

Considering the Role of a Bridge Person in a Community–University Partnership to Address Food Insecurity Among Migrant Families

Maria Mayan, Bethan Kingsley, Sandra Ngo, Dragana Misita, and Rhonda Bell

Abstract

Community–university partnerships are increasingly being used to address complex, systemic problems, such as food insecurity. However, this form of research is highly labour intensive and requires substantial time and energy. Several community–university partnerships have begun to appoint individuals who act to ‘bridge’ such partnerships to navigate complex social and political environments, and stimulate action. However, few examples exist that highlight the specific nature of these positions. To address this gap, the current paper describes the multiple and complicated roles played by a bridge person in supporting a project developed in response to food insecurity among migrant families. We outline three major roles that required varying forms of labour: 1) *Solving Problems* (Adaptive Labour), 2) *Navigating Scarcity* (Political Labour), and 3) *Responding to Urgency* (Emotional Labour). We intend to highlight the ambivalent spaces bridge people operate within and the implications for these individuals and the community–university partnerships they intend to support.

Keywords: community-based participatory research, community–university partnership, bridge, broker, food insecurity, migrants



Researchers and community stakeholders have increasingly turned to community–university partnerships and community–based participatory research (CBPR) to address complex, systemic problems (Abma et al., 2019; Israel, Schulz, et al., 2018). To this end, CBPR is highly labor intensive and requires substantial time and energy (Abma et al., 2019). Many partnerships may find it difficult to build and maintain momentum to sustain projects over time (Israel, Krieger, et al., 2006). To address this problem, some community–university partnerships appoint a specific individual, referred to here as a “bridge person,” who is dedicated to building and nurturing partnerships, supporting the generation and mobilization of locally relevant knowledge, navigating complex social and political environments, and stimulating action and change (Belone et al., 2016; Levkoe & Stack–Cutler, 2018).

Although the value of a bridge person in CBPR projects is widely recognized, few examples exist that highlight the specific nature of this position (Ward et al., 2009). Despite valuable insights from the literature, there remains scant documentation describing the role of bridge positions in community–university partnerships, the contextual and relational factors affecting their success, or the experiences of the individuals in these positions (Levkoe & Stack–Cutler, 2018; Steenbergen & Warren, 2018). We describe the multiple and complicated roles adopted by a bridge person in supporting a project developed to respond to a food insecurity crisis among migrant families in Edmonton while seeking to find longer term solutions. Specifically, we describe how, during the first 2 years of the project, three major roles of a bridge person developed organically: solving problems, navigating scarcity, and responding to urgency.

The Role of Bridging in CBPR

Across the literature, varying terms are used to describe the bridging role that might be played in a community–university partnership. We introduce some of these terms to highlight how the varying positions are conceived, and we outline the attributes necessary in such positions to enable a level of responsiveness to both community and university needs and to facilitate the mutual benefit desired in a partnership (Abma et al., 2019). Belone et al. (2016) have referred to a “bridge person” in the CBPR literature as an individual who is generally hired by a university to work closely with the community to support a project and/or intervention. Even though we haven’t chosen to use it here, the term more often used to describe this intermediary role in the literature is “broker.” Levkoe and Stack–Cutler (2018) referred to a broker as an individual or an organization that supports campus–community engagement by nurturing relationships and sharing knowledge between community and university partners. Knowledge brokering appears to be the most common form of brokering described in the literature, intended to close the “know–do gap” by generating relevant knowledge and aiding the process of transferring research findings into practice (McCall et al., 2017).

The specific role of knowledge brokers is to connect knowledge producers with knowledge users to facilitate knowledge transfer, exchange, and application to inform policy and practice (Lomas, 2007). Ward et al. (2009) further described a knowledge broker as an agent who acts as a go–between to serve the needs of multiple individuals or organizations with the primary purpose of making research and practice more accessible to each other. They suggested that the three main roles of a broker are knowledge management, linkage and exchange, and capacity building. As linking agents, brokers foster positive relationships between researchers and decision makers (McCall et al., 2017).

Most recently, Levkoe and Stack–Cutler (2018) reviewed a sample of brokering initiatives to understand how brokers contribute to successful community–university partnerships. They distinguished brokers by their structural allegiance (e.g., community–based vs. university–based), by dimension (which varies in terms of the level of engagement: deep vs. light), by the type of platform used (physical vs. virtual), by the

scale of activities (local vs. national), and by the area of focus (specific vs. broad). As Levkoe and Stack–Cutler suggested, initiatives with deep engagement and a physical platform are the most resource intensive of all the forms of brokering yet have the potential to be the most responsive and accessible to community needs. Although they did not speak to brokering, Strand et al. (2003) have also defined three roles a researcher might adopt in a social change effort: initiator, consultant, or collaborator. The researcher as initiator manages the social change project as well as the research; the consultant—the role most often filled by researchers—manages only the research and does so at a distance; and the collaborator is a full participant in the social change project, but primarily as a researcher or educator.

To effectively navigate the role of bridging in a community–university partnership while being responsive to community needs, a bridge person must possess a range of attributes. These include interpersonal and group development skills, leadership and facilitation, and the ability to manage projects, mediate and negotiate expectations, and translate ideas and concepts (e.g., Levkoe & Stack–Cutler, 2018; Steenbergen & Warren, 2018). Pedagogical leadership skills are also needed for highly intensive projects to facilitate labor distribution, without which a bridge person can end up assuming all the social change roles themselves (Strand et al., 2003). In complex projects, a bridge person must also have a high tolerance for uncertainty and the ability to adapt since the process and outcomes of a project are rarely clear and depend on flexibility (Weerts & Sandmann, 2010).

Although the academic literature provides important context for the current article, the literature describing the role of a bridge person tends to remain at a conceptual level. Consequently, these positions are presented as largely uncomplicated and do not reflect the complexity of the projects they operate within. Similarly, this literature often portrays success within a bridge position as a matter of being in the right place at the right time and fails to acknowledge the muddled process of developing trusting relationships within CBPR projects (Mayan & Daum, 2015). Further, although it is generally accepted that research can be a messy process, particularly when using CBPR approaches, there is little acknowledgment or

discussion about the messiness of research in published accounts (Cook, 2009). Rather, the literature presents linear processes and neat final “products” with few, if any, references to divergences, conflicts, and failed attempts. Bradbury (2019) highlighted the problematic nature of presenting CBPR as uncomplicated, stating that it “is not a neutral affair, neither ethically nor politically” (p. xii). In proposing research as linear and politically neutral, we miss crucial opportunities to learn as a broader community of practice (Fletcher et al., 2014).

This article attempts to respond to this gap by describing the role of a bridge position in a community–university partnership that sought to address food insecurity for migrant families in Edmonton. Specifically, we highlight the contextual and relational factors that affected this bridge position and the experiences of the person working in this role. We hope that through providing a clearer definition of the role, we can enable other partnerships intending to hire a bridge person to improve the quality of their partnerships while better supporting the individuals who take on the complex work of bridging these partnerships and forging deeper community connections. Before describing our community–university partnership and the role of the bridge person in this particular project, we first describe food insecurity as a pervasive problem that provided a complex and unique context within which the bridge person was required to work.

Food Insecurity

The unique and complex issue of food insecurity made a bridge person all the more essential in this project. Food insecurity is defined by a lack of access to culturally desirable and nutritious food due both to financial constraints and an inadequate food supply (Riches, 2002). The rate of food insecurity has steadily risen in Canada over past decades due to neoliberal policies that have scaled back social security (Tarasuk, Mitchell, & Dachner, 2016). It is a significant and persistent problem that affects nearly one in eight Canadian households (Tarasuk, Li, et al., 2018). Families, particularly lone parent families headed by women, are more likely to experience food insecurity due to insufficient structural supports and assistance that result in less available income (Sword et al., 2006). Further, migrant families are far more likely

to experience lower incomes and subsequent food insecurity than the national Canadian average (Food Banks Canada, 2015; Sword et al., 2006). Food deprivation has a range of negative social and health impacts across the life span, including adverse physical and mental health, social isolation, and stigma (Tarasuk, Mitchell, & Dachner, 2013a, 2013b; Vozoris & Tarasuk, 2003). In light of increasing rates of food insecurity and these associated impacts, addressing food insecurity has become a matter of urgency for community agencies and researchers.

Despite widespread agreement about the social and physical harms of food insecurity and the need to shift the current state, addressing food insecurity is far from simple and cannot be achieved through isolated, short-term charity approaches (Levkoe, 2011). Rather, the long-term structural challenges associated with pervasive food insecurity require longer term, meaningful, multifaceted approaches (Levkoe & Wakefield, 2011; Riches, 2002; Tarasuk, 2001). Strong partnerships and networks, including community–university partnerships, are capable of facilitating such cross-sectoral and multifaceted approaches and have been positioned as a way to generate collective action and mobilize actors across food systems (Dodd & Nelson, 2018; Levkoe, 2011; Tarasuk, 2001).

Our Community–University Partnership

To foster intentional connections across multiple social systems to address food insecurity, we established a community–university partnership between the University of Alberta ENRICH research team and the Multicultural Health Brokers in Edmonton, Alberta. With an appreciation for the value of research to inform their practice, the Multicultural Health Brokers has had a long-standing relationship with researchers at the University of Alberta spanning approximately 15 years. The partnership was built on years of collaboration on a variety of community–based research projects (e.g., Gokiert et al., 2012; Quintanilha, Mayan, Ngo, et al., 2018; Quintanilha, Thompson, et al., 2015; Yohani et al., 2019). One of these studies formed the basis for the project described in the current article and involved focus groups with Northeast African women to understand their perceptions of what constitutes a healthy pregnancy and their own experiences during pregnancy, which

brought to light the high levels of food insecurity many experienced (Quintanilha, Mayan, Thompson, & Bell, 2016).

The overarching mission of the Multicultural Health Brokers is to enhance the health and well-being of migrant families. The organization offers programs (e.g., Parenting in Two Cultures), home visitations, family intervention, counseling, English language learning, and employment programs. In total, the Multicultural Health Brokers employs a staff of more than 80 community health workers who support 23 ethnocultural communities and serve up to 2,000 families a year. Community health workers translate, mediate, and facilitate understanding between migrant women and health or social service providers. They also have typically emigrated from the same region as their clients and thus are able to provide important insights for service providers about the barriers that migrant families face.

This particular project was part of a larger research study focused on promoting healthy pregnancy weight gain. In this particular segment of the project, we sought to determine, develop, and implement strategies to support desired maternal health and pregnancy outcomes for pregnant and postpartum migrant women. As mentioned, we performed numerous interviews with women who, when asked about their nutrition during pregnancy, described a range of stressors and barriers that prevented them from accessing and consuming healthy foods (Quintanilha, Mayan, Thompson, & Bell, 2016). Through this research and a recognition that families were struggling with severe food insecurity, the focus of the partnership shifted from behavioral strategies to the structural barriers preventing maternal health and good pregnancy outcomes. Our first effort was to address the lack of same-day food availability. Although charity-based programs are limited in addressing the root causes of food insecurity (Pettes et al., 2016; Riches, 2002), it was necessary to deal with the crisis of a lack of same-day food with the aim of finding longer term strategies over time (Levkoe & Wakefield, 2011). Recognizing the scale of this endeavor and the need to foster a strong partnership (Levkoe & Stack-Cutler, 2018), we hired a full-time bridge person to develop actionable and relevant responses to the food insecurity faced by families, mobilize actors and resources across the

local food system, and provide support to the university and the Multicultural Health Brokers.

The Bridge Position

The broad and challenging purpose of the bridge position on this project was both to develop innovative strategies to address the same-day food needs of migrant families and to find longer term approaches for addressing food insecurity. The bridge person (herein referred to as the community resource coordinator, or the CRC) would provide some much needed and dedicated capacity to the initiative. Out of the roles identified by Strand et al. (2003), the bridge position in our project most aligned with that of the initiator because she was hired to develop and manage the social change initiative, integrate knowledge where it would be valuable, and do so in collaboration with others directly involved in the partnership along with external stakeholders. The CRC role had three specific objectives: (1) find a short-term solution to same-day food needs, (2) act as a bridging agent across the community-university partnership and assist the CBPR process, and (3) nurture and support a food rescue microsystem to set the stage for a longer term solution.

The CRC was hired in May 2016 and was selected through a joint hiring process between the ENRICH research team and the Multicultural Health Brokers. The hiring committee was looking for someone who had strong relational and administrative skills, the ability to work across cultures, a general understanding of maternal health, some experience with CBPR, and an awareness of the issue of food insecurity and strategies to address it. The CRC position was funded through an 18-month research grant with a modest operating budget. The CRC was given temporary space as well as administrative support at both the Multicultural Health Brokers office and the university. This meant the CRC was equally accountable to the community-based organization and the university research team. Further, having “on site” space in two locations was essential for the bridge person as it supported a deep level of engagement that enabled connections and coordination across the partnership and fostered collective decision-making (Belone et al., 2016). For example, the CRC had a touch-down workspace in a busy, open area of the Multicultural Health Brokers, and the

community health workers would often see her working and use the opportunity to ask questions, voice their concerns, and share feedback about the program. They also used these conversations as a way to directly advocate for the families they worked with. Being so close to the community health workers and families also allowed the CRC to develop relationships that could not have been fostered otherwise, and improved her ability to quickly identify problems and adapt the initiative in meaningful ways.

Having a workspace at the university also meant the CRC could sometimes step away from the program to create space for a deeper level of reflection. To facilitate this reflection, the CRC and the university research team held weekly debriefing sessions to exchange ideas, discuss challenges, and brainstorm possible program improvements. Having shared space at the community organization in addition to the university enabled contextual learning, rapid knowledge exchange, and collaborative problem-solving. Ultimately, it also improved the quality of the partnership and what it could achieve.

Once hired, the CRC immediately began to attend parenting groups, workshops, and monthly meetings, and had one-on-one conversations with many of the community health workers to learn what was needed and what might work in this particular context. Food insecurity strategies that had been explored in the past were discussed within the partnership, and the CRC reached out to key partners within the Multicultural Health Brokers to develop an understanding about the histories, struggles, and successes of those strategies. In particular, the Northeast African community health workers offered significant guidance throughout the project and, along with the executive director and university researchers, formed a support team to ensure the strategy chosen (a) was culturally appropriate and relevant, (b) respected the dignity of clients as much as possible, and (c) had the potential to be sustainable.

In addition to having these conversations to gain local understanding, the CRC also researched and explored potential strategies adopted in other contexts that could be developed to increase women's access to culturally appropriate and nutritious foods. She additionally reached out to community programs, businesses, and governments

both in Edmonton and across Canada, met with stakeholders, attended forums and workshops, toured facilities, and joined the Edmonton Food Council. Through these experiences, she developed a better sense of what was happening locally, nationally, and internationally to address food insecurity; assessed the resources that would be needed for each proposed strategy; and ascertained what assets were already available. These actions enabled her to create an inventory of missing or inadequate resources, such as space, funding, food storage, relationships with industry and business, and human capital (mostly voluntary). Through this initial research, the CRC generated practically useful knowledge she would present to the support team and families to make collaborative decisions about the best possible approach. In performing this foundational work, she not only facilitated collaboration between the community-based organization and university research team, she also acted as a bridge to connect various individuals (e.g., community members, organizational staff, policymakers, volunteers), resources (e.g., foods and funding), organizations (e.g., the major "players" in food insecurity), and multiple knowledges (e.g., practice-based, experiential, research-generated). The bridge position in this project thus reflected what Weerts and Sandmann (2010) have described as a community-based problem solver, "on the front lines of making transformational changes in communities" (p. 643).

Through the initial work by the CRC, the support team collectively decided a food rescue program—the Grocery Run—was the best course of action in the short term for immediately increasing women's access to culturally appropriate and nutritious foods. The premise of the program was to "rescue" food that would otherwise be discarded and rapidly redistribute it to families. With the new contacts she had made across the city, the CRC found a number of local businesses who were willing to redirect and donate their surplus food to the Grocery Run. The CRC primarily targeted fresh produce, the desire and need for which had been identified through a survey distributed to families and through informal conversations with community health workers. To support the implementation of the program, the CRC also accessed a large number of volunteers through the university's alumni association and provided operational training in the collection and redistribution of food.

After a substantial amount of foundational work, the first Grocery Run took place in September 2016. Within the first year, the program grew rapidly from an initial 20 families to 110 families per week. We documented our learning during these early development and implementation phases of the Grocery Run using a number of fieldwork data collection techniques, such as participant observation and informal interviewing (Mayan, 2009). Specifically, the CRC maintained reflective and procedural notes to document her process, experiences, challenges, and reactions. The support team—which included the CRC, university researchers, community health workers, and, where possible, the executive director of the Multicultural Health Brokers—would also engage in frequent reflective conversations to support this documentation process and challenge our own thinking. The notes that were produced through these methods were reviewed during the writing of this article and led to four further individual interviews with the CRC after she had left the position. After reviewing the information generated through these reflective processes and using a broad thematic analysis approach (Braun & Clarke, 2012), we created three themes to describe the major roles that the CRC assumed organically during the first 2 years of the project: solving problems, navigating scarcity, and responding to urgency. Each of these roles required different forms of labor that are described below.

Solving Problems: Adaptive Labor Using a Developmental Design Approach

Due to the complexity of food insecurity, the partnership decided a developmental process would aid in the design, implementation, and adaptation of what was an experimental program. The CRC's position was essential to support this developmental approach. Without a dedicated person to focus on the strategy, opportunities for change would have been missed and adaptations would have taken far more time to implement. The CRC was subsequently tasked with iteratively solving problems as they presented themselves, requiring a form of adaptive labor. Knowledge was generated and integrated as and when it was necessary. As mentioned, the CRC frequently sought input from community health workers and program participants through informal conversations and surveys. Because of the often unpredictable nature of client

and community health worker schedules, keeping these conversations as casual and spontaneous as possible was crucial and more realistic given their time limitations. In addition, weekly meetings were held between the research team and the Multicultural Health Brokers support team to troubleshoot, share learning, and keep everybody updated. At the end of each week, the CRC would provide a summary of weekly events to the support team via email. The team would then meet in person to review the items raised. The CRC facilitated these collaborative conversations, presenting each arising concern and guiding the support team in generating potential solutions. Through this process the team collectively discussed and agreed upon possible modifications, which the CRC then implemented and tested in the weeks that followed.

The CRC made several adaptations to the program during the first year of operation, including changes in how food was distributed. For example, food distribution was initially scheduled for Thursday afternoons after a parenting group to make pickup easier for families. However, many families communicated that they faced challenges with transportation and time, which made collecting food at a particular time every week exceptionally difficult. As a result, the CRC connected with volunteers, food donors, and community health workers, first transitioning to an extra day of food distribution, and then to distributing several days a week. In addition, the CRC worked with community health workers so that they could take food with them on home visits, so that some families did not have to travel at all.

Additional challenges arose relating to food distribution, specifically equitable distribution. Initially, the CRC had built as much choice into the program as possible because she felt it was important for families to be able to choose the amount and types of food that made the most sense for them. However, offering this choice inadvertently set up a competitive process that created a sense of panic and significant levels of stress for families, leading them to arrive as early as possible to obtain the most in-demand items. It also almost entirely emptied the week's food inventory in only a few hours, leaving some families without food. When the CRC asked families about this experience, one woman drew parallels between the Grocery Run experience and

being in a refugee camp where they had to compete for food or be left with nothing. Unwittingly, the Grocery Run had become reminiscent of a highly stressful situation for many families, and the CRC felt responsible for recreating this environment. With this information, she immediately modified the program so that food was divided into predetermined hampers that were assigned to each family and could be picked up at any point during the collection “window”, so families were not at risk of losing out. Removing the element of choice was not ideal, but it led to the more equitable distribution of food. However, the scarcity underlying the need for this modification continued to create significant political tension in the program for families, community health workers, and the CRC, and required additional labor on the part of the CRC.

Navigating Scarcity: Political Labor

Due to the political nature of the program and the matter of food insecurity more broadly, the CRC was required to perform substantial amounts of labor both internally and externally to navigate these challenges sensitively to reduce the potential for harm to families and to maintain relationships.

As described previously, the CRC identified numerous challenges with food distribution early into the program through her own observations and through conversations with community health workers. These challenges required a level of political astuteness by the CRC. In addition to the challenges already identified, the environment of scarcity contributed to concerns about the composition of the food bag donations and fears of inequity. Due to the variations in the types and quantities of food rescued each week, not all families received the same food each time, and families became concerned about inequity and possible favoritism. In response to these concerns, the CRC tried to be as transparent as possible about how food was sorted and distributed, often driving across the city to purchase translucent bags so people could see what was in each hamper. However, the random pattern of donations received each week made it impossible to allocate the same products to all families. For example, the CRC might receive three donated pineapples one week, which was obviously not enough for equal distribution. Consequently, food hampers were never the same from week

to week. Learning about the tension this inconsistency created, the CRC had conversations with the executive director and the support team, who collectively agreed she would create a form to track the allocation of specific food items in an attempt to more fairly distribute sought-after items (such as sugar, oil, sweet breads, diapers, and baby formula) between families and communities.

An additional political issue related to volunteers who helped to pack hampers but who also received food through the program. Other families sometimes asked these volunteers for additional food or to change what was going into their bags, putting the volunteers in an impossible position and creating significant stress. As she was always present during distribution hours to coordinate the process, the CRC observed these requests and their effects firsthand. She brought the issue to the support team, who decided it would be better if community health workers submitted the number of families who needed food to the CRC via text, email, or in person each week so that food bags could be packed in advance rather than during distribution hours, to avoid the opportunity for such requests. The CRC also encouraged community health workers to attend the Grocery Run or send volunteers from their community so that they could fully understand the process and see for themselves the efforts that were going into supporting fairer distribution. Without the CRC bridging the communication between all stakeholders involved and facilitating these logistical changes, these adaptations to the program would have been exceptionally difficult to execute. Despite the need for more resources (i.e., time and volunteers) to support this process, health workers and families reported that they found the new system both more convenient and equitable and that it, for the most part, helped to develop a sense of trust in the program and the CRC.

In addition to having to navigate these politics in an internal space, political tensions external to the program also required large amounts of labor on the part of the CRC relating to equitable food distribution. For example, the CRC became a representative for the partnership and, in doing so, attended stakeholder consultations to inform various food security strategies and policies locally and nationally (e.g., the Healthy Eating strategy, the Food Policy for Canada,

a city food hub). These formal contributions to policy were essential for further connecting the CRC with key individuals and learning about other important initiatives across the country in working toward longer term strategies. Many stakeholders were open to collaborating and sharing their knowledge and resources. Some, however, perceived the Grocery Run as a new start-up in an already crowded food charity landscape and thus as competition “taking away” donations from other food charity programs.

As a result, the bridge person was required to engage in a form of political work that appeared typical of navigating a complex environment characterized by scarcity and the ever-present competition for food. Despite an internal recognition of both the necessity and the limitations of the Grocery Run, this external criticism of the program made it highly contentious and required a great deal of care on the part of the CRC to consistently justify the need for its existence while advocating for a broader strategy toward food insecurity. As a result, the CRC was required to take on even more responsibilities to share insights from the project and increase awareness of the food insecurity experienced by migrant families.

Responding to Urgency: Emotional Labor

The final role of the CRC that emerged in this project related to the emotional investment that was required for the success of the Grocery Run, and how this was closely intertwined with the other two forms of labor already articulated. Because the project required a relational approach, both as a basis for appropriate CBPR and because this particular project relied on strong networks of people and resources, it created substantial emotional labor for the CRC. The stress inherent to the position was heightened by the sense of urgency that resulted from an immediate need for food and the scale of work required to address this need. This sense of urgency led to the CRC feeling emotionally and physically exhausted and weakened the long-term sustainability of the position. Further, the need for food among families was so great that the demand far outweighed the CRC’s ability to meet this demand. On some days, the donation bags for families were sparse, far from providing enough food to last the week. This dearth created significant levels of stress for everyone involved with the program and the families who depended on it.

With only one CRC dedicated to the strategy, the ability to scale up and meet families’ needs was consistently limited. The resulting pressure on both the CRC and the community health workers was substantial, such that they felt unable to set personal boundaries. Aside from the emotional impact of this inability to meet families’ needs, the CRC also often felt she was working 24/7 trying to meet the basic demands for food, which, at the same time, never really felt like an achievable goal. After several months of being constantly available to her own detriment, the CRC started to set boundaries in an attempt to mitigate some of this pressure. For example, she asked for a work phone that was separate from her personal phone and set specific work hours, outside which she would no longer be available for program-related matters. She also started to learn the fine line between being accommodating to individual requests and putting herself and the program at risk.

In addition to the emotional exhaustion experienced by the CRC in relation to the nature of the program, working across two organizations also required a degree of emotional labor because, lacking a clear mandate to follow, she felt torn in terms of strategic priorities and was not always entirely certain of her role. It was often unclear who the CRC was accountable to, which protocols were to be used as guidelines, and whose specific organizational goals she was striving to achieve. Because she was not fully embedded within the university or the Multicultural Health Brokers, the CRC largely worked alone and, although she was in constant collaboration with community health workers, families, volunteers, and researchers, she experienced a sense of isolation. The CRC also found decision-making often became her sole responsibility rather than a joint responsibility because consultation was burdensome for community health workers and did not always lead to a clear path forward. As a result, she often felt uncertain in making decisions, a feeling that was exacerbated because some decisions had significant ramifications.

The environment of scarcity that led to the need for the Grocery Run in the first place meant that the three forms of labor required of the bridge person—adaptive, political, and emotional—were inevitably interrelated. The same scarcity of resources that led to migrant families not having enough social security (and therefore food) also re-

sulted in limited resources being available to fund staff at the Multicultural Health Brokers relative to the amount of work needed. The community health workers always had three or four times the amount of work they could possibly achieve in the work hours available to them. As a result, they were always trying to be responsive to families in an environment of crisis and unpredictability. For example, new families were always arriving in Edmonton and needed immediate settlement support. Emergencies (for example, relating to health, housing, or subsidies) could also arise at any moment. This environment required adaptability from all staff, including the bridge person, and resulted in a competition for resources that demanded fraught political navigation and was emotionally taxing for everyone involved. Further, the need to develop a process that worked for as many people as possible was a significant source of stress because the consequences of not doing so were substantial. This need for allocation of resources put additional pressure on the relationships between the bridge person and the community health workers, who were specifically trained to navigate and squeeze limited resources out of systems for the families they serve, while the bridge person conversely tried to create and maintain these (albeit adaptable) systems in order to distribute the limited food available to as many families as possible. All the while, she was no less aware of the consequences of reaffirming these systems on a week-by-week basis, such as when she had to say “no” to last-minute requests for food. This ever-present underlying tension created a level of exhaustion for families, staff, and the CRC.

Discussion

The literature that discusses the role of a bridge person in a CBPR context predominantly describes it in relation to knowledge exchange—that is, the ways the bridge role can support the transfer and application of knowledge to inform practice in a community–university partnership and make knowledge and practice more accessible to each other. Literature on the topic also recognizes that the form of bridge positions will vary depending on the nature of the partnership and the challenge to be addressed. Factors determining the form of the bridge position include whether the position is situated at the university or a

community-based organization, the level of engagement by the bridge person, the scale of the endeavor and the platform used, and how broad or specific the project focus is. The attributes required in this position are also context specific, yet several skills are deemed fundamental to supporting a project well, including leadership and facilitation, project management, interpersonal skills, the ability to communicate, and a tolerance for uncertainty. Our experiences in this project were consistent with the literature in some ways but diverged in others, which created a number of learnings that can contribute to expanding our understanding of bridge positions in CBPR. Some of this learning will be discussed relating to the function of knowledge in our project compared with the literature, after which we will describe what we learned about the adaptive, political, and emotional nature of the project more specifically.

In the academic literature about bridge positions, knowledge largely appears to be understood as theoretical and empirical, with the bridge person tasked with applying this knowledge in practice. However, as can be seen from this project, the CRC relied on multiple forms of knowledge that were generated through both formal and informal research methods and were primarily practical and experiential in nature. This focus on empirical knowledge in the literature therefore appears to play into scientific discourses that privilege certain kinds of knowledge above others in a hierarchy of evidence (Greenhalgh et al., 2018). With a recognition that a full range of knowledge forms were fundamental to the success of the initiative described in this article, we call for a broadening in the ways evidence is conceptualized and legitimized in the bridge literature so that a wider collection of knowledges is recognized as valuable.

In addition to the narrow ways knowledge is often discussed, the model of knowledge exchange described in the bridge literature seems mostly linear. Although the cocreation of knowledge is recognized as useful, this conception of knowledge exchange resembles an integrated knowledge translation approach more closely than a CBPR approach, focusing primarily on the application of knowledge rather than striving for social justice (Jull et al., 2017). The bridge person is thus generally positioned as the holder of knowledge that is generated in a university setting, tasked with support-

ing the unidirectional application of this knowledge in practice. The resultant paternalistic understanding of the bridge position is at odds with the principles of CBPR and fails to account for the circular and collective generation of knowledge in ways that continually shape the bridge person and expand their own understanding. If we are truly aiming for research that facilitates antioppressive processes and outcomes and is attendant to power, we will need to be clear about the social justice aims of a project and blur the lines between knower and known so that individuals in bridge roles are positioned as colearners who facilitate the circulation and generation of multiple forms of knowledge to support social change. The remainder of our learnings will next be discussed in relation to the adaptive, political, and emotional nature of the project, drawing on specific literature to show how this learning converges with or adds to previous understanding about bridge positions.

In regard to the adaptive labor required of the bridge person in our project, we described the need for a cyclical and developmental approach to the project. An iterative, developmental process was essential with such a complex project so that strategies could be altered as they were being implemented (Janzen et al., 2016; Patton, 2008). Such flexibility also enabled the partnership to respond to a range of unexpected challenges, such as the need to modify the food distribution process. Because she acted on site, the bridge person was able to lead and coordinate adaptations that, although sometimes significant and burdensome, were crucial to the success of the project. Carpenter and Brock (2008) have referred to the need for adaptive capacity to ensure a system can adjust to internal demands and external factors and avoid rigidity. Operating as its own microsystem, this project required a high level of adaptive capacity to respond to pervasive and changing demands. As the only individual dedicated solely to the initiative, the bridge person acted almost single-handedly to support this adaptive capacity. A high level of (adaptive) labor thus was needed to facilitate this process and ensure the initiative was adequately responsive. The full extent of the labor involved in such bridge positions must therefore be recognized so that adequate resources can be allocated to initiatives and the bridge person receives necessary support. Further, although adaptability was fundamental to the success of

the program, there was an equal need for structure and stability. Although a tolerance for uncertainty has been acknowledged as an essential trait of any CBPR work and for the bridge person specifically (Weerts & Sandmann, 2010), the movement between these two states—adaptability and stability—must be considered because it requires the bridge person to know when to be flexible and when some level of order and consistency is helpful.

The second role, navigating scarcity, or political labor, highlighted the political nature of the project, which was heightened in a complex environment characterized by scarcity and competition. The competitive nature of the food security movement in particular has been associated with the institutionalization of large food charity organizations (Levkoe, 2011; Riches, 2002), which reflects the larger nonprofit industrial complex within a neoliberal climate (Smith, 2017). In this project, some agencies felt threatened by the Grocery Run in ways that undermined the CRC's attempts to collaborate and bring essential partners within the local food system into conversation with one another. In attempting to navigate this politically fraught and competitive environment, the CRC needed to work within and outside it simultaneously, maneuvering around and avoiding the tensions while creating partnerships where they felt possible. Further, the program itself had its own internal politics that were created and heightened by the scarcity of resources and an environment perpetually in a state of crisis. Political sensitivity and astuteness have been identified as particularly essential to practicing CBPR (Belone et al., 2016; Israel, Eng, et al., 2013), yet this field is rarely described in terms of the broader nonprofit industrial complex in which bridge people (and community-based participatory researchers in general) have increasingly found themselves. Community-university partnerships may benefit from research focused on the experiences within community-based research projects in this context and the ways partnerships navigate these complexities.

The third role, responding to urgency, or emotional labor, described the emotional investment required for the implementation and adaptation of the Grocery Run, and the implications for the CRC. The emotional risk of the CRC position in this initiative was evident, first, in the burden of respon-

sibility placed primarily on one person to meet an often impossible demand for food and, second, in the sense of isolation and confusion that resulted from not being fully embedded in a particular organization. The emotional nature of the position reflected the general experience of the community health workers in Multicultural Health Brokers; however, it was also distinct in the ways that the CRC was required to create processes that were challenged every week. The CRC needed not only the ability to work highly independently, but also a level of emotional maturity that enabled her to set boundaries and navigate the difficulty of never being able to meet the needs of either families or the community health workers.

Although the bridge person possessed a range of attributes that contributed substantially to her ability to fulfill her responsibilities, the role still left her emotionally and physically exhausted. This level of stress, in addition to its personal impact on the CRC, also served to undermine the likelihood the role can be filled by the same person over the long term, which has implications for the quality of a CBPR project (Israel, Krieger, et al., 2006). In the literature, experiencing a sense of isolation as an emotional risk has been discussed briefly (Kislov et al., 2017). However, the emotional risks of social research are scarcely documented and need more attention (Lee-Treweek, 2000). This article goes some way toward responding to this gap by describing the emotional and political labor involved in research projects of this kind, and in particular the experiences of someone attempting to address a complex issue as part of a community–university project.

To strengthen a bridging role, a community–university partnership should therefore have a more explicit understanding of the position—its expressions and functions—before starting such projects. As highlighted in this article, to more fully support individuals in these positions, greater attention is needed to explore the emotional consequences of this work and suggest potential strategies for preventing burnout. We go further and suggest that, with a project as complex and labor intensive as the one described here, a bridge team is needed to avoid putting the sole responsibility on one individual (Kislov et al., 2017). We do, however, acknowledge that the high financial cost of additional personnel, combined with the limited resources afforded research projects, may prevent this possibility for

many partnerships (Levkoe & Stack-Cutler, 2018).

The descriptions of the required roles have highlighted that the bridge work involved in this project was far from being a neutral and uncomplicated process, and was instead logistically, politically, and emotionally messy. In addition, individuals tasked with filling bridge positions are at risk of feeling emotionally isolated if (or when) the process proves more challenging than portrayals in the literature have led them to expect (Lee-Treweek, 2000). The emotional labor, and the ways it is interconnected with the adaptive and political labor necessary in a scarcity environment, needs to be more fully understood if community–university partnerships are to fully support the individuals in these positions.

In this article, we have shared our own context-specific stories as a source of learning for other community–university partnerships engaging in complex CBPR projects (Levkoe & Stack-Cutler, 2018). Specifically, we documented the ambivalent spaces the bridge person in this project operated within, in which she learned to negotiate and adapt between multiple desires and agendas to become an “architect” of community change (Weerts & Sandmann, 2010). By providing transparent accounts of the intersections between practice and research, we can incorporate and appreciate messiness and nonlinearity as part of a rigorous process that leads to trustworthy and transformational knowing (Cook, 2009; Kingsley & Chapman, 2013).

Conclusion

In summary, the current article described a CBPR project developed to respond to the complex issue of food insecurity and highlighted the multiple and unexpected roles played by a bridge person in supporting the project. Three roles reflected the adaptive, political, and emotional nature of the project, which had direct implications for the bridge person. In a complex environment, the CRC was required to invest adaptive labor and be responsive to the community in a continually (and necessarily) changing environment. The position also demanded various forms of political labor that necessitated a level of sensitivity and astuteness within a competitive and politically fraught environment reflective of the broader non-profit industrial complex. Finally, numer-

ous emotional risks associated with the bridge position resulted in the CRC feeling emotionally and physically exhausted and impacting the likelihood that she would be able to stay in the position long-term. As reflected by these three forms of labor, we must acknowledge the messiness inherent in community-based research projects and understand the many ways bridge people may be required to negotiate extremely difficult environments characterized by competing political interests and high emotional costs. Only by paying attention to these dynamics can we adequately support those who fill bridge positions and ensure they are best able to navigate such complex environments.



About the Authors

Maria Mayan is a professor in the School of Public Health and associate director of the Community-University Partnership at the University of Alberta.

Bethan Kingsley is a research associate at the Community-University Partnership for the Study of Children, Youth and Families at the University of Alberta.

Sandra Ngo is a policy analyst at the Government of Alberta, and served as the community bridge person with ENRICH and the Multicultural Health Brokers Cooperative.

Dragana Misita is a registered dietitian and the ENRICH research program coordinator at the University of Alberta.

Rhonda Bell is a professor of human nutrition in the faculty of agricultural, life, and environmental sciences at the University of Alberta.

References

- Abma, T., Cook, T., Madsen, W., Wright, M. T., Banks, S., Dias, S., & Springett, J. (2019). *Participatory research for health and social well-being*. Springer.
- Belone, L., Lucero, J. E., Duran, B., Tafoya, G., Baker, E. A., Chan, D., Chang, C., Greene-Moton, E., Kelley, M., & Wallerstein, N. (2016). Cwcommunity-based participatory research conceptual model: Community partner consultation and face validity. *Qualitative Health Research, 26*(1), 117–135. <https://doi.org/10.1177/1049732314557084>
- Bradbury, H. (2019). Foreword: An invitation to knit our worlds together. In T. Abma, S. Banks, T. Cook, S. Dias, W. Madsen, J. Springett, & M. T. Wright (Eds.), *Participatory research for health and social well-being* (pp. vii–xiii). Springer.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology: Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association.
- Carpenter, S. R., & Brock, W. A. (2008). Adaptive capacity and traps. *Ecology and Society, 13*(2), Article 40. <http://www.ecologyandsociety.org/vol13/iss2/art40/>
- Cook, T. (2009). The purpose of mess in action research: Building rigour through a messy turn. *Educational Action Research, 17*(2), 277–291. <https://doi.org/10.1080/09650790902914241>
- Dodd, W., & Nelson, E. (2018). Shifting discourse and practice on food banks: Insights from a community–university partnership. *Voluntas: International Journal of Voluntary and Nonprofit Organizations, 31*, 881–893. <https://doi.org/10.1007/s11266-018-0012-0>
- Fletcher, F., Hammer, B., & Hibbert, A. (2014). "We know we are doing something good, but what is it?": The challenge of negotiating between service delivery and research in a CBPR project. *Journal of Community Engagement and Scholarship, 7*(2), 19–30. <https://tinyurl.com/33x3dc98>
- Food Banks Canada. (2015). *Hunger count 2015: A comprehensive report on hunger and food bank use in Canada, and recommendations for change*. https://www.foodbankscanada.ca/getmedia/6173994f-8a25-40d9-acdf-660a28e40f37/HungerCount_2016_final_singlepage.pdf.aspx?ext=.pdf
- Gokiert, R., Georgis, R., Chiu, Y., & Chow, W. (2012). Early childhood developmental screening: Does culture play a role? In *Knowledge translation in Alberta: Health research with impact* (pp. 23–25). Alberta Innovates—Health Solutions. <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.682.3507&rep=rep1&type=pdf#page=25>
- Greenhalgh, T., Thorne, S., & Malterud, K. (2018). Time to challenge the spurious hierarchy of systematic over narrative reviews? *European Journal of Clinical Investigation, 48*(6), Article 12931. <https://doi.org/10.1111/eci.12931>
- Israel, B. A., Eng, E., Shulz, A. J., & Parker, E. A. (2013). Introduction to methods for CBPR for health. In B. A. Israel, E. Eng, A. J. Shulz, & E. A. Parker (Eds.), *Methods for community-based participatory research for health* (pp. 4–37). Jossey-Bass.
- Israel, B. A., Krieger, J., Vlahov, D., Ciske, S., Foley, M., Fortin, P., Guzman, J. R., Lichtenstein, R., McGranaghan, R., Palermo, A.-g., & Tang, G. (2006). Challenges and facilitating factors in sustaining community-based participatory research partnerships: Lessons learned from the Detroit, New York City and Seattle Urban Research Centers. *Urban Health, 83*(6), 1022–1040. <https://doi.org/10.1007/s11524-006-9110-1>
- Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A. J., III, Guzman, J. R., & Lichtenstein, R. (2018). Critical issues in developing and following CBPR principles. In N. Wallerstein, B. Duran, J. G. Oetzel, & M. Minkler (Eds.), *Community-based participatory research for health* (pp. 31–44). Jossey-Bass.
- Janzen, R., Ochocka, J., & Stobbe, A. (2016). Towards a theory of change for community-based research projects. *Engaged Scholar Journal: Community-Engaged Research, Teaching and Learning, 2*(2), 44–64. <https://doi.org/10.15402/esj.v2i2.165>
- Jull, J., Giles, A., & Graham, I. D. (2017). Community-based participatory research and integrated knowledge translation: Advancing the co-creation of knowledge. *Implementation Science, 12*, Article 150. <https://doi.org/10.1186/s13012-017-0696-3>

- Kingsley, B. C., & Chapman, S.-A. (2013). Questioning the meaningfulness of rigour in community-based research: Navigating a dilemma. *International Journal of Qualitative Methods*, 12(1), 551–569. <https://doi.org/10.1177/160940691301200129>
- Kislov, R., Wilson, P., & Boaden, R. (2017). The “dark side” of knowledge brokering. *Journal of Health Services Research and Policy*, 22(2), 107–112. <https://doi.org/10.1177/1355819616653981>
- Lee-Treweek, G. (2000). The insight of emotional danger: Research experience in a home of older people. In G. Lee-Treweek & S. Linkogle (Eds.), *Danger in the field: Ethics and risk in social research* (pp. 114–131). Routledge.
- Levkoe, C. Z. (2011). Towards a transformative food politics. *Local Environment*, 16(7), 687–705. <https://doi.org/10.1080/13549839.2011.592182>
- Levkoe, C. Z., & Stack-Cutler, H. (2018). Brokering community-campus partnerships: An analytical framework. *Gateways: International Journal of Community Research and Engagement*, 11(1), 18–36. <https://doi.org/10.5130/ijcre.v11i1.5527>
- Levkoe, C. Z., & Wakefield, S. (2011). The community food centre: Creating spaces for a just, sustainable, and healthy food system. *Journal of Agriculture, Food Systems, and Community Development*, 2(1), 249–268. <https://doi.org/10.5304/jafscd.2011.021.012>
- Lomas, J. (2007). The in-between world of knowledge brokering. *British Medical Journal*, 334(7585), 129–132. <https://doi.org/10.1136/bmj.39038.593380.AE>
- Mayan, M. (2009). *Essentials of qualitative inquiry*. Left Coast Press.
- Mayan, M., & Daum, C. H. (2015). Worth the risk? Muddled relationships in community-based participatory research. *Qualitative Health Research*, 26(1), 69–76. <https://doi.org/10.1177/1049732315618660>
- McCarr, J., Mollison, A., Browne, A., Parker, J., & Pauly, B. (2017). The role of knowledge brokers: Lessons from a community based research study of cultural safety in relation to people who use drugs. *Canadian Journal of Action Research*, 18(1), 34–51. <https://journals.nipissingu.ca/index.php/cjar/article/view/320>
- Patton, M. Q. (2008). *Developmental evaluation: Applying complexity concepts to enhance innovation and use*. Guilford Press.
- Pettes, T., Dachner, N., Gaetz, S., & Tarasuk, V. (2016). An examination of charitable meal programs in five Canadian cities. *Journal of Health Care for the Poor and Underserved*, 27(3), 1303–1315. <https://doi.org/10.1353/hpu.2016.0121>
- Quintanilha, M., Mayan, M., Ngo, S., Chiu, Y., & Bell, R. (2018). Developmental evaluation of a novel food security strategy to support pregnant and postpartum newcomer women in Edmonton. *The Journal of the Federation of American Societies for Experimental Biology*, 31(S1), 961.11–961.11. https://faseb.onlinelibrary.wiley.com/doi/abs/10.1096/fasebj.31.1_supplement.961.11
- Quintanilha, M., Mayan, M. J., Thompson, J., & Bell, R. C. (2016). Contrasting “back home” and “here”: How Northeast African migrant women perceive and experience health during pregnancy and postpartum in Canada. *International Journal for Equity in Health*, 15, Article 80. <https://doi.org/10.1186/s12939-016-0369-x>
- Quintanilha, M., Thompson, J., Bell, R., & Mayan, M. (2015). Exploring sociocultural factors during pregnancy and postpartum among African-immigrant women within the context of a community-based organization. *Canadian Journal of Diabetes*, 39(Suppl. 1), Article S22. <https://doi.org/10.1016/j.jcjd.2015.01.095>
- Riches, G. (2002). Food banks and food security: Welfare reform, human rights and social policy. Lessons from Canada? *Social Policy & Administration*, 36(6), 648–663. <https://doi.org/10.1111/1467-9515.00309>
- Smith, A. (2017). Introduction: The revolution will not be funded. In INCITE! Women of Color Against Violence (Ed.), *The revolution will not be funded: Beyond the non-profit industrial complex* (pp. 1–18). Duke University Press.
- Steenbergen, D. J., & Warren, C. (2018). Implementing strategies to overcome social-ecological traps: The role of community brokers and institutional bricolage in a locally managed marine area. *Ecology and Society*, 23(3), Article 10. <https://doi.org/10.5751/ES-10256-230310>

- Strand, K., Marullo, S., Cutforth, N., Stoeker, R., & Donohue, P. (2003). *Community-based research and higher education*. Jossey-Bass.
- Sword, W., Watt, S., & Krueger, P. (2006). Postpartum health, service needs, and access to care experiences of immigrant and Canadian-born women. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 35(6), 717–727. <https://doi.org/10.1111/j.1552-6909.2006.00092.x>
- Tarasuk, V. (2001). A critical examination of community-based responses to household food insecurity in Canada. *Health Education and Behavior*, 28(4), 487–499. <https://doi.org/10.1177/109019810102800408>
- Tarasuk, V., Li, T., Mitchell, A., & Dachner, N. (2018). Commentary—The case for more comprehensive data on household food insecurity. *Health Promotion and Chronic Disease Prevention in Canada*, 38(5), 210–213. <https://doi.org/10.24095/hpcdp.38.5.03>
- Tarasuk, V., Mitchell, A., & Dachner, N. (2013a). *Household food insecurity in Canada, 2013. Research to Identify Policy Options to Reduce Food Insecurity (PROOF)*. <http://proof.utoronto.ca/wp-content/uploads/2015/10/foodinsecurity2013.pdf>
- Tarasuk, V., Mitchell, A., & Dachner, N. (2013b). *Household food insecurity in Canada 2011. Research to Identify Policy Options to Reduce Food Insecurity (PROOF)*. <http://www.nutritionalsciences.lamp.utoronto.ca/wp-content/uploads/2013/07/Household-Food-Insecurity-in-Canada-2011.pdf>
- Tarasuk, V., Mitchell, A., & Dachner, N. (2016). *Household food insecurity in Canada, 2014. Research to Identify Policy Options to Reduce Food Insecurity (PROOF)*. <https://proof.utoronto.ca/resources/proof-annual-reports/>
- Vozoris, N. T., & Tarasuk, V. S. (2003). Household food insufficiency is associated with poorer health. *The Journal of Nutrition*, 133(1), 120–126. <https://doi.org/10.1093/jn/133.1.120>
- Ward, V., House, A., & Hamer, S. (2009). Knowledge brokering: The missing link in the evidence to action chain? *Evidence & Policy: A Journal of Research, Debate and Practice*, 5(3), 267–279. <https://doi.org/10.1332/174426409X463811>
- Weerts, D. J., & Sandmann, L. R. (2010). Community engagement and boundary-spanning roles at research universities. *The Journal of Higher Education*, 81(6), 632–657. <https://doi.org/10.1080/00221546.2010.11779075>
- Yohani, S., Kirova, A., Georgis, R., Gokiart, R., Mejia, T., & Chiu, Y. (2019). Cultural brokering with Syrian refugee families with young children: An exploration of challenges and best practices in psychosocial adaptation. *Journal of International Migration and Integration*, 20, 1181–1202. <https://doi.org/10.1007/s12134-019-00651-6>

