Housing Is Health – So Is How We Talk About Paying Rent

Tips for Communications that Support Resident Well-being in a Time of Economic Crisis

A quality, stable home is well documented as a key social determinant of health, providing a foundation for health and well-being. Never has this been more evident than in the midst of the COVID-19 pandemic. For many residents this health and economic crisis will generate a number of traumatic stressors, such as unemployment, increased food insecurity, increased isolation, anxiety, and depression, a feeling of helplessness and being powerless to protect loved ones, the grief over losing loved ones and/or members of their community, and an inability to pay rent and for other basic needs.

While many residents are currently protected by voluntary or mandatory eviction moratoriums, the stress of anticipated shortages in resources to pay rent and utilities once these moratoriums are lifted will take a toll. Research suggests that low-income renters unable to pay rent experience similar negative health outcomes as those who have experienced homelessness or displacement.[1] Furthermore, the stress of being unable to pay rent appears to have lingering effects on a family's physical and mental health even after the rent has been paid. Other research has demonstrated that in addition to social and community disruption, financial stress and loss during and after a disaster are associated with post-traumatic stress disorder.[2]

As landlords, management agents, and resident services coordinators undertake difficult conversations about economic hardship, rent repayment agreements, and other needs, they should remain mindful of the long term impacts these stressors have on resident (and their own) well-being. While housing, management, and service providers certainly cannot mitigate all of the economic, physical, and social stressors associated with this crisis, they can consider the following when communicating around rent payments or other obligations:

- **Recognize that residents are anxious; staff should use language to communicate support, validate residents' experience, and establish trust.** Staff might use validating or normalizing language to communicate that you understand or empathize with what someone is going through.

- **Provide information clearly and directly**. New or updated policies should be provided both verbally and in writing (and translated in multiple languages, if relevant in your community of residents). Define any acronyms used in written communications.

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[1] Sandel, M., Sheward, R., Ettinger de Cuba, S., Coleman, S. M., Frank, D. A., Chilton, M., Black, M., Heeren, T., Pasquariello, J., Casey, P., Ochoa, E., & Cutts, D. (2018). Unstable housing and caregiver and child health in renter families. *Pediatrics, 141*(2), https://doi.org/10.1542/peds.2017-2199

[2] Galea, S., Tracy, M., Norris, F., & Coffey, S. F. (2008). Financial and social circumstances and the incidence and course of PTSD in Mississippi during the first two years after Hurricane Katrina. *Journal of Traumatic Stress, 21* (4), 357–368. https://doi.org/10.1002/jts.20355

- **Explain "Why" new policies and procedures are being implemente**d. This helps to establish a sense of consistency and predictability.

- **Allow opportunity and space for residents to ask questions**. It is difficult to absorb lots of new information and change when people are experiencing increased anxiety and loss. Ask residents if they have questions about the information being provided.

- **Where possible, provide options and choice**. This provides an opportunity for residents to regain a sense of control in their lives.

Additional Resources:

- Visit the **CORES** COVID-19 Resource Page for additional resources to support frontline staff and residents.

- **Trauma Informed Oregon**, a statewide collaboration to promote and sustain trauma-informed care across child- and family-serving systems, developed a Tip Sheet- **The Anatomy of a Trauma Informed Script**. In addition, they suggest that organizations **consider six principles in their work during COVID-19:**
    - **Safety** – How can you provide physical safety (e.g., access to essential services, safe spaces) but also emotional safety (e.g., someone is looking out for me).
    - **Consistency** – In what ways can you promote consistency even as things are ever changing. For example, getting up at the same time even if you are not going to work, school, or services. Developing a routine/daily schedule for students at home.
    - **Transparency** – How can you provide clear, direct, and accurate information and keep this updated? Consider offering multiple ways of information sharing (e.g., websites, videos with closed caption, twitter, email, flyers, etc.) and in multiple languages.
    - **Peer Support** – How can you support each other in this response? Using technology to check in on how colleagues, friends, family, and neighbors are doing as well as sharing your ideas for coping. Join online groups that are supporting neighbors.
    - **Collaboration**– How are your strategies including those impacted? Are communities included in the decisions and kept up to date?
    - **Culturally Responsive**– Are you considering the cultural strengths and needs of the community as you plan responses? Who has and does not have access to resources?

- Explore the feasibility of offering **Trauma Informed Trainings and/or Mental Health First Aid Training** for staff. Here are a number of resources to explore. Additional training opportunities may be offered by local agencies and partners.
    - **Trauma Informed Care Network**
    - **Corporation for Supportive Housing – Trauma Informed Care** ***- Upcoming Training 5/19***
    - **The National Council for Behavioral Health – Trauma Informed Services**
    - **The National Council for Behavioral Health -Mental Health First Aid**
    - **Mental Health First Aid**