

<b>Variable</b>	<b>Percent Missing</b>
Household Income < \$20,000	13.8%
Current smoker	0.3%
Hypertension	0.3%
Atrial fibrillation	2.3%
Coronary heart disease	1.7%
Stroke	0.5%
Diabetes mellitus	0.5%
Cognitive Impairment	24.3%
Exhaustion	0.03%
Impaired Mobility	0.01%

**Supplemental Table 2. Competing risk model** – Subhazard ratios for serious fall injuries associated with estimated glomerular filtration rate (eGFR; Top panel) and, separately, urinary albumin-to-creatinine ratio (ACR; Bottom panel)

	<b>Sub-Hazard Ratio (95% CI)</b>			
<b>eGFR, ml/min/1.73 m<sup>2</sup></b>	Model 1	Model 2	Model 3	Model 4
≥ 60	1 (ref)	1 (ref)	1 (ref)	1 (ref)
45 – 59	0.98 (0.82-1.17)	0.94 (0.78-1.13)	0.92 (0.76-1.10)	0.89 (0.74-1.07)
< 45	1.19 (0.95-1.50)	1.09 (0.87-1.38)	1.02 (0.81-1.29)	1.00 (0.79-1.27)
<b>ACR, mg/g</b>				
< 30	1 (ref)	1 (ref)	1 (ref)	1 (ref)
30 -299	1.32 (1.12-1.55)	1.21 (1.03-1.42)	1.21 (1.03-1.43)	1.19 (1.01-1.40)
≥ 300	1.72 (1.25-2.36)	1.45 (1.05-2.01)	1.45 (1.05-2.02)	1.39 (0.99-1.95)

CI = confidence interval

Model 1: Adjusted for age, race, sex, geographic region of residence

Model 2: Adjusted for variables in Model 1 and education, income, smoking status, CHD, diabetes mellitus, stroke, atrial fibrillation, BMI, CRP > 3 mg/L, hypotension, use of antihypertensive medication

Model 3: Adjusted for variables in Model 2 and ACR for the model of eGFR and eGFR for the model of ACR

Model 4: Adjusted for variables in Model 3 and cognitive impairment, depressive symptoms, exhaustion, impaired mobility, self-reported falls in year prior to baseline, use of psychoactive medication, polypharmacy

<b>Supplemental Table 3. Incidence rates and hazard ratios for serious fall injuries associated with the cross-classification of estimated glomerular filtration rate (eGFR) and elevated urinary albumin-to-creatinine ratio (ACR)</b>			
<b>Incidence (95% CI), per 1,000 person years</b>			
<b>ACR, mg/g</b>			
<b>eGFR, ml/min/1.73 m<sup>2</sup></b>	<b>&lt; 30</b>	<b>30 -299</b>	<b>≥ 300</b>
≥ 60	20.5 (19.0-22.0)	29.3 (24.7-34.8)	41.4 (26.1-65.7)
45 – 59	23.6 (19.4-28.7)	34.3 (24.6-47.8)	49.8 (27.6-90.0)
< 45	35.5 (26.9-46.8)	44.6 (30.8-64.5)	38.6 (22.9-65.2)
<b>Hazard ratio (95% CI)</b>			
<b>Model 1</b>			
<b>ACR, mg/g</b>			
<b>eGFR, ml/min/1.73 m<sup>2</sup></b>	<b>&lt; 30</b>	<b>30 -299</b>	<b>≥ 300</b>
≥ 60	1 (ref)	1.44 (1.19-1.74)	2.36 (1.48-3.78)
45 – 59	0.96 (0.77-1.18)	1.45 (1.03-2.04)	2.48 (1.36-4.51)
< 45	1.22 (0.91-1.64)	1.83 (1.25-2.68)	2.19 (1.29-3.72)
<b>Model 2</b>			
<b>ACR, mg/g</b>			
<b>eGFR, ml/min/1.73 m<sup>2</sup></b>	<b>&lt; 30</b>	<b>30 -299</b>	<b>≥ 300</b>
≥ 60	1 (ref)	1.29 (1.07-1.56)	1.85 (1.15-2.97)
45 – 59	0.93 (0.75-1.15)	1.24 (0.88-1.75)	2.07 (1.13-3.79)
< 45	1.10 (0.82-1.49)	1.62 (1.10-2.37)	1.83 (1.07-3.12)
<b>Model 3</b>			
<b>ACR, mg/g</b>			
<b>eGFR, ml/min/1.73 m<sup>2</sup></b>	<b>&lt; 30</b>	<b>30 -299</b>	<b>≥ 300</b>
≥ 60	1 (ref)	1.29 (1.07-1.56)	1.88 (1.17-3.02)
45 – 59	0.91 (0.73-1.13)	1.12 (0.79-1.59)	2.03 (1.11-3.73)
< 45	1.08 (0.81-1.46)	1.60 (1.09-2.35)	1.64 (0.95-2.80)

HR = hazard ratio, CI = confidence interval

Model 1: Adjusted for age, race, sex, geographic region of residence

Model 2: Adjusted for variables in model 1 and education, income, smoking status, CHD, diabetes mellitus, stroke, atrial fibrillation, BMI, CRP > 3 mg/L, hypotension, use of antihypertensive medication

Model 3: Adjusted for variables in model 2 and cognitive impairment, depressive symptoms, exhaustion, impaired mobility, self-reported falls in year prior to baseline, use of psychoactive medication, polypharmacy

**Supplemental Table 4.** Hazard ratios for serious fall injuries associated with urinary albumin, urinary creatinine and urinary albumin-to-creatinine ratio (ACR) (per 2-fold higher level) in the REasons for Geographic and Racial Differences in Stroke (REGARDS)-Medicare linked study population  $\geq 65$  years old

	<b>Hazard Ratio (95% CI)*</b>			
	Model 1	Model 2	Model 3	Model 4
Urine albumin	1.10 (1.07-1.14)	1.07 (1.04-1.11)	1.07 (1.04-1.11)	1.07 (1.03-1.10)
1/Ucr	1.07 (1.01-1.14)	1.06 (0.99-1.13)	1.06 (0.99-1.13)	1.06 (0.99-1.13)
Urine ACR	1.14 (1.10-1.17)	1.10 (1.07-1.14)	1.10 (1.06-1.14)	1.10 (1.06-1.13)

CI = confidence interval, 1/Ucr = reciprocal of urinary creatinine

\* Hazard ratios are presented for 2-fold higher level\*

Model 1: Adjusted for age, race, sex, geographic region of residence

Model 2: Adjusted for variables in Model 1 and education, income, smoking status, CHD, diabetes mellitus, stroke, atrial fibrillation, BMI, CRP > 3 mg/L, hypotension, use of antihypertensive medication

Model 3: Adjusted for variables in Model 2 and eGFR

Model 4: Adjusted for variables in Model 3 and cognitive impairment, depressive symptoms, exhaustion, impaired mobility, self-reported falls in year prior to baseline, use of psychoactive medication, polypharmacy

**Supplemental Table 5.** Hazard ratios for serious fall injuries associated with sex-specific urinary albumin-to-creatinine ratio (ACR) in the REasons for Geographic and Racial Differences in Stroke (REGARDS)-Medicare linked study population  $\geq 65$  years old

Sex-specific ACR	Hazard Ratio (95% CI)			
	Model 1	Model 2	Model 3	Model 4
Normal/mildly increased	1 (ref)	1 (ref)	1 (ref)	1 (ref)
Moderately increased	1.43 (1.24-1.65)	1.28 (1.11-1.49)	1.28 (1.11-1.48)	1.27 (1.10-1.47)
Severely increased	2.45 (1.81-3.32)	2.02 (1.48-2.75)	1.96 (1.42-2.69)	1.91 (1.39-2.63)

CI = confidence interval

Normal/mildly increased  $< 17$  mg/g men,  $< 25$  mg/g women

Moderately increased  $\geq 17$ -249 mg/g in men,  $\geq 25$ -354 mg/g women

Severely increased  $\geq 250$  mg/g in men,  $\geq 355$  mg/g women

Model 1: Adjusted for age, race, sex, geographic region of residence

Model 2: Adjusted for variables in Model 1 and education, income, smoking status, CHD, diabetes mellitus, stroke, atrial fibrillation, BMI, CRP  $> 3$  mg/L, hypotension, use of antihypertensive medication

Model 3: Adjusted for variables in Model 2 and eGFR

Model 4: Adjusted for variables in Model 3 and cognitive impairment, depressive symptoms, exhaustion, impaired mobility, self-reported falls in year prior to baseline, use of psychoactive medication, polypharmacy