

# Trauma-Informed & Intersectional Approaches Toolkit

## CENTERING HEALING AND JUSTICE IN MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT WORK

### Understanding Trauma-Informed & Intersectional Approaches

The Minnesota Title V Needs Assessment team utilized the following definitions of trauma-informed and intersectionality to help center these two concepts in the Needs Assessment work.

- “**Intersectionality** highlights how our experiences are shaped by the intersections of our social locations, and resulting privilege and oppression (e.g., racism, sexism, able-ism, classism, and more), which operate at both macro and micro levels,” and;
- “**Trauma-informed approaches** recognize the pervasive consequences of oppression and traumatic stress for individuals, communities, and systems.”<sup>1</sup>

Incorporating trauma-informed and intersectional approaches within the context of Title V should be undertaken as an ongoing, reflective process. This work is most successful when teams intentionally take the time to consider how their work can and should be done, who they should work with, and what responsibilities they have as researchers as they engage with communities during the needs assessment activities.

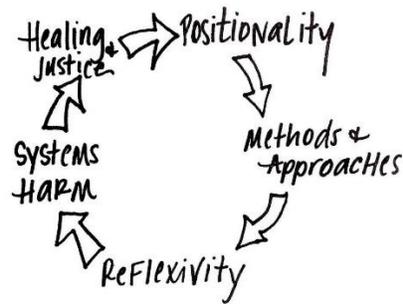
Incorporating a trauma-informed and intersectional lens throughout the Title V Needs Assessment allowed Minnesota Department of Health (MDH) staff to see all candidate priorities identified through the Discovery Survey process as interconnected and interrelated, rather than as distinct aspects of health and well-being for maternal and child health populations.<sup>2</sup> Furthermore, grounding the Title V Needs Assessment in these two approaches allowed the team to reflect on and acknowledge the overlapping systems of oppression that have created and perpetuated barriers for mothers, children, families, and communities as well as the pervasive nature of various forms of trauma that continue to affect people and communities throughout lifetimes and across generations.<sup>1</sup>

### Creating a Trauma Informed & Intersectional Process for Needs Assessments

The needs assessment team conducted a literature review on intersectional and trauma-informed approaches to public health and community work.<sup>1</sup> This literature review was seen as a starting place, and the Title V Needs Assessment team acknowledged from the outset that incorporating trauma-informed and intersectional approaches would be an ongoing, adaptive process.

### Key Takeaway Action Steps

The following five takeaways were identified in the literature review. For a more detailed overview of each takeaway, please refer to the [literature review](#). Below each takeaway, we have listed several action steps that can be taken to begin incorporating trauma-informed and intersectional approaches into their needs assessment methodology. Following each action step, we have listed a question or two that will assist with the complex process of beginning to address these action steps.



**Figure 1. Visual representation of the interconnection of the five key takeaways**

**Positionality Matters:** Positionality is the social and political context of our identities and lived experiences.

- **Consider who makes up your needs assessment team.** Is the team diverse? Are team members representative of historically under-represented communities?
- **Reflect on the power dynamics within the needs assessment team.** How can you engage in a meaningful reflection of how systems of power and oppression have impacted team members?
- **Intentionally plan for how to integrate those most affected by the public health issue into the work of the needs assessment team.** How will you reach and recruit those most affected to participate in stakeholder engagement activities? Can you provide compensation? How will you work together to understand what a good partnership looks like?

**Reconsider Methods & Approaches:** Deep thought and reflection that results in the inclusion of intersectional and trauma-informed approaches in the selection of methods.

- **Choose tools for analysis that actually address intersectional questions and account for power, privilege, and other structural forces.** How can this type of data be collected in a meaningful way?
- **Consider how social categories can be “additive.”** Example: *How does the experience of an African woman that is an immigrant differ from an African American woman? How do these experiences differ from women of other races?*
- **Be aware of trauma when formulating questions for communities.** How might questions trigger individuals? How can you connect with community members to better understand the implications of using specific language?
- **Use a strengths-based approach that values the expertise and knowledge within communities most affected by the public health issue.** How can questions asked during data collection activities utilize a strength-based approach? How can data measures be reflective of a community’s unique assets?

**Integrate Reflexivity:** Reflexivity is the researcher and their team continually reflecting on the research process.

- **Reflect on team members’ values, experiences, and beliefs.** How might these affect team member views of specific public health issues? Could bias unintentionally impact assumptions and perspectives?
- **Ensure that the needs assessment process acknowledges power, privilege, historical context, etc. and that needs come from those closest to the issue (bottom-up approach).** How can your team design sampling methods that accurately represent the diversity and lived experiences among those who are closest to the public health issues being assessed?

- **Make sure the results are framed within their historical and social context.** How will connections to institutions and processes of power be examined? How will historical and social contexts be considered when developing strategies?

**Acknowledge Systems Cause Harm:** Recognize the ways in which systems and organizations perpetuate or cause harm. Failing to acknowledge past or existing harm may cause further harm.

- **Understand and be transparent about how the broader systems that the Title V Needs Assessment is part of can play a role in perpetuating power, privilege, and oppression, and that these broader structures have not been designed to benefit everyone equally.** If your team were to add an acknowledgment of harm to needs assessment materials, what would it say?
- **Acknowledge that despite having positive intentions, the impact of social services systems, including the needs assessment process, may actually be hurtful rather than helpful for some communities.** How can you build relationships with these communities to establish trust? How will your team be able to learn about and respond to community voices if actions are hurtful?

**Action for Healing & Justice:** Move beyond analytically identifying trauma/oppression to applying the knowledge to processes of systems change.

- **Actively work to move the organization supporting the needs assessment to be more trauma-informed not just in its work with communities, but also within the organization itself.** Is there capacity at your organization to begin a trauma-informed workplace workgroup? How will the needs assessment team share information on trauma informed and intersectional approaches with colleagues?
- **Listen to the experiences and frustrations of the community, and intentionally work to reestablish trust.** How can your team provide a safe space for community members to express themselves? How can your team commit to repairing these relationships?
- Ultimately, healing and justice will only be realized when Needs Assessment teams (and health departments in general) (1) listen deeply to communities not to gain anything or confirm a research agenda, but to ensure that communities feel heard; and (2) build authentic relationships between state professionals and communities with the ultimate goal of solidifying shared-decision making and shared power throughout the entirety of the needs assessment process.

## Conclusion

The action steps and guiding questions listed here are meant to inform ongoing efforts to incorporate trauma-informed and intersectional frameworks into the work of maternal and child health needs assessment. Since this work is constant, there is no set start or end date for these tasks. Rather, the ideas presented here may be useful at different stages throughout the needs assessment process, and should be returned to often in order to best center this work on trauma-informed and intersectional approaches to advance health equity and justice. Ultimately, these approaches aim to realize a redistribution of power in order to ensure that state health departments build and maintain authentic and just relationships with communities.

## Helpful Resources

- NASTAD. *Trauma-Informed Approaches Toolkit*. (2018). Retrieved from [https://www.nastad.org/sites/default/files/Uploads/2019/nastad\\_traumatoolkit\\_12122018.pdf](https://www.nastad.org/sites/default/files/Uploads/2019/nastad_traumatoolkit_12122018.pdf)
- Coldspring Center for Social and Health Innovation. *Trauma Informed Excellence Toolkit*. (n.d.). Retrieved from <https://coldspringcenter.org/trauma-informed-excellence.html>
- African American Policy Forum. *A Primer on Intersectionality*. (n.d.). Retrieved from <http://static.squarespace.com/static/53f20d90e4b0b80451158d8c/53f399a5e4b029c2ffbe26cc/53f399c8e4b029c2ffbe2b28/1408473544947/59819079-Intersectionality-Primer.pdf?format=original>
- Stronger NC. *Intersectionality Toolkit*. (2018). Retrieved from <https://strongernc.org/wp-content/uploads/2018-02-11-Intersectionality-Toolkit.pdf>
- National Collaborating Centre for Determinants of Health and National Collaborating Centre for Healthy Public Policy. *Public Health Speaks: Intersectionality and Health Equity*. (2016). <http://nccdh.ca/resources/entry/public-health-speaks-intersectionality-and-health-equity>

## Citations

1. Shramko, M., Pfluger, L., and Harrison, B. (2019). *Intersectionality and Trauma-Informed Applications for Maternal and Child Health Research and Evaluation: An Initial Summary of the Literature*. Minnesota Department of Health.
2. Minnesota Department of Health – Division of Child and Family Health. (2017). *Title V Maternal and Child Health Needs Assessment Plan*. Retrieved from <https://www.health.state.mn.us/docs/communities/titlev/titlevneedsassessplan.pdf>

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