

POLICY FORUM: COLUMNS

Conversations with Editor-in-Chief Ronny Bell: Editorial Leadership, Health Equity, and Public Health Communication in North Carolina

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In this interview, Dr. Ronny Bell, Editor-in-Chief of the North Carolina Medical Journal, discusses his editorial vision as the journal moves toward digital-first publishing. He reflects on the role of public health communication in advancing health equity, amplifying community-driven work, and bridging research, policy, and practice across North Carolina.

Introduction

The *North Carolina Medical Journal* (NCMJ) has long served as a trusted forum for public health, health policy, and population health research in the state.¹ As North Carolina continues to navigate evolving challenges related to health equity, access to care, and community resilience, the journal occupies a unique position at the intersection of research, practice, and policy. Recent transitions toward digital-first publishing and expanded public engagement reflect a broader effort to increase accessibility, relevance, and impact.

Ronny A. Bell, PhD, serves as Editor-in-Chief of NCMJ and is the Fred Eshelman Distinguished Professor and Chair of the Division of Pharmaceutical Outcomes and Policy at the UNC Eshelman School of Pharmacy.² His research and leadership have focused on addressing health disparities in underserved populations, with particular emphasis on rural and American Indian communities in North Carolina. Dr. Bell has also held leadership roles across academic institutions and community-engaged initiatives, including cancer health equity partnerships and statewide public health efforts.³

In this interview, Dr. Bell discusses his vision for NCMJ's next chapter, including the journal's role in amplifying community-based work, promoting culturally relevant health communication, and fostering constructive dialogue among researchers, policymakers, and communities. He also reflects on how his background in health equity informs his editorial leadership and the journal's mission moving forward.

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This interview has been edited for length and clarity. To listen to this interview, click [here](#).

Roshni Arun: Stepping into the editor-in-chief role I'm sure has been a change, but it's been exciting to be part of the journal during such a transition. Part of that transition is NCMJ's commitment to digital-first publishing. As the journal transitions into this format, what do you see as its most important role in North Carolina's public health landscape?

Dr. Ronny Bell: It's been an interesting journey for me. I've been involved with the North Carolina Institute of Medicine [NCIOM] for a long time, serving on different task forces. I was co-chair of the Healthy North Carolina 2030 Task Force. I served as an associate editor with the journal [NCMJ] for many years until I was asked to step into the role that was left when Dr. Peter Morris stepped down, who did a phenomenal job leading the journal as Editor-in-Chief for 12 years.

To continue the journal's legacy under his leadership, it was important for me to have an understanding of where we wanted to go with the journal. Having the digital platform would increase our reach by having a better social media presence and getting the word out in lots of different venues. That has been a big push that we have had, and I really feel like the journal is in a great place right now. There are so many changes going on in North Carolina and across the country. We're not like other state medical journals, which mostly focus on clinical cases or clinical guidelines. We focus on policy, public health, and the work that's being done across our state. We have several great universities across the state. We have a wonderful State Health Department and Department of Health and Human Services. We have a lot of wonderful community organizations that are focused on health, and so we want to highlight that.

We want to be the bridge between those that are doing work in the community and our policy makers, and we have a strong backing with the North Carolina Institute of Medicine. We really have that strong voice that can speak in places that others can't.

Roshni Arun: Absolutely. As we move into an era where technology and AI [artificial intelligence] are embedded into everything we're doing, it's important we keep up with that pace. The journal has been around for a long time and has gone through so many of these iterations since its genesis.

Even through all these changes, there's been a consistent priority in representing health policy and health care research surrounding rural communities and underserved populations, since these regions represent a large portion of North Carolina's population. On that note,

how has your background as a native of Robeson County, member of the Lumbee Tribe, and leadership in rural health equity shaped your approach to your editorial leadership?

Dr. Ronny Bell: I'm kind of an oddity in academia. I won't shy away from saying I'm 62 years old. In my 62 and a half years of life, I've never lived outside the state of North Carolina. The longest I've ever been out of the state is four and a half weeks between my junior and senior year in high school. I love the state. I love the diversity of our state. We have the largest American Indian population in the eastern United States and the second largest number of people living in rural communities of any state in the country.

There's a lot of wonderful things that are a part of who we are as North Carolinians, but we also recognize we have a lot of health challenges. For example, the substance use crisis is being abated to some extent and the challenges we face in addressing that issue. In addition, the COVID pandemic or natural disasters including Hurricane Helene last year have been other major challenges. We have several unique aspects that comprise who we are as a state. Even our political dynamics; having a Democrat governor and a largely Republican-led state legislature presents us with compelling dynamics that result in policy changes such as expanding Medicaid. I'm excited about the role that we can play as a journal in helping people understand all of the wonderful opportunities and resources we have in our state.

Roshni Arun: I think you're absolutely right. The state holds so much diversity, which is why it's amazing that part of your work is representing and advocating for this diversity. Your previous experiences surrounding health equity are extensive and I'm sure those experiences have comprehensively shaped your understanding of the issues and knowledge that exist in this space. In that vein, what are lessons that you are bringing from your previous academic and leadership experiences at ECU [East Carolina University], Wake Forest, and the Maya Angelou Center for Health Equity?

Dr. Ronny Bell: Having gone to school at UNC Greensboro, and working at Wake Forest, ECU, and at UNC Chapel Hill, I've got to be a part of many great initiatives. I have had the opportunity to have a voice addressing health disparities issues for American Indian rural populations in partnership with a lot of wonderful people across the state. I've been able to get to know some wonderful people at the State Health Department and at universities across the state. A lot of community leaders are really invested in ensuring that our communities are healthier places, so my research has been in lots of different areas of focus. I have done research on diabetes, on cancer, cardiovascular disease, and on oral health. With my public health background, it's allowed me to speak at a lot of different places in comparison to other people that may not have that opportunity. It has been great being able to go into community

spaces and say, “Hey, this is what we’ve learned from the research that we’ve done. Let’s work together to figure out how to address the issues we see from the data and how we can sustain those efforts to try to close that gap.”

Roshni Arun: I think that’s definitely one of the best parts of being part of a scientific community. You get to interact with such a spectrum of those committed to advancing health through all these different types of avenues. As you mentioned, bringing together such individuals helps foster that collaboration.

We would like to hear more about your work with cancer research, particularly through the Lineberger Comprehensive Cancer Center and with the Southeastern American Indian Cancer Health Equity Partnership (SAICEP). In your involvement in shaping community cancer research, you’ve emphasized the need for culturally competent approaches to research, education, and engagement. Could you speak about how health communication impacts people’s understanding of community health needs, especially in historically marginalized populations?

Dr. Ronny Bell: Around 2021–2022, I was approached to lead the Community Outreach and Engagement Program at the Comprehensive Cancer Center at Wake Forest. In comparison to my first time working at Wake Forest in late 2020, there wasn’t a lot of community outreach because we were still in the early stages of COVID. Given my passion for working with Tribal communities, we still reached out to people in the community by reaching out to my counterparts at Duke and UNC. We approached them by presenting a unique opportunity to partner with the 8 Tribes and 4 Urban Indian Organizations in North Carolina. Dr. Stephanie Wheeler at UNC and Dr. Tomi Akinyemiju at Duke at the time were very supportive of the partnership, so we created SAICEP.

After my transition to UNC, Dr. Nadine Barrett has stepped into the position I held at Wake Forest, allowing us to also expand the coalition to Atrium in Charlotte. From these experiences, we have learned that when you’re communicating with Tribal communities or rural communities, it’s so important to understand the context of the lived experience of individuals in those communities. If you’re interacting with Tribal communities, you need to understand their cultural perspective. Understanding their shared values and how those values shape their perspective on health is important.

In Native communities, we oftentimes think about the medicine wheel and the holistic approach to viewing our health, whether that be the mental, the spiritual, the emotional, or the physical. The data might show you one thing, but the community might have a totally different priority. As a result, when we do community health needs assessments, you need to hear from the community. The Lumbee Tribe and the Eastern Band of Cherokee Indians

have done their own Tribal Health Assessments, so having the voice of the people in those communities speaking to what issues they feel are important is something that we really pay attention to and try to be as responsive as we can.

Roshni Arun: Especially now, incorporating diversity in research is a crucial component of successful science. Initiatives like precision medicine and non-standardized therapeutic development are something that's most successful through culturally competent care and conversations. It's important that we utilize our platforms to create awareness about this type of space so we can develop better treatments. On that note, how do you think a journal like NCMJ can play a role in promoting culturally relevant and accessible health messaging and policy discourse?

Dr. Ronny Bell: We need to be highlighting the people who are doing it right, who are working in the community, or those who have success engaging with community leaders. We look to those who have success in implementing community-driven, community-based programs, sustaining those programs, showing impact, and showing cost effectiveness. The journal can be that vehicle to say "Hey, we've got this wonderful program going on in Asheville. How can this program be implemented in Rocky Mount or down in Lumberton?" I think we can be the voices to disseminate information either through the journal or through the NCIOM or NCMJ forums. We can be the place where people have a voice to speak to the rest of the state and potentially the rest of the country.

Roshni Arun: You talked about sustainability, which is such an important component of success. I think part of NCMJ's success has been maintaining that infrastructure through the connections that we fostered over the years. NCMJ stands at such a unique intersection of a spectrum of disciplines, which gives us that power to bring together diverse perspectives and conversations surrounding health equity and research.

In what ways do you envision the journal serving as that connector between research and policymakers and communities?

Dr. Ronny Bell: We have a platform that is easily accessible and has a very strong reputation, being housed in the North Carolina Institute of Medicine. If you went around the state and spoke with policy leaders, health care providers, and public health professionals and inquired about the North Carolina Institute of Medicine or the *North Carolina Medical Journal*, I think essentially everybody would have positive things to say about both. Garnering that goodwill we have across the state and allowing for conversation around a lot of different issues is very important.

We used to have a forum that was focused on gun violence where people shared different perspectives on this issue through panels and the individual speakers. There were a lot of tough questions that were being asked on both sides of this issue, but it was done in a very respectful manner where people really wanted to understand how the other side felt about this issue. We are somewhat unique in that we can be the place or the entity that can help foster healthy dialogues, so individuals understand complex issues that impact the health of the people in our state.

Roshni Arun: How do you plan to encourage submissions or stories to NCMJ that highlight health disparities in local community efforts?

Dr. Ronny Bell: We have themed issues and original research. As we go through the planning process of setting our issue themes, we could be mindful of that. Sometimes we have a tendency to rely heavily on our larger institutions across the state: UNC, Duke, NC State. One of the things I really would love to be able to do, in my role as editor-in-chief, is to ensure that institutions that typically don't publish in our journal have a voice.

Some of the HBCUs, minority-serving institutions, and smaller private schools are doing excellent work. We want to highlight work that they're doing, be it qualitative research or quantitative data analysis. We want to hear about work that they're doing. We have the opportunity to take advantage of our reputation and our reach across the state to do that.

Roshni Arun: Having these issue themes or even connecting with institutions across the state really gives our collaborators and researchers who have a diversity of experience [an opportunity] to contribute to the journal and get involved. Circling back to the idea of digital-first publishing and our online presence, as public health information becomes more accessible online, how can the journal maintain that trust and relevance?

Dr. Ronny Bell: We rely on the reputation that we've built for decades. I think people understand that we are a trusted voice. Keeping the journal as accessible as possible and as cost-efficient as possible is important. We've been intentional about increasing our social media presence and making sure people know when a particular issue comes out or when we're having a forum session. We are in a good place right now because of the work that's being done to ensure people have access to our work. The restructuring that's been done over the past year has allowed us to achieve many of the goals we've set for ourselves.

Roshni Arun: Accessibility is such a critical component of successful science and dissemination of research. It's great to see NCMJ explore new avenues of engagement by responding to the increasing demand

for social media and online presence. Moving forward as editor-in-chief, what innovations or partnerships excite you most about the journal's next chapter?

Dr. Ronny Bell: We're interested in reaching out to HBCUs or other universities that typically don't publish in the journal. We want them to know that we are a resource for them and a vehicle for their faculty to publish the work that they're doing.

We're interested in also creating opportunities for students and trainees to publish in our journal or be aware of the work that we're doing and how they can have access to our work. Trying to ensure that we keep our connections with the state health agencies is important since we're so reliant on their work within the Injury and Violence Prevention Branch, the Women, Infant and Community Wellness Section, and the Cancer Prevention and Control Branch. There are many wonderful folks within our state health agencies that we hope to maintain connections with.

Roshni Arun: Definitely. Trying to make sure that the journal is representative of all the institutions in North Carolina is such an important priority to uphold. The journal has been around for a long time, since 1849, I believe. Adapting to the changes of being a new editor-in-chief will most likely require a balance or combination of the past and the present. How do you approach the challenge of honoring NCMJ's long-standing legacy while ensuring it remains relevant and useful for a new generation of readers and contributors?

Dr. Ronny Bell: The best thing that we can do to ensure that we continue that legacy is to provide the highest quality and most accessible content that will engage people across the state: policymakers, public health providers, health care providers. I don't know what the motivation was for starting the *North Carolina Medical Journal*, but in my time with the journal and taking over for the wonderful work that Dr. Peter Morris did as editor-in-chief, I have always been an admirer of NCMJ's work.

I've been involved with NCMJ as an author, issue guest editor, associate editor, and now am editor-in-chief. The way in which we continue this legacy is to make sure our content is of high quality and accessible to the people that need to hear what we have to say.

Roshni Arun: Being able to serve on so many roles within the journal has probably been such a strong preparation for serving as editor-in-chief. Having these conversations surrounding health equity, advocacy, and representation is important in times like now, where North Carolina's medical accessibility landscape has been volatile with changes to Medicaid and related issues. Having conversations with experts and professionals in the field is such a helpful step in disseminating knowledge to the broader community.

Dr. Bell, thank you so much for taking the time to talk with us at the *North Carolina Medical Journal*. It's been a pleasure hearing from you today, and we're so excited to continue seeing how your leadership as editor-in-chief continues. Thank you.

Dr. Ronny Bell: Thank you, Roshni.

Acknowledgments

The interviewee has no conflicts of interest to declare.

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