

## Social Workers' Perspectives on Housing Instability and End-Stage Kidney Disease

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### ABSTRACT

Housing instability can contribute to poor treatment adherence and adverse health outcomes among patients with end-stage kidney disease (ESKD) receiving hemodialysis. Social workers are tasked with navigating patients through the complexities of housing insecurity, yet little is known about the challenges they face in providing these services. We conducted an anonymous online survey of dialysis unit social workers to identify key barriers in caring for patients experiencing housing insecurity. Among 18 respondents, challenges such as lack of transportation ( $n = 5$ , 28%), monetary issues ( $n = 3$ , 17%), and mental health ( $n = 3$ , 17%) were the most frequently identified. A majority reported that patients experiencing housing insecurity or homelessness missed dialysis sessions at least once per month ( $n = 12$ , 67%). We explored the perceived detrimental health effects from missed dialysis sessions, such as increased emergency department usage ( $n = 12$ , 67%). Qualitative analysis of open-ended responses revealed several challenges faced by the social workers, including insufficient training and a lack of collaboration with housing agencies, and highlighted the need for centralized resource development and improved communication. Providing social workers with the training and tools to address housing could improve patient outcomes and care delivery for this vulnerable population.

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### INTRODUCTION

Kidney disease disproportionately affects those with lower socioeconomic status (SES), including people with housing insecurity (Centers for Disease Control and Prevention (CDC), 2023). Poverty has been associated with multiple risk factors for kidney disease, including hypertension, diabetes, and obesity (Nicholas et al., 2015). Patients with chronic kidney disease (CKD) experiencing housing insecurity are also at an increased risk of progression to end-stage kidney disease (ESKD) (Novick et al., 2023). ESKD, which affects more than 800,000 people in the United States and accounts for 33 billion dollars per year in Medicare spending, necessitates kidney replacement therapy (KRT), with hemodialysis being the most commonly used modality (Centers for Disease Control and Prevention (CDC), 2023). This life-sustaining treatment demands consistent access to dialysis centers and adherence to a rigorous schedule. Housing insecurity poses substantial challenges to patients undergoing hemodialysis, as it interferes with treatment adherence and complicates access to care, causing a negative impact on patient outcomes (Novick et al., 2023). Given the growing crisis of housing insecurity, its intersection with ESKD poses not only a clinical challenge

but also a public health crisis (Novick et al., 2022). Despite this, limited research exists regarding the difficulties faced in caring for this population.

Social workers (SWs) play a crucial role in the multidisciplinary care of patients receiving dialysis. They are often at the forefront of identifying and addressing the social determinants of health (SDOH) that affect treatment adherence and overall well-being (Urbanski et al., 2024). Understanding the challenges faced by SWs in supporting patients experiencing housing insecurity is essential for developing effective interventions and improving care delivery. This research letter aims to explore the perspectives of SWs regarding the impact of housing insecurity on hemodialysis care and the difficulties they encounter in addressing these complex needs.

### METHOD

We contacted a convenience sample of social workers affiliated with dialysis units in San Diego County, CA. Eligible participants included social workers employed by dialysis units in San Diego County. They were recruited by a research assistant and asked to complete an online Qualtrics® survey aimed to assess the perceived impact of housing instability

among their dialysis patient populations and the challenges SWs face in providing support (Qualtrics, 2024). Data collection occurred between January and March of 2024.

A new survey instrument (**Supplement**) was developed after a thorough literature review and included both quantitative and qualitative questions. This report focuses only on the survey questions relevant to the challenges of caring for patients with ESKD experiencing housing insecurity; therefore, only these questions are included in the supplement. Pilot testing of the survey did not occur, given the small sample size of respondents. Quantitative items focused on social workers' perceptions of the approximate proportion of patients experiencing housing instability, the frequency of dialysis disruptions related to housing issues, and the perceived impact of housing status on patient health outcomes, such as emergency department (ED) visits and hospitalizations. Open-ended questions explored the specific barriers social workers encounter when assisting patients with housing instability, the resources they utilize, and their perspectives on potential improvements in collaborative care. The survey was administered electronically via the Qualtrics platform to ensure anonymity and confidentiality (Qualtrics, 2024). Participation was voluntary, and informed consent was obtained prior to survey completion. The Institutional Review Board at UC San Diego deemed the study exempt.

Descriptive statistics were performed on the quantitative survey data. Qualitative data were analyzed using deductive thematic analysis of open-ended survey responses to identify recurring themes and patterns in the experiences and perspectives of the social workers using a coded framework based on domains reflected in the survey questions and existing literature (Braun & Clarke, 2006). The codes were organized into overarching themes using an iterative process by two reviewers (L.H. and P.S.G.) (Braun & Clarke, 2006).

## RESULTS

Responses from 18 social workers representing various dialysis units in San Diego County were received and used in the final analysis. A large proportion of respondents reported encountering patients experiencing housing instability, with 61% ( $n = 11$ ) of SWs indicating that they interacted with patients facing these challenges > 5 times per year (**Table S1**). The forms of housing instability reported included homelessness (both sheltered and unsheltered), living in temporary shelters, and being at risk of eviction. The majority ( $n = 12$ , 67%) of respondents indicated that patients experiencing these issues miss dialysis at least 1–2 times per month, and up to 5 times per month (**Table S2**). Across all categories of missed dialysis frequency, patients experiencing housing insecurity were typically rescheduled within 24–48 hours after a missed treatment (**Table S2**). Emergency department utilization following missed dialysis was common

and increased with higher frequencies of missed treatments (**Table S3**). Social workers identified the key barriers that they felt affected patients' attendance at dialysis, with lack of transportation ( $n = 5$ , 28%), monetary ( $n = 3$ , 17%), and mental health ( $n = 3$ , 17%) being the most frequently identified (**Table S4**). Social workers also relayed perceived detrimental health effects of these missed dialysis sessions, such as increased emergency department usage ( $n = 12$ , 67%) and hospitalizations ( $n = 9$ , 50%) (**Figure 1**).

The qualitative analysis identified several key themes, illustrated by selected quotes from social workers, regarding housing instability among patients with ESKD and the challenges social workers face in providing optimal dialysis care (**Table 1**). Key themes included communication gaps, a lack of formal training, structural barriers to housing, and desired system improvements. While transportation was identified as a major barrier dialysis units could assist with, a lack of stable contact information for patients experiencing housing instability often impeded this. For example, one respondent stated, "However, communication is difficult, as patients often do not stay in shelters/maintain contact with outreach organizations for prolonged periods of time." SWs frequently expressed frustration with the complexities of navigating housing assistance programs, as well as a lack of formal training in navigating these programs. Most respondents reported that they, "...have not had any formal training working [with] patients experiencing housing insecurity or homelessness..." and others expressed, "...it is incredibly difficult for us SWs within the dialysis clinic to find housing for all patients expressing dissatisfaction or instability with housing, as we do not have particular or direct access to housing." The need for improved collaboration and communication between healthcare providers, housing agencies, and other social service organizations was another recurring suggestion/theme for enhancing care. Respondents asked for: "...active/engaged case management services from a housing support organization. If they could come to the clinics, that would be IDEAL..."; and "complex case management through health insurance or outside agency[s] to help manage appointments, transportation, food, medical providers." Above all, respondents emphasized that housing was the most critical area of intervention for improving patient care: "...more availability for [of] low-income housing..." and "...finding a more permanent solution so the patients have somewhere to live without worrying about finding where to sleep every night."

## DISCUSSION

Our study highlights both the extent of patients on dialysis experiencing housing instability in San Diego County, and the many challenges social workers face when supporting these patients. Respondents reported that housing instability disrupts treatment adherence, complicates care coordination, and contributes to poorer health outcomes. While earlier literature has found that patients with CKD experiencing housing instability are more likely to progress to ESKD, our report finds that even once progressed to ESKD, these patients continue to experience worse health outcomes (Novick et al., 2022). Housing interventions have previously been shown to improve outcomes, which is supported by the respondents in our survey, who emphasized that case management and housing support is crucial for the care of these patients (Novick et al., 2022). Based on suggestions by our survey respondents, we advocate for the need for healthcare systems to strengthen collaboration with social services and implement more structured housing support within dialysis care. As evidenced in our report and in previous literature, unstable housing fragments care, and attendance of dialysis sessions is difficult without stable housing and the ability to communicate with care providers and to arrange transportation (Novick et al., 2018). One strategy to improve this could be the creation of centralized housing resource databases accessible to both dialysis centers and community providers, along with fostering partnerships between healthcare and housing agencies (Figure 2).

We also suggest strengthening social worker contributions through formal training programs focused on housing and care coordination, because even if a patient qualifies for housing, our respondents agree that available resources are limited and difficult to navigate (Novick et al., 2018). Additionally, tailored housing initiatives like the Housing First models used in HIV care may reduce treatment disruptions and improve health outcomes (Buchanan et al., 2009). Housing First is a person-centered approach that prioritizes stable housing as a necessary step for pursuing other health goals (Peng et al., 2020). So far there are no priority beds or housing for patients with ESKD, though the complexity and disability related to this condition is high (Novick & King, 2024). To further address this issue, dialysis organizations could advocate for policy changes, such as dedicated medical housing vouchers for chronically ill individuals, community housing for dialysis, and encourage the inclusion of housing status in dialysis quality metrics to incentivize coordinated care (Marshall et al., 2013).

A limitation of this survey was the small sample size and a lack of interviews with the patients themselves, which would also inform critical interventions; both represent important next steps for our research. Future research must address

the design, implementation, and effectiveness of housing-focused interventions in relation to dialysis adherence, hospitalization rates, and long-term survival. Together, these goals highlight opportunities to integrate housing security as a foundational element of high-quality ESKD care.

## REFERENCES

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Buchanan, D., Kee, R., Sadowski, L. S., & Garcia, D. (2009). The health impact of supportive housing for HIV-positive homeless patients: A randomized controlled trial. *American Journal of Public Health*, 99(S3), S675–S680. <https://doi.org/10.2105/AJPH.2008.137810>
- Centers for Disease Control and Prevention (CDC). (2023). *Chronic kidney disease in the United States, 2023*. U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/kidney-disease/php/data-research/index.html>
- Marshall, M. R., van der Schrieck, N., Lilley, D., Supershad, S. K., Ng, A., Walker, R. C., & Dunlop, J. L. (2013). Independent community house hemodialysis as a novel dialysis setting: An observational cohort study. *American Journal of Kidney Diseases (AJKD)*, 61(4), 598–607. <https://doi.org/10.1053/j.ajkd.2012.10.022>
- Nicholas, S. B., Kalantar-Zadeh, K., & Norris, K. C. (2015). Socioeconomic disparities in chronic kidney disease. *Advances in Chronic Kidney Disease (ACKD)*, 22(1), 6–15. <https://doi.org/10.1053/j.ackd.2014.07.002>
- Novick, T. K., Gadegbeku, C. A., & Crews, D. C. (2018). Dialysis for patients with end-stage renal disease who are homeless. *JAMA Internal Medicine*, 178(12), 1581–1582. <https://doi.org/10.1001/jamainternmed.2018.5289>
- Novick, T. K., & King, B. (2024). Addressing housing issues among people with kidney disease: Importance, challenges, and recommendations. *American Journal of Kidney Diseases (AJKD)*, 84(1), 111–119. <https://doi.org/10.1053/j.ajkd.2024.03.010>
- Novick, T. K., Kushel, M., & Crews, D. (2022). Unstable housing and kidney disease: A primer. *Kidney Medicine*, 4(4), 100443. <https://doi.org/10.1016/j.xkme.2022.100443>

Novick, T. K., Matsui, E. C., Montgomery, E., Jacobs, E. A., & Crews, D. C. (2023). Unstable housing and mortality among U.S. veterans receiving dialysis. *JAMA Network Open*, 6(11), e2344448. <https://doi.org/10.1001/jamanetworkopen.2023.44448>

Peng, L., Dobson, B., Mackelprang, J. L., Bird, M., & Andrasik, M. P. (2020). Permanent supportive housing with Housing First to reduce homelessness and promote health among homeless populations with disability: A community guide systematic review. *Journal of Public Health Management and Practice*, 26(5), 404–411. <https://doi.org/10.1097/PHH.0000000000001204>

Qualtrics. (2024). Qualtrics XM [survey platform software]. <https://www.qualtrics.com/>

Urbanski, M., Browne, T., & Plantinga, L. (2024). The dialysis social worker: Patients' best defense to meet health-related social needs. *American Journal of Kidney Diseases (AJKD)*, 83(6), 707–709. <https://doi.org/10.1053/ajkd.2024.01.012>

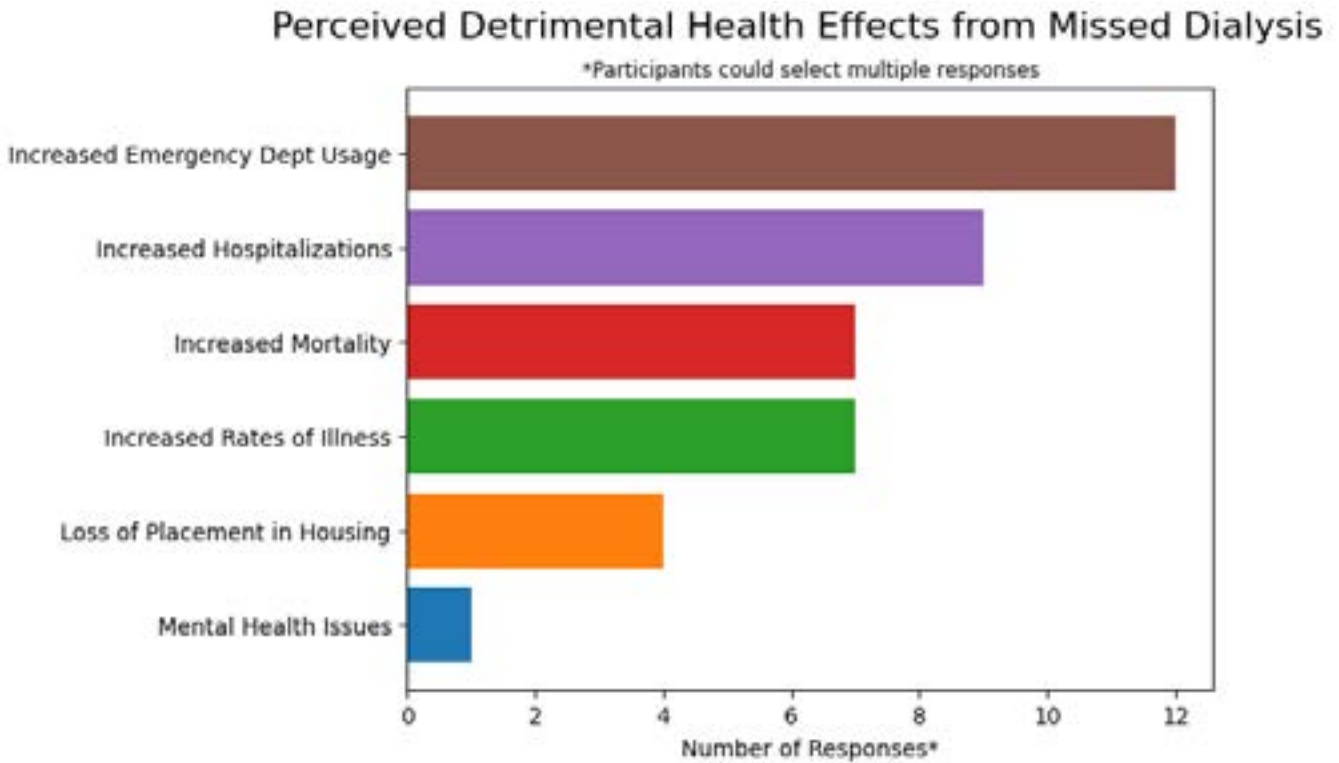
Table 1. Themes and Sample Quotes from Open-Ended Survey Responses

Theme	Code*	Sample quotes from social workers
1. Lack of formal training	Graduate school education	"The best formal training I can identify is in my graduate program. That training can be best described as broad and not 'city'-specific."
	No formal training	"During my MSW, I received several weeks' worth of education on housing insecure folks. At my current position, I have not received any specific training on homelessness."
2. Desired system improvements	Care coordination	"Active/engaged case management services from a housing support organization. If they could come to the clinics, that would be IDEAL..."
	Collaboration with housing organizations	"Collaboration is key..." "...once the RD [renal dietitian] spoke to the shelter, they were able to collab [sic] effectively."
1. Lack of formal training	Graduate school education	"The best formal training I can identify is in my graduate program. That training can be best described as broad and not 'city'-specific."
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	Collaboration with housing organizations	"Collaboration is key..." "...once the RD [renal dietitian] spoke to the shelter, they were able to collab [sic] effectively."
3. Communication gaps	Unclear contact pathways	"Maintain consistent flow of information regarding care and resources. We don't always know when a patient is in the midst of losing access to even their temporary housing."
	Fragmented communication	"Communication is difficult, as patients often do not stay in shelters/ maintain contact with outreach organizations for prolonged periods of time... communication between patient[s] and organizational staff/case management is difficult."

<p>4. Structural barriers to housing</p>	<p>Financial challenges Lack of housing availability</p>	<p>“There is a housing shortage, which makes it difficult for even housing-specific agencies to identify/obtain housing for individuals. Unfortunately, I believe patients often do turn to us looking for an answer.”</p> <p>“Financial assistance and more availability on [of] low-income housing (w/o the long waitlists) would be the most beneficial. It is difficult to find availability for [of] long-term housing and also transitional living facilities. Overall, pt's [patients] require more financial assistance from government programs.”</p>
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\*The “Code” column reflects short labels assigned by the research team to capture the main idea of each qualitative response.

**Figure 1.**



**Figure 2. Strategies To Improve Care for Patients with ESKD Experiencing Housing Insecurity**



Legend: This figure outlines four strategies to enhance support for social workers caring for patients undergoing dialysis with housing instability. **Enhanced Training** involves implementing ongoing education for dialysis staff about the unique challenges faced by homeless patients. **Care Integration** emphasizes the development of multidisciplinary care models that include case managers (CMs) and social workers (SWs) to provide holistic, patient-centered support. **Advocacy** calls for policy efforts to increase funding and resource allocation tailored to the needs of this vulnerable population. **Collaboration** highlights the importance of establishing partnerships with local shelters, housing organizations, and social service agencies to create a coordinated support network.

## SUPPLEMENT.

**Table S1.** Frequency of Dialysis Social Worker Interactions with Patients Experiencing Housing Insecurity

Frequency	Number of responses
> than 5 times per year	11
3–5 times per year	5
Less than 3 times a year	2

**Table S2.** Dialysis Rescheduling After Missed Treatments Among Patients Experiencing Housing Insecurity

Missed Treatment Frequency	No response	Within 24 hours	Within 24–48 hours
1–2 times per month	0	3	4
3–5 times per month	0	0	2
> 5 times per month	0	2	1
< once a month	0	5	0
No response	1	0	0

**Table S3.** SW Perceived Emergency Department Care Following Missed Dialysis Among Patients Experiencing Housing Insecurity

Missed treatment frequency	About half the time	Greater than half the time	Less than half the time	No response
1–2 times per month	2	1	4	0
3–5 times per month	1	1	0	0
> 5 times per month	2	0	1	0
< once a month	0	0	4	1
No response	0	0	0	1

**Table S4.** SW-Reported Housing Insecurity-Related Challenges Affecting Dialysis Attendance

Challenge	Number of responses
Lack of transportation	5

Monetary	3
Mental health issues	3
Keeping track of appointments	2
Co-morbidities	2
Psychosocial barriers	1
Substance use	1

### SURVEY INSTRUMENT

- How often do you interact with patients who are also experiencing housing insecurity? (*Definition: describes a person lacking a fixed, regular, and adequate nighttime residence.*)
  - Less than 3 times a year
  - 3 to 5 times a year
  - More than 5 times a year
- Have you received formal training in working with patients with housing instability (*Definition: trouble paying rent, overcrowding, moving frequently, eviction risk, spending the bulk of household income on housing*) and homelessness? If so, please describe the training received.
- Do you have a formal process for helping patients find housing and if so, what does it consist of?
- What are the biggest challenges for helping these patients find housing?
  - Lack of available housing
  - Monetary
  - Psychosocial (e.g., mental health, substance use)
  - Comorbidities
  - Other(s): \_\_\_\_\_
- In your clinical practice, how often do patients experiencing homelessness miss dialysis at their dialysis clinic?
  - Less than once a month
  - 1–2 times per month
  - 3–5 times per month
  - > 5 times per month
- What are the challenges related to homelessness that cause patients to miss dialysis? (Select all that apply.)
  - Lack of transportation
  - Monetary
  - Insurance
  - Documentation/identification
  - Lost/stolen items
  - Keeping track of appointments
  - Co-morbidities (e.g., mental health, other chronic physical health conditions)
  - Substance use
  - Work schedule
  - Other(s): \_\_\_\_\_

7. What detrimental health or psychosocial effects occur when patients experiencing homelessness miss their dialysis appointments? (Select all that apply.)
- a. Increased emergency department usage
  - b. Increased hospitalizations
  - c. Loss of placement in their shelter/temporary housing
  - d. Increased rates of illnesses, like infection, amputation, etc.
  - e. Increased mortality
  - f. Other(s): \_\_\_\_\_
8. In patients experiencing housing insecurity, how often do you communicate with case managers or social workers at their shelters/temporary housing or those assigned to them through other organizations (i.e., nonprofits, VA, recovery centers)?
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
9. How would partnerships between local shelters or homeless outreach organizations and nonprofits benefit these patients?
10. What accommodations from dialysis centers, temporary housing, nonprofits, healthcare organizations, government programs, or their insurance would benefit these patients the most in receiving consistent care at their dialysis clinic?
11. What zip code is your dialysis clinic located in?