Community-university Research Liaisons: Translating the Languages of Research and Culture

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Abstract

This article describes the experiences of six individuals employed as community-university research liaisons in a grant-funded centre for health disparities research. The liaisons were located in Native American communities and bridged the communities and the university, providing information between these groups, expanding understanding and knowledge of how research can address health disparities, and assisting in the development and ongoing work of partnerships using CBPR approaches. While tribal communities within the state may face similar health disparities, the approach to solving these disparities must be based on an understanding of the context and environment of the specific tribal community. In this paper, the tribal liaisons share their stories of negotiating and navigating their unique positions. Suggestions for utilizing tribal community-university positions to support community and partnership development are offered.

Keywords: community-based participatory research, Native American, Indigenous, research liaisons

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Introduction

The mission of the Center for Native Health Partnerships (CNHP) at Montana State University was to create an environment to improve Native American health through a community-based participatory research (CBPR) approach. It is well documented that Native Americans experience disparities in health and socioeconomic conditions compared to the majority population in the US (Baldwin et al., 2009; Blue Bird Jernigan et al., 2010; Harwell et al., 2006) and despite being one of the most researched groups, little improvement in health status has occurred (Carson and Hand, 1999). CBPR approaches involve "conducting research that recognizes the community as a social and cultural entity with the active engagement and influence of community members in all aspects of the research process" (Israel et al., 2001, p. 184). It appears that CBPR approaches are a promising method for improving research outcomes in Native American communities (Christopher et al., 2008; Holkup et al., 2004; Strickland, 2006).

Using CBPR, the Center brought together researchers and communities to establish trust, share power, foster co-learning, enhance strengths and resources, examine and address community-identified health disparities, and build capacity. We included two funder-required cores: administration and research and two optional cores: training and education and community engagement. Together the cores provided an equitable and respectful foundation for meaningful and productive research partnerships.

The Center staff worked to build relationships, inform tribal communities about CBPR, and estab-

lish research partnerships between community and academic researchers while respecting the unique protocols and interests of all partners. A significant portion of the work was dedicated to establishing trust and respect: initially among the Center staff, and then among the tribes, academic researchers, and the Center. A major undertaking was learning to create a space where Western and Indigenous methods and knowledge can co-exist with mutual respect, and be merged to utilize both for the benefit of the communities. This process takes time, patience, and trust to create a nonhierarchical safe space, where all partners listen respectfully and are comfortable speaking from the heart. This foundation of trust is necessary to build strong partnerships; it was important that the CNHP staff included Native American Community Organizers (COs) who were located on six reservations in Montana to work as a team with the diverse faculty and staff located at the university in Bozeman. The COs were located under the community engagement core, whose aim was to understand what community and university structures, processes, policies, and activities are required to conduct CBPR research with Native American communities to successfully address Native American health disparities.

This paper presents an important issue from an important perspective. The issue is the successes and challenges of incorporating research liaison positions. The perspective is that of the liaisons themselves. At present, this topic and perspective are rare in the literature on CBPR approaches. We also compare our experiences to responses we received from an inquiry to a CBPR-based listserv on community-university research liaisons and to several published papers that include a description of liaison positions.

Community Organizers as CBPR Liaisons

Methods

This grant explored the incorporation of CO positions into the research process as one way to improve community participation and university understanding of community needs and protocols regarding health disparities research. The COs acted as liaisons between Native American communities and the university, providing information between these groups, expanding understanding and knowledge of how research can address health disparities, and assisting in the development and ongoing work of partnerships using CBPR approaches.

An agreed on or standard title for this liaison or bridge-builder position does not exist. Titles used elsewhere include community research associate; community based research facilitator; community faculty; bi-cultural liaison; community partner or IRB approved community partner for individuals who have gone through that process; manager, health education; community engagement manager; community expert; research coordinator; community-campus coordinator; community-based academic; community research fellow; or a local term such as the *Ciuliat* Group, (leaders in Yip'ik) who are Yup'ik members of a research team in Alaska (Hoeft et al., 2013). The title community expert is used at UNC-Chapel Hill and was chosen to emphasize that the individual's

> expertise comes from an extensive and historical knowledge about the communities they serve and the experience they have gained as active partners in community-academic partnerships that use CBPR methods. (Black et al., 2013)

Individuals in these positions vary from being full-time employees housed in an academic institution or community agency to part-time consultants who are paid honorariums or stipends for their time. While several of these titles were discussed among the CNHP partners, it was decided to leave the official title as community organizer. There was some concern from the COs that incorporating the term research or researcher might cause unnecessary barriers for their work within their communities due to prior negative experiences of research in Native American communities.

Under CNHP, there was a great deal of diversity in duties and work autonomy for each CO. Initial position descriptions were purposefully vague because while there were some specific roles for the positions, it was also understood that each of the reservations has its own government, culture, and community needs that would influence the evolution of the CO positions. Utilizing the CBPR approach meant that in addition to the development of research partnerships, there was an obligation to the tribal partners to provide some service. Consequently, it was agreed that the COs would spend a percentage of time focusing directly on research (learning about research, CBPR, and developing and joining with local research projects) and a percentage of time working on health-related activities within the communities in collaboration with other tribal programs. While the COs were employees of the university, their positions were located under a local tribal health department or tribal college, where they were paired with a local contact person. COs also received supervision and support from the Center community engagement core director. The COs, local contacts, and the core director determined local duties.

The Center staff wrote the CO position descriptions with input from tribal health and/or tribal college leaders from each reservation. The positions were then advertised in each tribal community through local newspapers and posted announcements in tribal businesses. Written applications were accepted at the Bozeman Center office and the top applicants were selected and interviewed by a committee composed of Center staff and tribal community members from the respective reservations. Because many of the position descriptions were very general, final selection for each position was greatly influenced by reference recommendations and the interview process. It was important to find a respected and trusted member of each community who could also communicate easily with a very diverse group of research, administrative, tribal and national health research professionals. All hiring was subject to the policies and procedures of the university human resources department and so required a very open and close working partnership between the HR department and the Center staff. Additionally, because these positions were to be housed within tribal offices, close communication and trust had to be developed with tribal partners. This process started before the position descriptions and recruitment began.

The method for this paper was that the COs shared their stories in negotiating and navigating their unique positions as tribal members, university employees, and Center liaisons by responding to these five questions, which were co-developed by CNHP staff members:

1. Is having a CO position within the tribal organization a good model for building capacity for research and working toward improving the health of tribal communities?
2. What have we learned about what support systems are needed for the CO positions? What still needs to be improved/put in place?
3. What have we learned about how COs can help their communities be engaged in health research?
4. What have we learned about communication?
5. What have we learned about relationships?

To honour our dedication to speaking and listening with the heart, it was the group's decision that this section of the paper should be written as a narrative to share each of the COs' individual stories in their own voice.

Ada Bends, Apsaalooke (Crow) Reservation

My name is Ada L. Bends; I am an enrolled member of the Apsaalooke (Crow) Tribal Nation of Montana. I am a bilingual (Crow and English) speaker and am an active cultural community member.

The lessons learned are to be flexible, accountable, patient, and have a strong sense of community. This comes from knowing your tribal community and through daily outreach, establishing a network of participation in CBPR in addressing our local health disparities. As a CO, it is important to be willing to learn all the concepts of CBPR to interpret it to your people. It is vital to listen to their voices as to how to address their health disparity challenges because they count, your community counts. It is the responsibility of the CO to make sure they are heard through the data collected. This was accomplished through the documentation that COs gathered from each experience and person, and through sharing the knowledge learned. I loved my job as the CNHP Crow Community Organizer; being able to bring in more of the CBPR concepts in a more

user friendly process helped dispel the old historical trauma of research and how it was approached before with Native American people and communities. It allowed me to learn and share this incredible knowledge of CBPR for addressing health disparities and to participate actively in the process through local tribal community contacts.

Living and working on my home reservation as the Crow CO has opened many doors of opportunity both locally and nationally for me on an individual level. Examples include an opportunity to serve on a local board, the Crow Environmental Health Steering Committee/Crow Water Authority Project, and to serve as a member of several national Indigenous health networks, such as the National Native Research Network and Indigenous Women in Science Network. The professional development training provided through CNHP webinars, conferences, and training also allowed us to present at various local and national conferences and workshops.

One of the challenges I faced was not having enough time in the day or week to get all of the work done. There is so much that we do as COs: day to day contact; outreach via local district reservation communities (90 miles one way from home to the Pryor community as an example); community partnering and being actively involved in all the cultural, social, and programmatic activities. This keeps us very busy. Another challenge was having a small local budget for our community work. The sustainability of CBPR projects locally after the five-year grant cycle and the continuity of our CO positions has added to the challenge. Establishing this CO position and the CBPR concept in just a short time was worth all the work and effort, but whether local tribes can afford to financially sustain a project like this is always a question and a reality check.

I'd like to share examples of my successes as the Crow community organizer. The opportunity to work on site at my home Crow tribal reservation allowed me to work directly and personally on daily outreach with my local Crow tribal members. It assisted me enormously in presenting the concepts of community-based participatory research (CBPR) and following the tribal protocols, which resulted in gathering nearly 400 Crow CBPR health disparities surveys. I aimed to collect over 1,000 before the grant ended on June 30, 2012. Having daily contact with tribal members, whether in the workplace or community, strengthened the foundations of capacity building, networking, and sustainability of CBPR. The location of my position allowed accessibility to the people I serve and I was able to achieve a better awareness, trust, respect, and most importantly, open communication.

Tammy Rider, Fort Belknap Reservation

Hi, my name is Tammy Rider and I come from the White Clay Nation; my ceremonial name is Last Capture. I grew up on the Fort Belknap Indian Reservation and graduated from Harlem High School. I am a mother and grandmother. I have had the advantages of learning my traditional and cultural values as a member of my community.

Building capacity for research on the Fort Belknap Reservation took many forms such as creating opportunities for youth, staff, and academia to make positive connections; obtaining an enhanced understanding of existing networks and activities supporting action; interviewing prior research support staff for pros and cons of research; understanding the concept of research along with its role and value; evaluating whether action/activity was most appropriate; offering support and guidance to all stages of research and exploring all routes to encourage networking; educating the community about community-based participatory research; and engaging the community openly and positively.

Creating opportunity for youth takes many forms including mentoring Nakota White Clay youth council, helping the youth teach Native games, encouraging them by supporting digital storytelling, and voicing youth options about their concerns and views. Enhanced awareness of existing networks and activities was carefully and respectfully achieved by attending all community functions and a public meeting and offering my services to help in all community health-related events.

Communication is the key to CBPR. All partners have to be transparent and respectful. Although there are written, spoken, and unspoken levels of communication, when working within Native American culture, nonverbal may be most important. We must be mindful that everyone communicates differently and be willing to allow all forms to happen.

As a CO, I reflect on the pros and cons of daily CO activities through planning, executing, observing, and considering ways to improve efficacy and then making changes for future events, meetings, and activities. This way of thinking has best suited me and has made me a better community organizer.

I helped the community understand the concept of research along with its role and value. Historically researchers would come to Fort Belknap and do a research project that used our numbers for health disparities and then leave, never publishing the information retrieved, nor crediting the tribe, and most important not having possible solutions and a prevention plan.

In contrast, evaluating whether action was most appropriate was accomplished by conducting a health survey that voiced the opinion and concerns of the tribe. The analyzed data was published locally, with council approval, so the prevention programs could address health concerns.

I have offered support and guidance to all stages of research, which was achieved by assisting with several research projects. The Pregnancy Risk Assessment is a complex survey that was conducted with pregnant mothers and infants under the age of one. This survey assisted the tribe to address high-risk pregnancy and infant mortality. Mothers are being tracked and follow-up surveys will be conducted to find risk factors. Addressing Infant Mortality by Increasing Access to Oral Health Care for Pregnant Women was a CBPR research grant project sponsored by CNHP. My position supported the research by conducting data collection, providing outreach, dispensing information, organizing mouth screening, and developing culturally appropriate educational material related to oral health.

My recommendations are to educate tribal members on community-based participatory research and conduct open dialogue with community members explaining CBPR is an equal partnership with usable outcomes for the community. This allows the community to own the data and have the ability to use the data in a most honourable and effective approach that best fits the tribe's needs.

Some of my ways of working are to explore all routes to encourage new work and keep an open mind that there are many types of organizations and programs that want to help and that they may just need a "way in" to the tribal circles. It helps to talk openly about the tribe's needs and always express willingness to network. I have learned that COs can help their communities be engaged in health research by having a CO at each reservation to bridge the gap between tribes and the university. It helps alleviate the mistrust and streamline information and opportunity. For future work it would help to have a CO on each reservation, providing extra hands-on health outreach and education as well as changing views on research.

I feel that building relationships is best done by doing what you say you're going do and being there throughout the extent of the activity or event. Being present and open minded to all situations allows better communication, thus enhancing relationships.

An important key factor in my role as a community organizer is our tribal health director, Velva Doore. She encourages thinking outside the box and supports/nurtures growth in individuals as well as partnerships. She also has a no-nonsense approach to her position as health director and expects you to be accountable to your position, and she stresses being innovative. What I appreciate most about the Center is that the university was willing to try something new — a new concept that really works. The tribal community gets a voice, a voice that through the Center gets heard by a wider audience.

Charlene Burns, Blackfeet Reservation

"Healing begins when we reach down into ourselves and understand the narrowness of our own perspective and lives, show respect for another way of life, and are willing to learn from it" (Peat, 2002). This healing space was how I saw my role as one of the COs from the Blackfeet reservation. Consequently, this is how I used my time and energy to work as a liaison between my tribe and MSU in researching

together to find answers for the health disparities of my people.

My name is Charlene Burns. I am one of the COs for the Center for Native Health Partnerships from the Blackfeet Indian reservation. I am from the community of Babb. I have a very large family that includes several grandchildren and great grandchildren. They are my motivation to make sure the world I leave behind for them is safe, healthy, and just.

Everything in my tribal world view is based on building relationships. My responsibility as a Blackfeet person and as a cultural leader is to try my best to establish good relationships based on respect and so I worked to establish trust and respect for the Center to my Blackfeet community and for my Blackfeet community towards the Center.

I was hired in the third year of this project. My tribe was already in the process of identifying what they felt was our leading health disparity. After many meetings were held within my community, intergenerational and historical trauma was named as the leading health disparity. I spent the next two years working with cultural leaders, educational leaders, students, community members, and psychologists to find ways to address them. I would say that I had a well-rounded representation of people from our reservation communities. I think it was truly CBPR working at its finest.

With that in mind, the projects that I collaborated with set out to address historical trauma from a cultural perspective. I was happy when our local KBWG Thunder radio station gave access to culture to the community through a language program. We worked on bringing cultural access into some of the schools so that we could connect our children to place and community and create a sense of safety and a sense of belonging. This was our response after extremely high rates of trauma were identified in our middle school. We shared cultural values with them, gave them access to receive their Indian names and let them experience when an Elder sings them an honour song in front of their peers. Our goal was to give the children tools of self-esteem and a sense of pride in their unique Blackfeet identity. We are also working to change systems within the community that are not compatible with our value systems and are not producing the citizens that we wanted them to model. It was an honour for me to work with all of these groups to introduce these healing methods.

Some of the groups that I worked with include The Aamskapi Pikuni Action Team (APAT) led by Dr. Paulette Running Wolf; and an ongoing collaboration effort called the Candlelight Vigil group with Dr. Joe Stone. It was a pleasure to work with Emily Salois, the other CO, on a medicine wheel project that she developed to help people identify which quadrant they needed to work on most to gain health whether it be mental, physical, spiritual, or emotional.

I am a member of the Blackfoot Project which is a group of Blackfoot graduate students who are pursuing PhD and Master's degrees with the goal to learn each subject from the Blackfoot world view as well as the educational methods taught in most universities.

At the beginning of the fourth year of the grant, we needed to find the space (a research project) that all seven tribes would come away feeling good about the research. I think we did very well. We did a search and found Dr. Eduardo Duran to lead the project. I immediately set up a meeting with my community so that they could meet Dr. Duran and question him in this area to see if they would trust him as a researcher coming in to work with our community and with our children. My community responded in a very favourable manner towards him. My supervisor at this time was the acting president of our Blackfeet Community College. We were under the grants department and our research supervisor made the trip to Bozeman to meet with Dr. Duran and familiarize herself with the research that we were proposing. The president and the research supervisor were both very supportive of this research project.

Then we got a new college president and a new tribal chairman and there was no time to build that relationship of trust. I was disappointed that they did not give us their support to move forward on that project. The challenge became how to build long-term relationships.

The most important thing that we have established and were successful in our research together was that there are many world views and that we can find a space of respect for all of them. I hope to have long lasting relationships with all of the people that I have worked with. It was a very good experience for me.

wheel as a model of self-care with excellent outcomes. Self-care is of utmost importance especially when we recognize that health-related problems and the lack of adequate health care are the enemy.

Pearl Yellowman Caye, Flathead Reservation

My name is Pearl Yellowman Caye (Kiyi); I am a member of the Navajo Nation raised in Tuba City, Arizona. I worked for the Confederated Salish Kootenai Tribes (CSKT) Health and Human Services and Montana State University as a CO.

The CO and community members held true to the principles of CBPR. First and foremost, "CBPR-based research represents a full partnership between researchers and community in which it is conducted" (Viswanathan et al., 2004). It is an invitation from the community to trusted researchers to enter into a research partnership. The implication is that there will be an ongoing, collaborative process that determines the proposed focus of the research, the research process, data collection methodology, interpretation of the data in the context of the community's understanding of it, and joint involvement in dissemination of the findings (Thomas et al., 2010). In addition, there is an equitable sharing of funding and resources between the community and researchers.

CBPR provides a model that differs in many ways from more traditional approaches to research that have led American Indian and Alaskan Native communities to be suspicious of, and resistant to, involvement with academic researchers and institutions (Burhansstipanov et al., 2006; Christopher, 2005). Assessments and interventions are culturally relevant and incorporate traditional practices and concepts. One important key role is that of a "cultural facilitator" to be an intermediary between project staff and the community (Fisher and Ball, 2003). Such an individual serves as a "translator," conveying research concepts to community leaders and members in a manner and language that is understandable to them and providing researchers with culturally relevant information that can be incorporated into research design and conduct (Thomas et al., 2010). The COs served as "cultural facilitators" bridging values and philosophies together from the university setting and tribal communities. As a cultural facilitator, special attention was paid to the process of "translation." For example, the community of Elmo, Montana, home to the Kootenai people, who traditionally rely on cultural methods to address health disparities, began working with CSKT Tribal Health to exchange sacredly guarded methods of healing as a means of collaboration and progress. This exchange was made possible by the trust and alliance built by the CO within the tribal organization.

Successful support systems evolve out of ongoing communication between the tribe and researchers. It is necessary to work honestly and cooperatively, from the standpoint of respect, to spend time with communities to build trust and gain tribal support, and to ensure that Native communities are involved at all stages of the project (Burhansstipanov et al., 2006). There must be a feeling of equality and confidence that both parties are mutually benefiting (Thomas et al., 2010). Along with establishing successful support systems is the development of clear and appropriate boundaries, where all parties involved respectfully acknowledge and accept boundaries. These boundaries are developed out of clearly stated agreements, between the tribe, university and researchers, and CO. To illustrate this, the CSKT incorporates two groups into their decision making process — the Kootenai Elders group and the Salish Elders group. These groups provide valuable information on language, history, stories, etiquette, and traditions to community members and "outsiders" who are given permission to access the community. COs fully acknowledge the boundaries set by the Elders' groups and the type of support they offer. By understanding the goals and mission of the Elders' groups, COs are better able to navigate and utilize their support.

A successful CBPR approach requires a forthright acknowledgement of historical mistrust and

the gains made at the expense of the tribal peoples (Thomas et al., 2010). Our first challenge is how to convey the intentions to work in a full partnership with MSU and to trust that they would work with each tribe in a genuine and culturally appropriate manner. One way to reach full partnership is to work with the flow of the community rather than against the flow (Thomas et al., 2010). Developing community trust is a vital objective, although it is difficult to quantify or subject to a time schedule. COs are on a constant mission to repair, translate, and recover past experiences between tribal communities and research institutions.

I have learned that both the tribe and the university system have the language and resources to address health disparities, however, both parties need one another to successfully address and remedy these unwanted disparities. Communication also entails the ability to understand the community pace at which work is approached. This includes understanding how groups and departments understand and establish boundaries. The ability to be patient and trust the pace set by the tribes, while maintaining a pace consistent with grant requirements, can be a difficult balance for traditional researchers (Thomas et al., 2010). Be prepared to understand and navigate at least two cultures, that of the research institution and that of the community (Thomas et al., 2010). As a CO, I found that the pace of community is often guided by a cultural sense of when and how to approach community issues. For example, on the Flathead Indian Reservation, some families will mourn the loss of a loved one for up to a year after death and during that time it is culturally appropriate to "let the family be" until they publicly memorialize the deceased. This is critical information for all service providers. As a CO, I must learn to how to approach families in a way that respects their cultural practice yet gains information that assists in developing community wide suicide prevention.

Michael Todd, Fort Peck Reservation

Hello everyone, my name is Michael Todd; I am the CO for the Center for Native Health Partnerships on the Ft. Peck reservation in Montana. I am an enrolled member of the Assiniboine tribe and come from the Red Bottom Band of the Nakona people.

I approach my work as a CO from several standpoints, the most important being that I don't view my work as work. I view it as helping my people with the struggles that life has to throw at us as Indian people and helping people makes me feel good. So, my job is not a job, it's a tool to help my people become better at getting through the hardships of the health disparities that plague our homeland. I enjoy every minute of it. I also use the "you scratch my back, I'll scratch yours" method of getting things done. I help as many people and programs (for example, Suicide Prevention, Center for Native Children's Trauma, Health Promotion and Disease Prevention, Injury Prevention, Fort Peck Community College) as I can with the hope that when I need help, the help will be there. This approach works very well. We all have a common goal; we just need to get over the territorial issues we have and come together to meet the needs of the people. This is also a good way to get community members involved. For instance, there was an elderly lady who needed to move, so the housing authority could renovate her home, and she couldn't find anyone to help. I rounded up a couple of guys to move her and she was very thankful. Now she is very involved in the Elders' group and she sits on our "circle sentencing" panel for our restorative justice program. She feels good about helping people and has gone from hermit to actively helping her community.

I was born and raised in Ft. Peck and know most of our community members so when it comes to promoting and engaging the CBPR approach to curbing our health disparities I go into the communities and talk. "Do you think this will work and why or why not?" Getting different points of view is essential for CBPR to work. If I want to work on drug and alcohol problems, I talk to those with drug and alcohol issues. If I want to work on diabetes, I talk with diabetics. Knowing my community and the people in it is my biggest asset to introducing and implementing the CBPR approach to eradicating health disparities.

Positive action produces positive results. When we started the Elders' program, we promoted positive action and outcomes. We talked about helping our youth by giving them something to do and giving teachings to live by. We didn't talk about bad kids nor did we talk bad actions of our children. I've learned if we focus on healing, not disparities, that focus promotes positive action and positive results.

Annette Sutherland, Rocky Boys Reservation

My name is Annette Sutherland and I am an enrolled member of the Chippewa Cree Tribe living on the Rocky Boy Indian Reservation in north central Montana. I was hired by CNHP in 2008 as the CO at Rocky Boy. I have a Bachelor of Science degree in Business Administration from Montana State University-Billings. After that I worked for the Tobacco Prevention Program at Rocky Boy, and I became interested in health-related community activities designed to create awareness of healthy lifestyles in the Rocky Boy community.

The population on the reservation is 96% American Indian and is a close-knit community that adheres to traditional values and beliefs of the Chippewa Cree Tribe. Their strength endured through strong traditional beliefs and values such as home, family, generosity, and a keen sense of humour. The resiliency of the Chippewa Cree people, along with their ability to adapt to change, and still remain a distinctive people, ensured our survival in the modern world. This is something we need to pass on to our youth — a sense of our unique identity and how we can adapt to a changing world and still maintain our traditional values and beliefs. One of the goals of my program at Rocky Boy is to integrate modern methods with traditional values and beliefs in working with mental health disparities.

The Chippewa Cree Tribe, a self-governance tribe, has the opportunity to develop and restructure programs to meet the specific needs of the tribal members. CNHP enhanced this process by having community members decide which health disparities they wanted to address during the five-year grant. I am involved in developing the community's capacity building by increasing the potential for responding to health issues through education and awareness training for community members. I also recommend community directed research grants to build capacity and encourage community members to receive training to develop research grants.

The tribe exercises their sovereign right to regulate research conducted on the Rocky Boy Reservation, and is in the process of developing their own Institutional Review Board along with research regulation policies to protect individuals and the Chippewa Cree Tribe as a whole. Respect is the key when it comes to conducting research at Rocky Boy.

The Elders of our tribe said, "We believe in the uniqueness of the individual and want our children to have a deep respect for others and for those things and people who may be different from them." As CO at Rocky Boy I can help the community engage in research by focusing the role on the positive strengths of the community and creating an awareness of how research can alleviate collective problems such as stress, depression, trauma, alcoholism, suicide, and violence. One of the ways we engage the community in health research is to look at strategies for positive change including the promotion of healthy eating and a return to traditional diets. I recruit Elders and local health professionals to provide knowledge to the community in the area of health education and awareness. My saying for working as a CO is from Gandhi — "You must be the change you wish to see in the world."

I help the community understand the research terms and educate community about CBPR. A CO needs to be sensitive to the people's wants and needs to develop goals and the tactics to meet those goals. A CO needs to be able to communicate well with the community members and have a lot of common sense. Integrity, courage, and commitment along with the ability to listen to the people, to really hear their concerns, is an important key to bring about a change, whether it is a change in thinking or a social change. And change is hard. Our greatest concern is the health of the people.

Trust between the local community and university community and building relationships is important regarding the research process. Tribal politics is a major factor when research projects are planned at Rocky Boy. My vision is to live in a community where people are healthy in their spirit, mind, and

body, everyone is treated equally, and people devote time and effort to helping others.

Discussion

Our discussion will focus on challenges, successes, and opportunities of community-university liaisons in tribal communities in Montana. The COs are individuals and their voices in this paper are of their experiences — they represent themselves and do not speak on behalf of the entire tribe as they are not in an appointed or elected leadership role. They are asked to speak on behalf of their community under certain circumstances, for example meeting with the MSU President.

Tribal nations in Montana are sovereign and have a unique relationship with the federal government. They are connected by some similar philosophies and behaviours. However, each tribe came to be who they are today through a unique history and each tribal nation has distinctions that are to be celebrated. Tribal histories in Montana began long before the birth of Montana and before the birth of the United States.

COs perform a very challenging task: joining local and Western knowledge and approaches in a respectful way. COs serve their reservation communities by acting as cultural facilitators for community-based research, translating and exchanging information across communities and universities. COs are from different reservations, tribes, educational and cultural backgrounds. The skills they bring to this position were learned through their experience living and working on their reservations, being taught by family and other tribal members about the unique histories and philosophies of their tribes, proper protocol, and how to navigate in the local arenas. COs are committed to their communities. One message that has guided the work of the Center team has been that although tribes might face similar health disparities, the approach to solving these disparities must be based on an understanding of the context and environment of the particular tribal community.

Therefore, it is neither possible nor appropriate to make generalizations 1) across tribal nations, 2) across COs, or 3) across communities within a reservation. One factor that bridges tribal nations in Montana is the experience of health disparities. The COs embraced the goal of CNHP to support tribal communities in understanding that research can be beneficial in eliminating health disparities and they assisted both tribal community partners and university partners to understand necessary components of respectful research.

Although the tribes are diverse and how each CO approaches their work is different, they all work toward and envision healthy and vibrant communities in which they live. COs recognize that their work is beyond them as individuals. Rather, their outlook is community, unity, compassion, and supporting others for the betterment of all. The COs focus on strengths of tribal communities and use unique approaches to addressing health disparities.

COs discussed the difficulty in attaining these goals. The enormity of the health disparities in Montana's tribal communities means that there is always too much work for the COs. The flexibility in the job descriptions meant that many of the different programs on the reservations turned to the COs for assistance, leaving COs feeling like there were never enough hours in the day. The COs were seen as resources in their communities and natural "go-to" people. COs also see a direct link between service and research and that accomplishments in improving health occur by their being available to other programs and individuals participating in activities that are not typically a part of a "researcher" job description. Walters and colleagues (2008) also discuss the importance of this role in community-based research. To help alleviate the work burden, we wrote a supplement to increase the CO's positions from the half-time commitment in the original grant application, to full-time employment.

Due to past toxic research in tribal communities, COs continually had to build trust, often one person at a time with multiple conversations and connections. This is a large burden to shoulder. Finally, communicating across the bridge of community and academia and across tribal nations took constant attention and miscommunications and misunderstandings often occurred. This is partly because COs were exploring new territory with no clearly defined boundaries, paving a path to make it easier for partnerships in the future. Solutions to this were to provide constant support to the COs while they worked across the bridge. The Center also strived to provide continuing professional development opportunities to build knowledge and skills and provide transparency in project budget and project activities. COs relayed information back to community members and put issues — sometimes difficult — on the table for discussion. Sustainability did not happen with this grant, although the team worked toward it from the beginning.

Conclusions

There is little published literature discussing or describing these research liaison positions. A query regarding research liaisons to the Community-Campus Partnerships for Health (http://depts.washington.edu/ccph/) listserv yielded many responses and much useful information on the variety of position titles and job descriptions and the perceived importance of these positions in the success of community-based research efforts. Respondents to the query — both individuals in the liaison position and academics who work with liaisons — mentioned how individuals in these positions are "an incredible part of the research team," a "key component of the bi-directional learning process," and as nonacademics, someone who "can maintain these relationships with a more balanced power dynamic and less of a perception of bias."

Position duties shared included serving on community and university committees related to community-based research, knowledge translation, participating in academic and community publications and presentations, data analysis, co-facilitating meetings, assisting researchers in identifying community partners, reviewing materials for community friendliness, working with partners on sustainability, sharing resources and expertise, strategically guiding projects, managing Community Advisory Boards, providing technical assistance to partnerships, and building partnership capacity and skill for both community and university partners. The descriptions of building partnership capacity and skill included a variety of methods such as workshops, presentations, trainings, and individual consultations. One respondent discussed how individuals in these positions conduct outreach in communities, for example through maintaining a database of community research interests, and in-reach to academic researchers, for example through facilitating dissemination of research results (UW Institute for Clinical and Translational Research, no date). Similar to the diversity of duties described by the COs, it is clear that there is not one job description or list of functions for the positions that have the goal of bridging communities and universities using CBPR approaches to eliminate health disparities. For many of the COs in Montana, there was an initial difficult period referred to as the "fluttering stage," when they were in the process of finding their place in the Center, and simultaneously finding their niche in the tribal communities. We did not see this period described by respondents to the listserv request or in the publications that discussed these positions. It may be that our purposefully vague position description, which was intended to provide flexibility across the reservations, inadvertently led to the fluttering.

Respondents provided challenges to working in and with these positions similar to the challenges described by the COs with CNHP. These include barriers to capacity building for community-based organizations and academics (Howard, 2012), and the challenge of competing demands from both community and academia for partnership activities (Hoeft et al., 2013).

Respondents provided similar information on results of these positions to the COs above, including an increase in collaborative proposals, "significant re-thinking" to include more collaboration and community engagement in proposals, and development of a trusted presence in the community (Howard, 2012; UW Institute for Clinical and Translational Research, no date).

During the beginning stages of this project, Center staff co-developed ethics and values for working together, which included: communicate, listen, be supportive, be considerate, operate in transparency, work cohesively and as a team, be humble, and support others. These are ethics and values that COs also shared in this paper that guided them on their

path of supporting communities and working to eliminate health disparities using a CBPR approach. Further inquiry into best practices for developing, supporting, and utilizing community-university research liaisons will help build a stronger bridge between communities and universities as we work together toward eliminating health disparities.

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