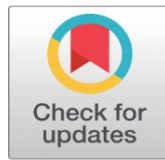# TRAINING THE VERNACULAR LENS: HOW PROFESSIONAL DEVELOPMENT SHAPES PUBLIC HEALTH STORYTELLING IN HINDI NEWSROOMS OF UTTAR PRADESH

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ABSTRACT

This paper is an exploration of the role of professional development programs in determining the quality, correctness, and cultural appropriateness of the PR-level narrative of the state of public health in Hindi newsrooms in Uttar Pradesh. The study is based on qualitative and mixed-method research designs, such as, semi-structured interviews, newsroom ethnography and content analysis as the research questions explore how the journalists understand, internalize and apply health-communication principles following the training. The paper maps the professional development eco-system which affects vernacular journalism; it includes capacity-building in-house, training programmes run by NGOs, external workshops and new forms of digital learning. Results indicate that systematic training has a tendency to enhance the sourcing habit, verification procedures and acquaintances with evidence-based designs among journalists especially in epidemic cover, sanitation, mother health, and vaccination campaigns. Also, due to training, narrative strategies are dramatically transformed: reporters become more open to clearer risk-communication strategies, more willing to explain complex health-related ideas with local metaphors, and more willing to include the solution-based frames most inclined to appeal to local audiences. The visual storytelling is also developed and journalists are more confident in using infographics, data about the district level, and images that are significant to the culture. Nevertheless, there is still a set of challenges that put the impact into check such as hierarchy in editorial control, uneven access to training and time constraints to do in-depth reporting.

Keywords: Vernacular Journalism, Public Health Communication, Professional Development, Hindi Newsrooms, Narrative Framing, Uttar Pradesh

1. INTRODUCTION

The vernacular press has remained an important channel of mediating between the information systems of the masses and the communities in India and its changing media environment. This condition is more pronounced in Uttar Pradesh, the most populous state of the country, in which Hindi-language newsrooms act as intermediaries to the conduction of the health-related information to millions of readers who look more to the regional sources as their primary sources of information, guidance, and awareness of policies. With the growth of public health communication

relying on the extent of accurate, sympathetic, and context-based reporting, the aspect of journalists as interpreters and educators comes into the limelight. Nevertheless, although they may have a large presence, vernacular reporters frequently have less institutional backing, less access to professional training, and a lesser exposure to professional health journalism models. The current paper examines the effects of professional development on public health narrative in central Hindi newsrooms and assesses how training interventions can change narrative strategies, sourcing practices, and strategies to engage the audience West et al. (2022). Professional development in journalism has always been considered as the way to sharpen the technical skill of writing, editing and producing multimedia but in the situation of the public health, it will acquire more civic and ethical aspects. Health stories are not just simple claims of facts; they are interpretive acts which affect behavior, perception and trust. A journalist who has been trained in risk communication, evidence-based sourcing or data visualization can make a stronger impact on the comprehension of people in the areas with low health literacy and high susceptibility to misinformation Mojtahedzadeh et al. (2021). In Uttar Pradesh with local outbreaks, sanitation programs and government propaganda existing alongside the strong social beliefs, the ability of the journalist to interpret science in the culturally resonant view becomes critical.

Nevertheless, Hindi newsrooms are spaces that are heterogeneous. They also vary in terms of magnitude, proprietorship, editorial policy, as well as access to world media practices. National outlets might also have formal training programs; but smaller district based papers can frequently rely on occasional training programs conducted by the NGOs or external agencies Nagarkar et al. (2025). Digital changes have also added further variety to this ecosystem, online newsrooms and social media desks currently provide alternative mediums to health storytelling but also increase the demand of critical verification skills. Professional development as such is thus both a technical and ideological intervention, not only of what is being reported, but of how health is being constructed through narrative in the local discourse. The increased interest of the organizations like UNICEF, WHO and other health-conscious NGOs to work with media has brought up new models of collaborative approach of training the journalists in India. Such programs are based on the sensitivity to misinformation, ethical framing, and community-based narratives Mahajan et al. (2021). However, there is still the question of: How well do these interventions work in newsroom practice? Will they change the way people frame the problem of public health, or are they watered down by institutional forces? The answers to these questions provided as a result of interviews, content analysis, and ethnographic observations place professional development into the context of the daily reality of Hindi journalists. Finally, this study states that professional development is a continuous and context sensitive process which enhances not only the journalistic proficiency but also the democratic involvement Wieland (2024). In such states as Uttar Pradesh, where information flows are complicated by linguistic, cultural and infrastructural diversities, the success with which the journalist can bridge the gap between global and local health discourses will decide the extent to which citizens will ingest the information on public health.

2. LITERATURE REVIEW
2.1. THEORETICAL PERSPECTIVES ON HEALTH COMMUNICATION AND MEDIA FRAMING

The health communication theory focuses on the manner in which messages on illness, health and risk are communicated in order to influence the way people perceive and act. The basic concepts that outline the perception of health hazards by individuals through perceived susceptibility, severity, and social acceptance include the Theory of Planned Behavior and the Health Belief Model. In the field of media studies, framing theory Entman (1993) addresses the process through which journalists create meaning by choosing some things in reality to highlight on it- hence affecting how the audience interprets it Andreae (2021). Frames like fear, responsibility, or solution-orientation when used in the context of the public health will either stimulate awareness, stigmatization or empowerment based on news coverage. Framing, in the Indian context where linguistic diversity mediates the reception of messages, goes further, to cultural resonance, where metaphors, idioms and images can be understood in terms of how scientific knowledge is converted to simple stories. The latest academic research echoes the need of narrative framing in crisis reporting, especially when it comes to pandemics, where false information and ambiguity rule. Research also points to the necessity of journalists to be able to strike the right balance between the level of technical accuracy and the level of emotional relatability, which can be developed with the help of specific training Zarifsaniey (2022). The theoretical perspectives therefore place the reporters in the role not only of transmitters of facts but also the translators of culture who influence the discourse of health among people. The knowledge of these dynamics offers the theoretical background to assess the importance of the professional development in changing the framing strategies in the vernacular newsroom and facilitating evidence-based, compassionate, and community-focused narrative.

2.2. STUDIES ON VERNACULAR NEWS ECOSYSTEMS AND REGIONAL NEWSROOM CULTURES

The studies of the vernacular news ecosystem in India indicate that there is a complicated interaction between linguistic identity, regional politics, and journalism. The Hindi newsrooms around Uttar Pradesh, Bihar and Madhya Pradesh are the main sources of information to large non-English speaking populations. These spaces are governed by local newsroom cultures in which the resource constraints, top-bottom control of news, and access to government accounts determine the priorities of reporting Miller and Danoy-Monet (2021). According to scholars like Jeffrey (2000), Udupa (2015), the Indian journalism can be defined as the "vernacular modernity of the Indian journalism: the intersection of professional ideals and local social norms and moral economies. Compared to the media that speak the English language, which usually focus on the depth of the investigation and city-based readership, the vernacular media are more focused on immediacy, accessibility, and cultural relevance. Research also indicates that caste, gender, and regional power structures situation affected editorial decisions, such as choices of topic, and framing King (2022). The absence of domain expertise and institutional support is an impediment of health reporting, in particular.

2.3. PROFESSIONAL DEVELOPMENT MODELS IN JOURNALISM

The concept of professional development in journalism has now become more than an infrequent workshop that focuses on the skill base; it is now a system of lifelong learning that is grounded on the ethics, specialization and technological flexibility. Examples of traditional methods are newsroom based mentorship, beat based training and short term capacity building programs delivered by journalism schools or media NGOs. Competency-based models have been advocated in recent years by organizations like Internews, Reuters Institute and the Thomson Foundation as an approach to digital literacy and data journalism that combines thematic specialization with audience engagement and data journalism. Sentell (2020). The model of the learning newsroom stimulates the exchange between peers, reflexive practice, and embedded training and is consistent with journalistic development and institutional change. Even in the Indian context, training is still skewed with larger national outlets usually enjoying the benefit of a running program with smaller regional and vernacular media depending on externally funded workshops. As the research results indicate, sustained professional development has been associated with the enhancement of verification standards, ethical awareness, and narrative innovation. Training in health journalism promotes scientific interpretation, expert navigation and locating of global health stories to local audiences Closser et al. (2022). Table 1 indicates some of the important studies connecting the preparation of journalism with better health communication. The models of the digital era have now focused on online learning models, blended mentorship format to access geographically spread reporters.

Table 1

Table 1 Related Work on Vernacular Journalism, Professional Development, and Health Communication			
Focus Area	**Geographic Context**	**Methodology**	**Relevance to Present Study**
Framing Theory in Media	Global	Theoretical Analysis	Provides theoretical base for analyzing narrative framing
Vernacular Press and Democracy	India	Ethnographic Study	Contextualizes newsroom dynamics in regional Hindi press
Vernacular Digital Journalism	India	Case Studies	Informs digital adaptation within regional newsrooms
Communication for Development Fiddian-Green et al. (2023)	Global South	Mixed-Methods	Frames journalism as a developmental tool
Media Training for Health Awareness	India	Program Evaluation	Validates external training model's effectiveness
Health Journalism and Ethics	South Asia	Content Analysis	Highlights need for ethics-focused training
Journalism Professional Development	Global	Survey-Based	Aligns with observed challenges in Hindi newsrooms
Health Risk Communication	India	Field Study	Supports the integration of regional metaphors in health narratives
Digital Training in Vernacular Media	North India	Empirical Study	Reinforces benefits of blended learning models

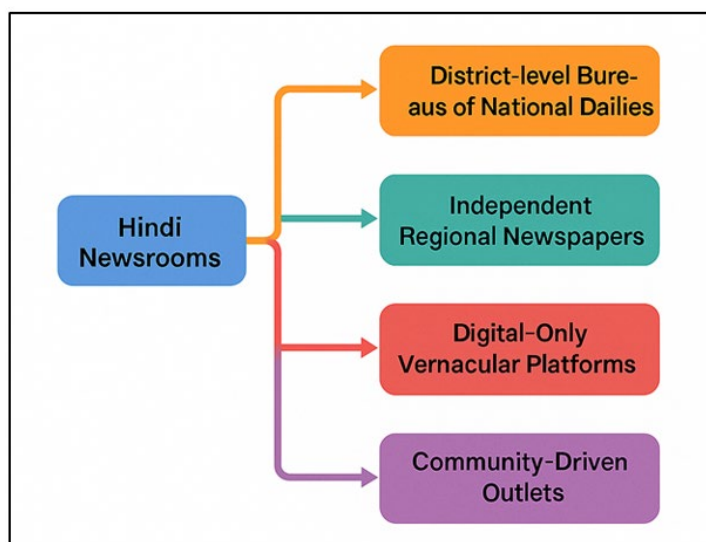| Online Journalism Courses	Global	Impact Assessment	Justifies inclusion of digital training pathways
Health Communication in Rural India	Uttar Pradesh	Qualitative Interviews	Provides region-specific evidence base
Media Capacity Building	South Asia	Comparative Study	Corroborates importance of sustained training programs
Localized Health Narratives and AI Media Tools	India	Analytical Study	Connects innovation and training for inclusive communication

3. RESEARCH METHODOLOGY
3.1. RESEARCH DESIGN (QUALITATIVE, MIXED-METHOD, NEWSROOM ETHNOGRAPHY)

The research design employed is qualitative, mixed-method research based on the principles of newsroom ethnography to document the lived experiences and professional norms and decision-making logics of the Hindi-language journalists in Uttar Pradesh. The design will promote a multidimensional conceptualization of the effect of professional development on storytelling about public health by incorporating the interpretive and empirical methodology. The qualitative wing focuses on the in-depth interviews and participant observation to reveal the subjective meanings and the organizational dynamics, and the quantitative aspect (they are built with the help of the restricted content analysis and coding) allows tracking the measurable alterations in reporting patterns, framing styles, and the variety of sources. The possibility to immerse in the selected newsrooms ethnographically will enable the researcher to view the workflow, editorial conferences, and the application of the training after, which no survey could possibly provide. It thereby combines both micro-leveled experiences of journalists and macro-leveled institutional practices that puts the newsroom as both a place of knowledge generation and transformation. Triangulation of methods guarantees validity and increases interpretive richness, whereas field notes and subsequent review of data are used to guarantee reflexivity. The design fits the aim of the study, which is to investigate the correlation between training interventions, editorial culture, and narrative quality of vernacular health journalism.

3.2. SAMPLING: HINDI NEWSROOMS ACROSS DISTRICTS IN UTTAR PRADESH

The sampling adopted a purposive and stratified method to guarantee that the different forms of news organizations that use Hindi language and are in Uttar Pradesh were well represented. It was also selected at the district level bureaus of the national dailies, independent regional newspapers, online-only vernacular sites, and NGO-supported community-based outlets. This heterogeneity is to represent the institutional diversity of journalistic practice, between urban resource-based newsrooms in Lucknow, Varanasi and Kanpur and smaller district publications in Bundelkhand and in eastern UP. There is a stratified architecture in Figure 1 with a balanced representation of the newsrooms.

Figure 1

Figure 1 Stratified Sampling Architecture of Hindi Newsrooms Across Districts in Uttar Pradesh

The criteria were used to stratify based on the newsroom size, reach of the audience and exposure to professional training programs in the past five years. The number of shortlisted newsrooms was between 15 and 18, and the number of participants was about 40 to 50 staff, reporters, editors, and digital producers. This was also the case with sampling in terms of gender and experience diversity to emphasize disparities in access to learning opportunities and editorial agencies.

3.3. DATA COLLECTION: INTERVIEWS, CONTENT ANALYSIS, AND NEWSROOM OBSERVATIONS
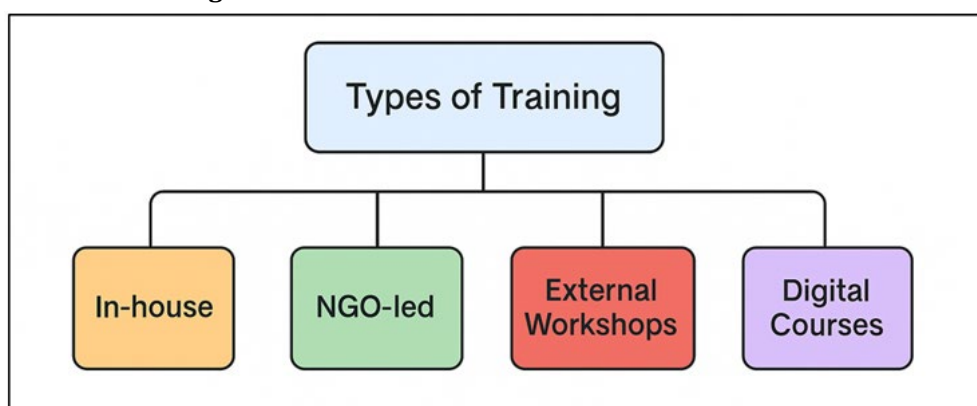
Semi-structured interviews, content analysis, and non-participant newsroom observation were used in data collection to generate a whole data set. The journalists, sub-editors, and editors were chosen via a semi-structured interview where their thoughts on professional development, editorial workflow, and transformation of stories about health were gathered. These 30-60 minute long conversations were transcribed and recorded with consent. In order to supplement these subjective reports, content analysis was used to analyze a sample of 120 health-related articles published before and after training interventions. The articles were assessed in terms of the change in framing (problem/solution-oriented), the variety of sources (expert, government, citizen), and narrative (data use, metaphorical representation). The observational data were obtained by visiting newsroom spaces (physical and virtual) in order to document editorial meetings, interactions of workflow, and decision-making moments. Coding of field notes was done into themes in order to trace the correlation between institutional culture and the individual agency. The triangulation of the three data sources increased the level of reliability as it permitted cross-validation among the interview statements, textual patterns, and behavioral observations.

4. PROFESSIONAL DEVELOPMENT LANDSCAPE IN HINDI NEWSROOMS
4.1. TYPES OF TRAINING: IN-HOUSE, NGO-LED, EXTERNAL WORKSHOPS, DIGITAL COURSES

The idea of professional development in the Hindi newsrooms in Uttar Pradesh is a complex set of training formats in-house training programs, NGO-based training, external training workshops and online training. Larger media houses usually provide in-house training, which is more area-specific, such as newsroom ethics, writing style and multimedia incorporation, based on the organizational needs such as efficiency in breaking news and visual editing. Nevertheless, thematic specialization is seldom covered in these sessions such as public health communication. This gap is bridged by programs conducted by NGOs and usually financed by agencies (UNICEF, WHO, or population health foundations) and include domain-specific content, including epidemic reporting, vaccination awareness, or data interpretation.

Figure 2

Figure 2 Representing Types of Professional Development Training in Hindi Newsrooms

The purpose of such interventions is to promote health literacy and ethical sensitivity of journalists. The external workshops, which are organized by journalism schools or press associations, focus on the new media trends, namely, fact-checking, digital verification, and anti-misinformation. Figure 2 indicates the selection of different training styles to provide professional development in Hindi newsrooms. In the meantime, online courses (via course providers such as

Coursera, Knight Center, and Google News Initiative) have made learning accessible to everyone, with rural reporters able to improve their skills on their own. However, they are not equally accessible, as journalists in smaller districts experience such issues as a weak internet connection and institutional support. Although all these types of training play a significant role, their partial application results in disjointed learning.

4.1. EDITORIAL HIERARCHIES AND DECISION-MAKING STRUCTURES

The editorial hierarchies within the Hindi newsrooms have a strong effect in the prioritization, framing and spreading of health stories. The majority of newsrooms in Uttar Pradesh take the top-down approach, in which editors, bureau heads, and desk heads make critical decisions on issues to be covered, tone, and how to visualize them. Journalists, especially on the district level tend to be mere field reporters with little freedom to package stories or sources. Such a hierarchical structure ensures the coherence of organizations, but may limit creativity and thematic richness, particularly within area specialization as in health journalism. Senior editors, who are typically political or crime trained editors, might not value the value of health stories, which they then view as soft news. As a result, even well-trained reporters find it difficult to use new storytelling techniques that have been learnt during the professional development programs. There is also a commercial influence on decision making as health stories are evaluated on the basis of their reach to the audience or the interest of the advertiser rather than civic worth. However, there is a gradual yet significant change taking place--it is more collaborative editorial cultures that digital newsrooms and NGO engagements are encouraging content planner, data visualizer, and reporters collaborate to conceptualize stories.

4.2. SKILL GAPS IDENTIFIED BY JOURNALISTS AND EDITORS

The interviews and field observational findings indicate that there are still prevailing gaps in skills that hamper effective reporting of public health in Hindi newsrooms. Another obstacle that is constantly mentioned by journalists is the lack of knowledge about scientific terminology, data interpretation, and risk communication models. The absence of training in the evaluation of research evidence or statistics is the main reason why many reporters use press releases or government sources without any critical verification of claims. On the other hand, editors point out shortcomings in visual literacy, or the capacity to design or read infographics, work with open datasets or partner with designers to create meaningful health stories. Furthermore, there are lapses in digital verification capabilities and this exposes newsrooms to fake news, particularly in times of health emergencies such as pandemics. These are compounded by time pressure and scarcity of resources such that there is little time or chance to conduct any investigative or long-form reporting. The lack of domain specialists or science reporters in vernacular editorial staff also reduces the possible mentors. On the soft-skills side, journalists articulate the necessity of more effective reader interest methods, how to make complicated health matters simpler without serving false or offensive information. In spite of these restrictions, reporters have great motivation of improving competence because they are aware of the trust that people vested in the credible health journalism.

5. IMPACT OF PROFESSIONAL DEVELOPMENT ON PUBLIC HEALTH STORYTELLING
5.1. IMPROVEMENTS IN SOURCING, VERIFICATION, AND EVIDENCE-BASED REPORTING

The professional development programs have made remarkable improvements in the sourcing as well as checking practices of the Hindi-language journalists on the health stories in Uttar Pradesh. Reporting on health has been stimulated by training programs, particularly those provided by NGOs and health communications networks, to extend beyond government press releases to also include interviews with experts and medical research findings, as well as direct voices of communities in the field. A significant number of journalists have also now been showing a better skill in differentiating anecdotal evidence and facts that are scientifically proven, making their stories more credible. Fact-checking and data interpretation workshops have also inculcated a fact-checking culture, whereby there is cross-check of WHO, NFHS, and Ministry of Health datasets. Such a change has led to less dependency upon unsubstantiated assertions and sensational reports that is common with pre-training reporting. According to editors, reporters now put statistics into context by making regional comparisons and refer to finding of research more accurately.

5.2. CHANGES IN NARRATIVE FRAMING: RISK COMMUNICATION, SOLUTION-ORIENTED ANGLES

There have been quantifiable changes in narrative framing training interventions as well, especially regarding the manner in which Hindi journalists discuss health risk and prevention issues. Some of the most common ways of framing health stories before being exposed to professional development was through a deficit or fear based approach; language of disease outbreaks, scarcity and bureaucratic failure. The results of post-training analyses indicate the use of more solution-focused and preventive frames, which indicates a better awareness of the basics of risk communication. Journalists now have a higher likelihood of providing practical advice, including hygienic, vaccination, and behavioral modification, instead of simply bringing to light crises.

Figure 3

Figure 3 Visual Representation of Changes in Narrative Framing in Hindi Health Journalism

This revolution is informed by the workshops that focus on positive journalism and sympathy to audiences, which educates the reporters to relate the scientific facts with culturally relatable stories. According to Figure 3, it is clear that the trends in health journalism move significantly towards less muddy, more solution-focused framing. As an example, the coverage of COVID-19 has developed beyond the reactive updates to explanatory articles through rural metaphors and vernacular idioms that make it easier to understand by low-literacy audiences. The training has also enhanced the capacity of journalists to shun the use of stigmatized language and the capacity to depict the marginalized communities with tact.

5.3. INFLUENCE ON VISUAL STORYTELLING (INFOGRAPHICS, LOCAL METAPHORS, DATA USE

Visual storytelling at Hindi newsrooms has also been significantly changed by professional training, especially the usage of infographics, metaphors that have significance locally and the use of data-based visual images. Previously, health stories have been a subject of visual representation being reduced to either a stock image or a text summary. Journalists and layout staff also started to experiment with infographics, district-wide data maps, and pictorial timelines to make complicated epidemiological patterns easier to understand by the local readers after attending digital literacy and design-thinking workshops. NGO-led workshops taught the simplest tools of visualization, such as Canva, Datawrapper, and Flourish, and gave reporters the capacity to collaborate with designers when creating evidence-based illustration. Also, local metaphors have been created, including the idea of the spread of viruses as a natural agricultural cycle or a monsoon cycle, which have turned out to be effective narrative tools to connect cultural and scientific knowledge. These aesthetic visual techniques improve the understanding and retention of the viewers, especially with semi-literate rural viewers.
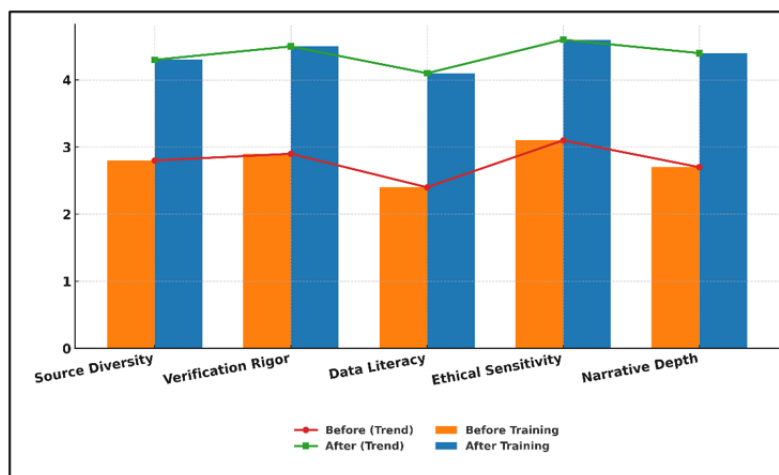
6. RESULT AND DISCUSSION

It was found that professional development was a significant contributor to journalistic competence and newsroom culture among Hindi media. The sourcing practices, data verification, and ethical sensitivity in health reporting were better among the trained reporters. The narrative framing changed direct to crisis-oriented solution-oriented approaches with focus on prevention, empathy, and civic responsibility. The further development of visual storytelling was connected with a greater use of infographics and culturally-appealing images, which helped to make scientific information more accessible. Although these are being realized, impact continues to be limited due to structural obstacles such as hierarchical editorial control, lack of sufficient budgets and intermittent training continuity.

Table2

Table 2 Quantitative Impact of Professional Development on Health Journalism Practices		
Evaluation Parameter	Before Training (Mean Score /5)	After Training (Mean Score /5)
Source Diversity (expert, citizen, institutional)	2.8	4.3
Verification and Fact-Checking Rigor	2.9	4.5
Data Literacy and Statistical Interpretation	2.4	4.1
Ethical Sensitivity in Health Reporting	3.1	4.6
Narrative Depth (contextualization, background)	2.7	4.4

Table 2 shows the significant increase in journalistic competencies after interventions of professional development in Hindi newsrooms. The largest improvements can be observed in data literacy and statistical interpretation which increased by 2.4 to 4.1 and this indicates that journalists developed the skills of analyzing datasets, trends, and guiding their stories with the use of quantitative evidence. There is a significant improvement in skills in health journalism that can be measured after specialized training as demonstrated in Figure 4.

Figure 4

Figure 4 Comparison of Health Journalism Skills Before and After Training

The rigor of verification and fact-checking also increased significantly (2.9 to 4.5), which points to the effectiveness of the training in terms of developing critical assessment of the sources and minimizing the effects of misinformation, especially when it comes to reporting on health emergencies.

Table 3

Table 3 Comparative Evaluation of Narrative and Visual Storytelling Dimensions			
Storytelling Dimension	Pre-Training (%)	Post-Training (%)	Change (%)
Solution-Oriented Health Frames	34	72	38
Evidence-Based Story Coverage	41	83	42

Inclusion of Local Metaphors/Contextual Terms	29	68	39
Use of Infographics/Data Visuals	23	64	41
Balanced Representation of Sources	38	79	41

Table 3 shows the transformative influence of professional development on both the narrative and the visual aspect of the public health storytelling in Hindi newsrooms. The usage of solution-based health frames rose to 72% out of 34% that was its resounding success in replacing crisis-adjusted or fear-based coverage with constructive or preventive ones. Figure 5 indicates that significant changes in the storytelling dimensions were improved with professional training interventions.
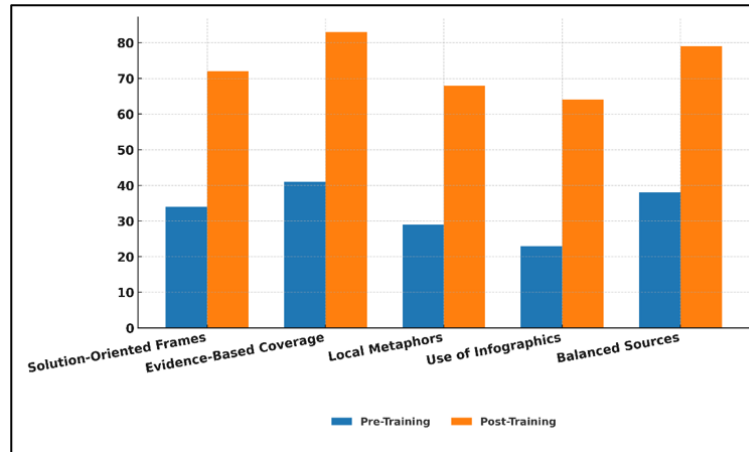
Figure 5

Figure 5 Pre–Post Training Comparison of Storytelling Dimensions

The coverage of the stories in terms of evidence-based coverage increased to 83% compared to 41% in terms of stronger integration of verified data, expert contributions, and scientific views. The progressive improvement in storytelling follows in sequential training stages as illustrated in Figure 6. There was an increase in the use of local metaphors and local language usage by 29 to 68 percent and this reflects on the way in which the reporters relate the health information to the local cultural reference in a bid to ensure increased understanding by the audience.
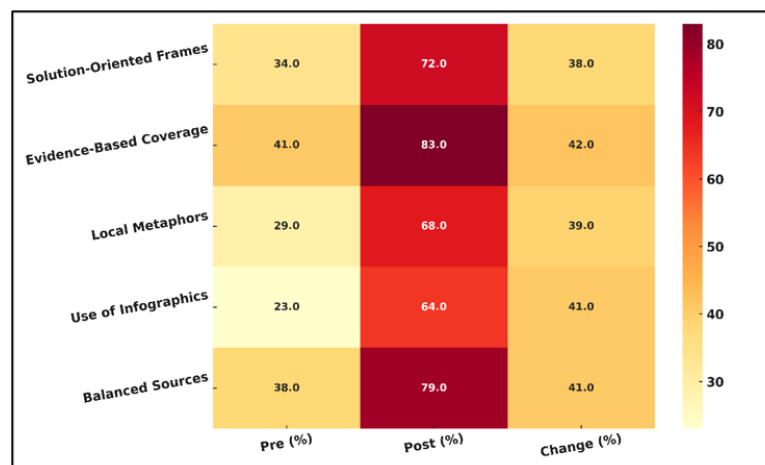
Figure 6

Figure 6 Visualization of Storytelling Improvements Across Training Stages

On the same note, the use of infographic and data visual increased more than twice (23% to 64%), which is an indication of a transition to visual literacy and easy-to-understand storytelling. Lastly, the proportion of balanced representation of sources was added, which was 38 percent, and now amounted to 79, which makes opinions more

varied and more balanced. Together, these modifications confirm that the guided training fosters narrative advanced and visual participation, which are the hallmarks of effective and trust-based public health communication in the vernacular media.

7. CONCLUSION

This paper concludes that professional development is a key factor in changing the practice and perception of the professional practice of public health journalism in Hindi newsrooms in Uttar Pradesh. In addition to enhancing personal skills, training programs induce a cultural change on a larger scale- training journalists to think of health stories as a form of public service, instead of a standard reporting. The convergence between in-house mentorship and NGO-managed specialization and digital learning has reinforced the sourcing, verification, and narrative framing capacities. Covering the epidemiological data, contextualizing risk, and reconciling scientific accuracy with cultural sensitivity have become more evident in the reporters, which has elevated the deterrent comprehension and trust of the audience. The influence of the professional development finds its way at an institutional level, in editorial decision-making. Those newsrooms that were based on a participatory or collaborative model of editorial report were more effective in adopting evidence-based practices in storytelling. Local metaphors, the integration of visual tools, and data journalism made information even more democratic and overcame the language and literacy barriers. Nonetheless, there are still obstacles: The lack of equal access to training, the time factor, and the cultures of newsrooms, which are hierarchical, restrict the ability to continue making a difference. In order to get over these, the systemic approach is required, where training is an integrated process, which is iterative, not a once-only intervention.

CONFLICT OF INTERESTS

None.

ACKNOWLEDGMENTS

None.

REFERENCES

Andreae, S. J., et al. (2021). Peer Coach–Delivered Storytelling Program Improved Diabetes Medication Adherence: A Cluster Randomized Trial. Contemporary Clinical Trials, 104, Article 106358. https://doi.org/10.1016/j.cct.2021.106358

Closser, S., Mendenhall, E., Brown, P., Neill, R., and Justice, J. (2022). The Anthropology of Health Systems: A History and Review. Social Science and Medicine, 300, Article 114314. https://doi.org/10.1016/j.socscimed.2021.114314

Fiddian-Green, A., Gubrium, A., and Hill, A. (2023). Digital Storytelling: Public Health Storytelling as a Method and Tool for Empathy, Equity, and Social Change. In Handbook of digital public health . Springer. https://doi.org/10.1007/978-3-030-96778-9_61-1

King, E., et al. (2022). Promoting Smoking Cessation During Pregnancy: A Feasibility and Pilot Trial of a Digital Storytelling Intervention Delivered Via Text Messaging. Patient Education and Counseling, 105(7), 2562–2572. https://doi.org/10.1016/j.pec.2021.12.019

Mahajan, S., Caraballo, C., Lu, Y., Valero-Elizondo, J., Massey, D., Annapureddy, A. R., Roy, B., Riley, C., Murugiah, K., Onuma, O., Nunez-Smith, M., Forman, H. P., Nasir, K., Herrin, J., and Krumholz, H. M. (2021). Trends in Differences in Health Status and Health Care Access and Affordability by Race and Ethnicity in the United States, 1999–2018. JAMA, 326(7), 637–648. https://doi.org/10.1001/jama.2021.9907

Miller, Y. D., and Danoy-Monet, M. (2021). Reproducing Fear: The Effect of Birth Stories on Nulligravid Women's Birth Preferences. BMC Pregnancy and Childbirth, 21, Article 451. https://doi.org/10.1186/s12884-021-03944-w

Mojtahedzadeh, R., Mohammadi, A., Emami, A. H., and Zarei, A. (2021). How Digital Storytelling Applied in Health Profession Education: A Systematized Review. Journal of Advances in Medical Education and Professionalism, 9(2), 63–78. https://doi.org/10.30476/jamp.2021.87856.1326

Nagarkar, A., Martin, G., Sadaniantz, K., Iyengar, S., Wisniewski, H. C., Denu, M. K., Chiriboga, G., Forrester, S. N., Allison, J. J., and Kovell, L. C. (2025). Storytelling for Health Promotion: A Scoping Review. American Journal of Health Promotion. Advance online publication. https://doi.org/10.1177/08901171251365366

Sentell, T., et al. (2020). Sharing the Patient Experience: A "Talk Story" Intervention for Heart Failure Management in Native Hawaiians. Journal of Patient Experience, 7(3), 399–407. https://doi.org/10.1177/2374373519846661

West, C. H., Rieger, K. L., Kenny, A., Chooniedass, R., Mitchell, K. M., Winther Klippenstein, A., Zaborniak, A.-R., Demczuk, L., and Scott, S. D. (2022). Digital Storytelling as a Method in Health Research: A Systematic Review. International Journal of Qualitative Methods, 21, Article 16094069221111118. https://doi.org/10.1177/16094069221111118

Wieland, M. L., et al. (2024). Digital Storytelling Intervention for Hemoglobin A1c Control Among Hispanic Adults with Type 2 Diabetes: A Randomized Clinical Trial. JAMA Network Open, 7(8), e2424781. https://doi.org/10.1001/jamanetworkopen.2024.24781

Zarifsaniey, N., et al. (2022). Promoting Self-Management Behaviors in Adolescents with Type 1 Diabetes Using Digital Storytelling: A Pilot Randomized Controlled Trial. BMC Endocrine Disorders, 22, Article 74. https://doi.org/10.1186/s12902-022-00988-7