



THE ORCHID FRAMEWORK: ORGANIZATIONAL READINESS FOR COMMUNITY-LED HEALTH ARTIFICIAL INTELLIGENCE PARTNERSHIP

The ORCHID Framework™ is designed to help health care and public health organizations determine their readiness to engage in community-led partnerships for health AI. It draws on the principles of design justice by Sasha Costanza-Chock, PhD, which are informed by disability justice, and on the work of community-centered researchers, advocates, and organizations such as the Distributed AI Research Institute founded and led by Timnit Gebru, PhD, and the Algorithmic Justice League established and directed by Joy Buolamwini, PhD, and frameworks such as A.C.C.E.S.S. AI developed by Zainab Garba-Sani, MSc.

Health care and public health systems hold unique power over people’s bodies, well-being, life chances, and survival. There is a deep legacy and ongoing pattern of harm inflicted by these systems, particularly on racially minoritized and other marginalized communities, including medical experimentation, forced sterilization, and discriminatory health care and public health practice. AI systems used in the context of health risk perpetuating these harms at unprecedented scale. Serious concerns exist about embedded bias within these systems and the limited evidence of their efficacy and safety, with minimal, if any, input, from patients and communities. Moreover, many health AI applications may not even address community-identified priority or need and, instead, may reflect financial drivers. These intersecting factors create unique vulnerabilities that require community leadership in determining not just how health AI is implemented, but whether it should be implemented at all.

ORGANIZATIONAL READINESS ASSESSMENT

(ongoing process including before any community partnership request)

RELATIONSHIP WITH COMMUNITIES*

- How do communities describe their experiences working with our organization?
- How have we demonstrated accountability to community-identified health priorities?
- How have we acknowledged and made amends for past harms with communities we partner with?
- If no prior community partnerships exist, what prevents us from establishing these relationships?

HEALTH EQUITY

- How have we addressed or, more importantly, worked to eliminate health inequities in our previous and ongoing work?
- How do we understand the ways in which social and structural determinants of health contribute to the wellbeing of the communities we might partner with?
- How have we actively challenged the intersecting systems of marginalization that create and contribute to health inequities?

POWER SHARING AND RESOURCES

- What resources and capabilities do we have to help support community-defined and led health initiatives?
- How do we ensure that community expertise and knowledge are valued equitably to technical expertise in all partnerships?
- How do we ensure communities retain ownership and control over any products, data, or knowledge generated through partnerships?

**Note: Communities refers to community-based organizations, individual community members, and/or coalitions of both, as self-defined.*

COMMUNITY PRIORITY IDENTIFICATION

HAVE COMMUNITIES IDENTIFIED HEALTH PRIORITIES OR NEEDS THEY WANT ADDRESSED?

NO

YES

CONTINUE READINESS-BUILDING

- Focus on relationship-building and cultivating trustworthiness with communities
- Develop organizational capacity to support community-led health partnerships
- Demonstrate accountability to community-identified priorities
- Move at the speed of trust (Emergent Strategy by adrienne maree brown)

PRIORITY-CENTERED ASSESSMENT

- What specific health priority or need have communities identified?
- What solutions have communities already tried or considered?
- What would success look like from the communities’ perspective?
- What resources and support, if any, do communities want from organizations?

SOLUTION EXPLORATION (Community-led)

- Communities explore range of potential solutions
- Organization provides information about all potential options (e.g., policy, service delivery, technology), when requested, with focus on non-AI approaches
- AI only considered if communities want to explore it after learning about all options

WHAT APPROACH DO COMMUNITIES WANT TO PURSUE?

COMMUNITIES CHOOSE NON-AI APPROACH

- Organization provides requested support for community-chosen approach
- Partnership follows community-defined process
- Success measured by community-defined metrics
- Continue with non-AI support if requested by community
- **RETURN TO READINESS- BUILDING**

COMMUNITIES WANT TO EXPLORE AI APPROACH AI Partnership Assessment (Organizational Self-Assessment)

Organization demonstrates readiness for community-led health AI partnership by committing to the following:

- ✓ Communities define success and harm
- ✓ Communities determine how the potential AI system is used and all major decisions about it, with organizational support as requested
- ✓ Community maintains ownership and control over health data and knowledge created
- ✓ Organization provides clear, understandable information about how AI works when communities request it
- ✓ Organization actively works to prevent and mitigate algorithmic bias that could harm community members
- ✓ Organization is transparent about the potential environmental impacts and costs of the health AI system and how it may affect communities
- ✓ Organization stops or changes the AI system whenever the communities decide they want to
- ✓ Organization values communities' knowledge and experience equitably in all decisions about the health AI system

COMMUNITIES DECIDE ORGANIZATIONAL SUPPORT IS NOT NEEDED

- Organization respects communities' self-determination
- Organization offers to provide resources without partnership, if requested by communities
- Communities proceed independently
- **RETURN TO READINESS- BUILDING**

If organization answers "NO" to ANY of the AI Partnership Assessment items

If organization answers "YES" to ALL AI Partnership Assessment items

DECLINE AI PARTNERSHIP
Exploration into AI approach ends.
RETURN TO READINESS- BUILDING

PROCEED TO AI PARTNERSHIP

COMMUNITY-LED HEALTH AI PARTNERSHIP PROCESS

(defined by and with communities)

Community Governance

- Full decision-making authority throughout all phases (priority definition, planning, development, evaluation, implementation, ongoing monitoring, oversight, system modification, and termination)

Organizational Support (when requested by communities)

- **Material support:** Provide funding including appropriate compensation for community members' time and expertise, administrative resources (e.g., project coordination, translation services), relevant data and data access, etc.
- **AI literacy support:** Offer AI expertise and training to build community capacity for AI-related decision-making, without driving decisions or imposing organizational priorities

WHAT ORGANIZATIONS NEED TO KNOW ABOUT USING THIS FRAMEWORK

SHIFT ORGANIZATIONAL POWER

This framework requires that organizations shift from leading community engagement to responding to community-led requests and decision-making.

SUPPORT COMMUNITY SELF-DETERMINATION

Communities are closest to the issues that impact them and know what they need and how to make decisions for themselves. What is often lacking, because of structural inequity, is access to material resources and technical knowledge, in some instances. Community governance enables communities to control resources and create their own decision-making structures

MOVE AT THE SPEED OF TRUST

(Emergent Strategy by adrienne maree brown)

Organizations must cultivate trustworthiness over time. AI adds another layer, making it incumbent upon organizations to prove themselves trustworthy through accountable relationships with communities at communities' pace.