

Table S1. Associations between postponing medical care and variables in the fully adjusted model for people with CKD.

Variable	Incidence Rate Ratio (95% CI)
Housing instability (yes/no)	1.60 (1.21 – 2.12)
Age	0.99 (0.97 - 1.01)
Male sex (ref: female)	1.46 (1.12 - 1.93)
Black race (ref: white)	1.06 (0.76 - 1.48)
Below 125% federal poverty level (yes/no)	1.16 (0.79 - 1.70)
eGFR	1.00 (0.99 - 1.01)
Ln albumin-creatinine ratio	1.01 (0.85 - 1.19)
Diabetes mellitus (yes/no)	0.64 (0.46 - 0.90)
Hypertension (ref: non-hypertensive)	
Pre-hypertension	1.23 (0.93 - 1.63)
Stage 1 hypertension	1.42 (0.86 - 2.34)
Stage 2 hypertension	1.23 (0.57 - 2.65)
Graduated high school (yes/no)	0.69 (0.42 - 1.14)
Food insecurity (yes/no)	1.16 (0.88 - 1.54)
Health insurance (yes/no)	2.20 (1.39 - 3.50)
Aware of CKD (yes/no)	0.93 (0.62 - 1.40)

Abbreviations: eGFR – estimated glomerular filtration rate; CKD – chronic kidney disease; CI – confidence interval; ref – reference.

Table S2. Association between housing instability and postponement of medical care among people with CKD and without CKD.¹

Analysis	CKD	Non-CKD
	Incidence Rate Ratio (95% CI)	Incidence Rate Ratio (95% CI)
Unadjusted	1.92 (1.44 – 2.56)	1.61 (1.34 – 1.92)
Model 1	1.73 (1.34 – 2.23)	1.49 (1.21 – 1.84)
Model 2	1.72 (1.36 – 2.18)	1.50 (1.24 – 1.82)
Model 3	1.60 (1.21 – 2.12)	1.34 (1.09 – 1.65)

Model 1: adjusted for demographics (age, race, sex, and poverty level)

Model 2: adjusted demographics and clinical variables (baseline eGFR, log-transformed albumin-creatinine ratio, blood pressure, and diabetes)

Model 3: adjusted for demographics, clinical variables, health insurance, CKD awareness, food insecurity and education level

Abbreviations: eGFR – estimated glomerular filtration rate; CKD – chronic kidney disease; CI – confidence interval.

¹The interaction between CKD and housing instability was not significant (p for interaction 0.21).