



The IRIS Method:

Community Champions Leading Implementation

The IRIS (Integrated Referral Intake System) is a bi-directional referral platform that provides a streamlined process for making, receiving, and tracking referrals between partners across various sectors. IRIS facilitates change in communities ready to transform how they make connections by helping to ensure that families get connected to the services and resources they need to thrive. While this technology provides communities with a valuable method of streamlining referral processes, it requires the engagement of community partners to succeed. Partners are more likely to adopt a technological solution when visionaries within a community lead implementation. These individuals are vital to the initial stages of the IRIS implementation process as they work to engender trusting relationships with local leaders and respond to their community's unique needs.

The IRIS team refers to these visionaries as community champions – an individual or a group of local partners working together to further the vision for IRIS in their community. Implementation led by external parties, not community leaders, may lack the necessary social capital to enact system-wide changes. Therefore, we present the notion that by identifying a local champion to implement new approaches within communities, overall community buy-in and adoption will be more successful and sustainable. In this paper, we will introduce the impact of community champions following the IRIS implementation. We will bolster this approach with evidence, supporting the need for champions in community-led initiatives and providing examples of successful programs guided by champions. The evidence and experiences will come together to argue for this best practice when working with communities.

The Community Champion's Role in Implementation

Adopting new technologies such as IRIS relies on collaborative learning, taking risks, and embracing failures. Since this engenders vulnerability in partners, trust is essential in all aspects of the implementation process (Dovey, 2009). When trusting relationships exist, therein lies a belief or expectation that social actions will cause no harm and provide the maximum benefit to the community (Maiorana et al., 2012). With their knowledge of the historical factors that have shaped

the availability of resources in their community, champions hold the key to forming trusting relationships with local partners. However, if there is a lack of trust between stakeholders, it impedes the effective implementation of beneficial interventions.

The most effective way to begin implementing a program in a community is to position a community champion who can develop and build relationships with those who hold the other pieces of the community's vision. These community champions can assist implementation with their ability to build effective community partnerships and develop the infrastructure to further the community's vision. These individuals are often ingrained in the community and possess the social relationships necessary to facilitate participation and dynamic collaborations. In many instances, these community champions are already leading existing efforts in communities to promote the health and well-being of their constituents.

As communities seek to foster strong relationships between partners and individuals, they rely on champions to generate trust by harnessing their social capital to further the community vision. Trust is systemic – when integrated into the implementation process, it impacts individuals at all levels. In collaborating with champions, trusting relationships are fundamental in forging connections and initiating conversations with stakeholders. As IRIS seeks to create a community and foster stronger relationships between individuals, we must find the common language that reflects people's lived experience and language within a community to bridge gaps between networks.

The IRIS approach draws upon this collaborative spirit by positioning the champion as the leader of community-level development. IRIS community champions engage local organizations to build implementation capacity and design more effective services that better address local health and social care disparities. This process hinges upon the shared vision that connects community partners to achieve effective and sustainable approaches grounded in the community's needs. In addition, by engaging and investing in the people they serve, these champions help to strengthen the knowledge and skills already there. To illustrate the importance of a community champion during implementation, the below case studies from recent literature highlight programs that effectively position community participation in their intervention strategies.

Evidence from the Literature: Community Case Studies

In a case study centered on the adoption of child welfare programs, New York City's Administration for Children's Services outlined how community champions were critical in furthering the changes they sought to enact (Metz & Bartley, 2017). To build and support relationships during the implementation process, community leaders brought their unique perspectives to create a heightened sensitivity to the priorities of their local community. In doing so, they generated trusting relationships by supporting co-learning models, brokering relationships among disjointed stakeholders, and addressing any barriers to care experienced by families in their community (Metz & Bartley, 2017). Based on the success of this program, when trust exists, individuals are more likely to accept the risks necessary to support rapid change efforts (Metz & Bartley, 2017).

Further examples of community-led implementation emphasize the importance of understanding the unique needs of an individual community. For instance, the Bienvenido Program, a mental health promotion program created at the Northeastern Center (NEC) in Ligonier, Indiana, sought to develop health interventions grounded in the needs of community members (Callejas et al., 2021). To assess the mental health needs of the Latinx community in Ligonier, researchers worked directly with community leaders and drew upon their social status to build rapport and trust among their constituents. By centering community perspective, the researchers with the Bienvenido Program increased their outpatient mental health services by 124 percent. This program was so successful because its efforts were grounded in the local experiences of the participants, underscoring the indispensable role that community-led implementation plays in onboarding new programs in a community.

IRIS and Community Champions

Although community champions play a key role in understanding the unique relationships and challenges within a community, they do not likely have the capacity and experience necessary to enact the change management associated with implementing a referral platform. While the efforts of community champions are integral to the IRIS implementation process, a systematic

approach to onboarding a community is necessary for successful and sustainable implementation. The IRIS approach is a collaborative five-phase implementation process that provides a framework for champions to guide partners through the adoption of the IRIS referral platform. The strategies and milestones that make up the approach are grounded in implementation science principles, including the Active Implementation Drivers and Stages of Implementation, to guide and accelerate the systems change effort in an adaptable approach (Fixsen et al., 2005). Together, research and the experiences of community champions form the IRIS Implementation Approach.

The IRIS Implementation Approach

The Stages of Implementation provide a path for the five phases of IRIS implementation. Prior to implementation, communities begin the *exploration stage* where they embrace IRIS as a solution, or a component of a solution, to address a need. The exploration stage continues across the first IRIS phase, *Groundwork*, when the community champions work with local leadership to assess existing resources within a community, determine roles and responsibilities through the implementation process, and understand the tool. The length of time spent in *Groundwork*, and every phase, varies by the community's readiness as determined by the milestones they reach.

During the second phase, *Planting Seeds*, community champions connect with potential partners and stakeholders to introduce the tool and develop a shared vision for use. In alignment with the implementation stage, *installation*, partners begin to see how their roles, organizations, and families they serve may benefit from IRIS. Together, community champions and partners approach phase three, *Strong Roots*, to establish shared processes and design the system. The champion strives to support organizational and community workflows, ensuring that IRIS meets the unique needs of their community. With these processes in place, IRIS phase four, *Blooms*, begins. In this phase, community champions fine-tune the workflows and system in preparation for the change in the community. Local leaders, partner organizations, and IRIS users complete the necessary training and process adjustments in preparation for launch.

IRIS *Blooms* concludes upon launch when *initial implementation* begins, meaning IRIS is available for partners, and referrals may begin. The IRIS community is then ready for phase

five, *Cultivate*. Through the first year, IRIS champions spend time working to strengthen relationships among partners and adjust the system as new needs become apparent - the *Cultivate* stage could continue indefinitely as needs across the community change and interest grows. While success may look different for each IRIS community, as defined through their vision, those that develop effective practices and are resilient through leadership changes do so with the support of a champion representative who works closely with an active network of referral partners.

Conclusion: Community Champions and the IRIS Framework

The community champion often acts as a visionary for the initial implementation phases by engaging with local stakeholders to address needs that resonate with providers across different sectors. Most importantly, they can reach diverse audiences within communities, which is crucial to overcoming common implementation stress points – such as a lack of partner buy-in, systemic inequities, or under-represented community voice. Champions are critical to the successful adoption of the IRIS platform. They bolster the IRIS approach by strengthening their connections with local leaders while building a referral network to efficiently communicate and establish needed support for families. In this way, champions are vital to forging connections between the community, service providers, and families.

The IRIS implementation approach recognizes the role of community champions in improving community outcomes and developing sustainable referral processes. The successful adoption of a new program or tool is more effective when the voices of community members are involved. Thus, when champions are present in the implementation process, they form the backbone of a collaborative approach necessary to constructing positive outcomes. With the right tools and capacity-building opportunities, champions increase the adoption of a referral platform and ensure community voice is present at all levels of the implementation process.

References

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