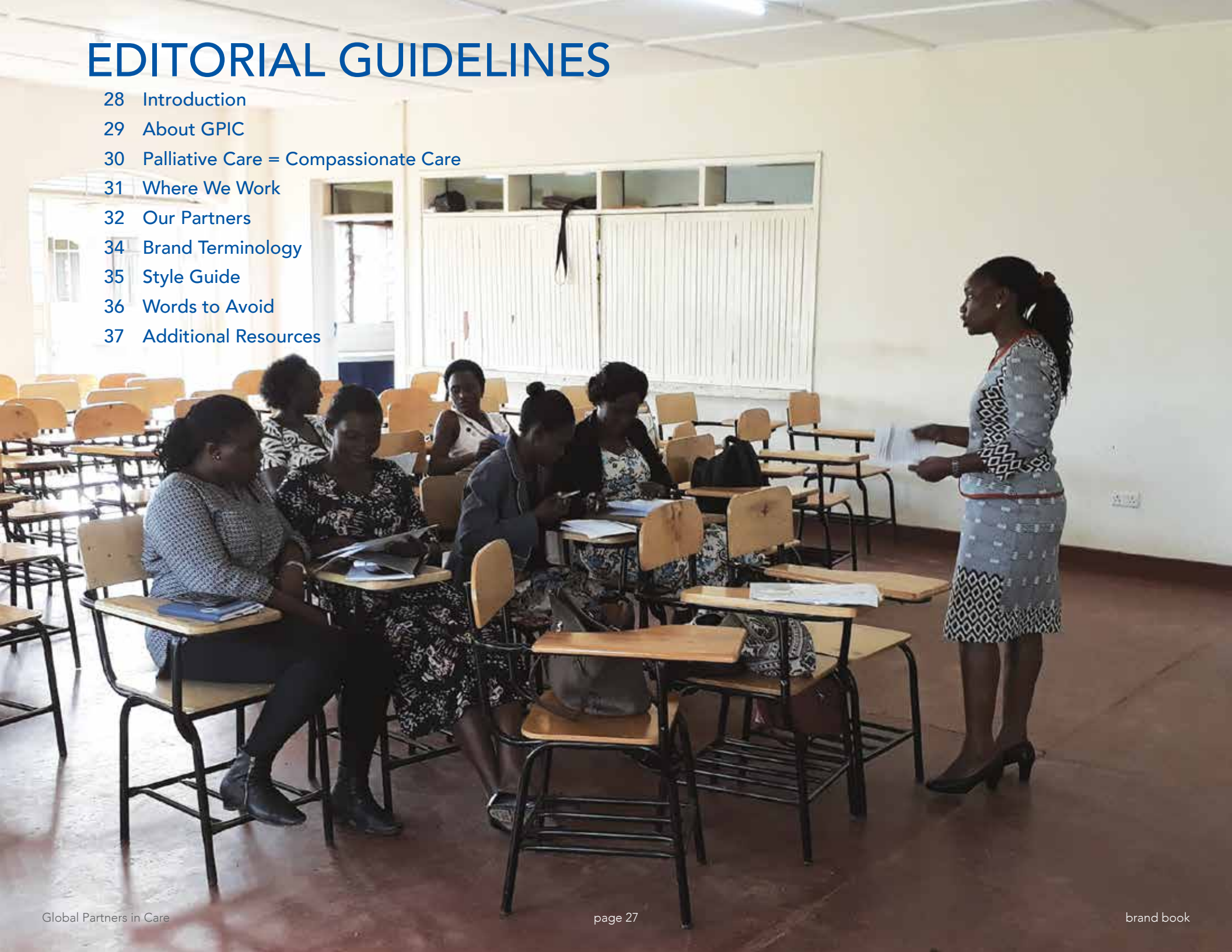
Palliative care supports the right of every person to live – and die – with dignity. The words we use to describe the patient, their condition and their treatment should be used to enhance this principle.

8. You are a Who.

One way to enhance the dignity of every person in need of palliative care is to remember that they are always a "who" rather than a "that." For example, "only 10% of those *who* need palliative care have access to those services."

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A Primer for Writing about Palliative Care and Global Partners in Care

These guidelines will help you write about palliative care and Global Partners in Care. We have included information about palliative care in low-resource settings and the language and tone we use to talk about what we do. It also includes some boilerplate language you can use when talking about palliative care.

Please note: *Accuracy matters and figures about the accessibility of palliative care change frequently. Please check our website www.globalpartnersincare.org or with our team before publishing figures.*

About Palliative Care and Global Partners in Care

Palliative care (PC) relieves pain and symptoms associated with progressive, life-limiting conditions from non-communicable diseases – like cancer – as well as other diseases – like COVID-19. In low-resource settings, such as much of Sub-Saharan Africa, access to palliative care is frequently limited by lack of trained providers (doctors, nurses, clinical officers), lack of transportation to clinics or hospitals, finances and awareness of the benefits of palliative care. This is often complicated by legislation that limits the ability to prescribe pain medications to physicians.

Our role isn't to provide clinical care but to support partners, collaborations and education that increases access to this service. We were founded in 1999 as the Foundation for Hospices in Sub-Saharan Africa following a professional seminar tour of hospices in Zimbabwe and South Africa by US hospice leaders. These leaders witnessed the impact the HIV/AIDS pandemic had on hospice leaders and their programs.

Palliative Care = Compassionate Care

Most people struggle to define what “palliative care” means. In practical terms it means the type of care we would want for ourselves or our loved ones if we were to have a progressive, life-limiting condition. The Oxford English dictionary defines “palliate” as “to alleviate (disease) without curing it.” We think of it as improving the quality of living for patients and their loved ones. It’s a holistic approach that not only manages physical pain and symptoms but also provides support for emotional/mental health and social/practical issues as well as spiritual care.

Where We Work

Our 38 partners* are located throughout Sub-Saharan Africa.

- | | |
|----------|----------------------|
| Ethiopia | South Africa |
| Ghana | Eswatini (Swaziland) |
| Kenya | Tanzania |
| Malawi | Uganda |
| Nigeria | Zimbabwe |



** as of March 1, 2022*

Our Partners

Our focus is enhancing access to palliative care. Our partners throughout Sub-Saharan Africa provide the grassroots clinical services and advocacy needed to make palliative care available to those in need. They are supported by their US partners who provide funding and other resources.

US Partner	International Partner	Country
VITAS Healthcare of the Inland Empire	The Rocking Horse Project	Eswatini
Snowline Hospice	Hospice Ethiopia	Ethiopia
VITAS Healthcare of the Chicago Region	Matthew 25 House	Ghana
Caring Circle	Our Lady's Hospice	Kenya
Missouri Hospice and Palliative Care Association	Kenya Hospices and Palliative Care Association	Kenya
VITAS Healthcare of San Antonio	Nairobi Hospice	Kenya
Hospice of Michigan	Palliative Care Association of Malawi	Malawi
Hospice of Northwest Ohio	St. Luke's Hospital Palliative Care	Malawi
Hospice of the North Coast	Nkhoma Mission Hospital	Malawi
UpliftedCare	Umodzi Children's Palliative Care Unit/PCST	Malawi
VITAS Healthcare of Central Florida	Centre for Palliative Care	Nigeria
Empath Health	HospiceWits	South Africa
Haven Hospice	Grahamstown Hospice	South Africa
Hospice of the Calumet Area, Inc.	Hospice East Rand	South Africa
Hospice of The Western Reserve, Inc.	Helderberg Hospice	South Africa
Pathways Home Health and Hospice	Sungardens Hospice	South Africa

Our Partners

Sangre De Cristo Hospice & Palliative Care	Arebaokeng Multipurpose and Palliative Care Centre	South Africa
The Community Hospice	South Coast Hospice	South Africa
The Community Hospice	Tapologo HIV/AIDS Programme	South Africa
VITAS Healthcare Corporation	Sunflower Children's Hospice	South Africa
VITAS Healthcare of Miami-Dade	Bethesda Medical and Relief Services	South Africa
VITAS Healthcare of Philadelphia	Khanya Hospice Association	South Africa
VITAS Healthcare of San Diego	Msunduzi Hospice Association	South Africa
Chautauqua Hospice and Palliative Care	ELCT Karatu Designated District Hospital	Tanzania
Gilchrist Hospice Care	ELCT Nkoaranga Lutheran Hospital	Tanzania
HopeWest	ELCT Ilembula Lutheran Hospital	Tanzania
NWKareS	ELCT Marangu Lutheran Hospital	Tanzania
Kilimanjaro Hospice Initiative	ELCT Machame Lutheran Hospital	Tanzania
Family Hospice	Shirati Hospital Palliative Care	Tanzania
TRU Community Care	ELCT Bumbuli Lutheran Hospital	Tanzania
VITAS Healthcare of Connecticut	ELCT Gonja Lutheran Hospital	Tanzania
Center for Hospice Care	Palliative Care Association of Uganda	Uganda
Hinds Hospice	Hospice Africa Uganda	Uganda
Samaritan	Kawempe Home Care	Uganda
VITAS Healthcare of Houston	Rays of Hope Hospice Jinja	Uganda
Arkansas Hospice	Seke Rural Home Based Care	Zimbabwe
The Community Hospice	Island Hospice and Healthcare	Zimbabwe

Brand Terminology

Understanding what we say and how we say it helps our partners and collaborators talk about our work more effectively. Here are some terms we use regularly.

501 (c)(3)

This indicates our tax-exempt status. All donations made to Global Partners in Care are tax deductible to the extent allowed by law.

Center for Hospice Care/Hospice Foundation

These are our umbrella organizations. The Hospice Foundation is a Type II supporting foundation for Center for Hospice Care and the oversight organization for Global Partners in Care. After first reference these can be abbreviated as CHC/HF, either individually or collectively.

GPIC

Pronounced “G-Pick” this abbreviation can be used after our name is spelled out in the first reference.

globalpartnersincare.org

Our URL is our name spelled out.

Global Partnership Award

Given each year to the partnership that has demonstrated the core values of a true partnership: commitment to building a strong relationship, partner collaboration, staff

contribution and commitment, and community outreach and involvement. The award comes with a \$500 donation to the international hospice partner.

holistic care

Palliative care provides support for all aspects of the patient and their loved ones. It is focused on relieving physical, spiritual and psychosocial pain for those with life-limiting conditions. It provides relief from suffering.

partner

A US or international organization twinned with another organization under the Global Partners in Care umbrella. These mutually beneficial relationships enhance access to palliative care in low-resource settings.

supporter

We use this term to refer to an individual or organization who financially supports an overseas palliative care organization but isn’t officially partnered with them.

Style Guide

Grammar, punctuation and spelling matter! To err is human, but close proofreading will greatly reduce the number of errors in your copy. There are a number of great online guides, like this one to help.

amounts

Use “more than” rather than “over” when referring to amounts. Also, use “fewer” to refer to things that you can count and “less” to things that can’t be numbered

apostrophe

Used in contractions (it is = it’s) and to show possession (Amy’s bed)

For plural nouns ending in “s” only use the apostrophe

Don’t use an apostrophe for plurals of numbers –1990s

colons

Use these between an independent phrase and a list or explanation. These are outside quotation marks unless they’re part of the quote.

commas

Use to separate a list of items, among other uses. We don’t use the Oxford comma (aka “serial comma”). These go inside quotation marks.

dollar amounts

Use the \$ and numbers rather than spelling them out.

names

Refer to people by their full name on the first reference. Then, unless the person’s culture prefers another type of reference, using their first name in later references is appropriate.

numbers

Spell out one through nine. Use numerals for 10 and above unless it’s at the beginning of a sentence – then it should be spelled out.

When writing full dates (January 23, 2022), don’t use ordinal numbers (23rd).

semicolons

Use these to connect closely related but independent thoughts. These are outside quotation marks unless they’re part of the quote.

titles

Use Mr./Mrs./Ms. in formal writing. Use Dr. if the person is a clinician or Ph.D. OR use their credentials after their name in academic writing.

Words to Avoid

The words we use to discuss palliative care provision are important. They should be respectful of the people in need of this care. Using appropriate terms to refer to them reflects the compassionate, respectful approach of palliative care. Here are some words/terms to avoid and those that can be used in their place.

Developing country/countries

Use “low- and middle-income countries” instead (abbreviated LMICs).*

Life-threatening disease or condition

Use the broader term “life-limiting condition” instead. Only use “life-threatening condition” when talking about specific end-of-life situations.

Suffering

Focus on the benefits provided by hospice and palliative care by talking about how this care manages the pain and symptoms experienced by those with life-limiting conditions.

Third world, third-world countries

Use “low-resource settings” instead.

Villagers

Use “people,” “locals” or “community.”

*The World Bank classifies country economies based on income level into low income, lower-middle income, upper-middle income and high income. This is calculated according to the gross national income (GNI) per capita (i.e., low income = \$1,045 GNI or less, high income = \$12,695 or more). While GNI per capita does not completely tell us the level of development or wellbeing in a country, it is a useful and easily available indicator that does closely correlate with other measures of quality of life such as healthcare and education.
<https://datahelpdesk.worldbank.org/knowledgebase/articles/378834-how-does-the-world-bank-classify-countries>

Additional Resources

Writing about healthcare – especially palliative care – in low-resource settings can be tricky. It requires a certain level of expertise in medical topics and sensitivity to what is culturally appropriate for a wide variety of audiences. You may find these resources helpful:

[“How to Write About Africa in 8 Steps: An Ethical Storytelling Handbook”](#) Africa No Filter

[African Palliative Care Association \(APCA\)](#)

[Ethical Use of Photography](#)

If you ever have questions, just ask:
WISKOTONIJ@GLOBALPARTNERSINCARE.ORG

