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| **Supplemental Table 1.** Rationale for ratings of the methods used to develop “Eating Well with Canada’s Food Guideline 2007” | | | |
| **Guideline title** | **Eating well with Canada’s food guide 2007** | | |
| **Process and Method domains** | **Process and Method criteria** | **Response options:**  Yes  No  Unclear | **Comments about rating decision (verbatim text was extracted if rated Yes)** |
| **I. Guideline development group (GDG, including members of steering group, research team and individuals involved formulating the final recommendations)** | | | |
| Were each of the following accounted for when creating the guideline development group? | 1. Discipline representation | Yes | “Three Advisory Groups provided guidance and advice throughout the revision process – the DRI Expert Advisory Committee, an Interdepartmental Working Group and the Food Guide Advisory Committee.” [in “History of Canada’s Food Guide from 1942-2007” (1)] |
| 2. Diversity representation | Unclear | No relevant text available to describe diversity representation of the guideline development group. |
| 3. Stakeholder input | Yes | “Stakeholders provided input on both content and format that would support understanding of healthy eating and confirmed the need not only to define healthy eating, but also to include action-oriented messages and practical tips.” [in Bush et al. (2007) Eating Well with Canada's Food Guide: "A Tool for the Times"] (2) |
| **II. Conflicts of interest** | | | |
| Were each of the following steps taken regarding conflicts of interest? | 4. Disclosure of interests obtained (also extract verbatim text of COI for each member) | Unclear | No relevant text is available on conflict of interest disclosure. |
| 5. Conflicts of interest managed | Unclear | No relevant text is available on how conflict of interest is managed. |
| 6. Disclosure of funders of the guideline obtained and disclose funder’s role in influencing the guideline development process and recommendations | Unclear | No relevant text is available on disclosure of funders and their role in influencing the guidelines. |
| **III. Systematic review methods** | | | |
| Are methods for each of the following disclosed? | 7. Formulation of key questions for the evidence review in PICO, PICOT, or PEO format (also extract the key questions in such format) | Unclear | Systematic review methods to search the evidence is not clearly described. |
| 8. Choosing (finalizing) priority outcomes for systematic review | Unclear |
| 9. Systematic methods to search for evidence | Unclear |
| 10. Evidence retrieval | Unclear |
| 11. Evidence quality assessment | Unclear |
| 12. Evidence synthesis | Unclear |
| **IV. Transparency of evidence substantiation** | | | |
| If evidence is explicitly linked to recommendation, what type of evidence is reported? | 13. Are recommendations explicitly linked to substantiating evidence? | Yes |  |
| a. Primary research | No | Such evidence is not used in the guidelines. |
| b. Systematic reviews | No |
| c. Summary of the evidence | No |
| d. GRADE evidence profiles | No |
| e. Evidence to decision table | No |
| f. Evidence to other documents | Yes | “The DRIs were used to develop the food intake pattern for the Food Guide by stimulating diets and assessing the resulting nutrient distributions relative to the appropriate DRI values (3). In addition, reported associations between foods and chronic diseases were reviewed, based on findings from two comprehensive reports: the WHO/FAO Joint Report on Diet, Nutrition and the 2005 U.S. Dietary Guidelines Advisory Committee Report (5).” [in Bush et al. (2007) Eating Well with Canada's Food Guide: "A Tool for the Times" (2)] |
| **V. Recommendation development: Factors that determine the direction and strength of a recommendation** | | | |
| Was each of the following items considered when developing the recommendation?  (also communicate with guideline authority whether other documentation may provide such information if cannot be located in the main guideline reports) | 14. Was a consensus process clearly described for developing recommendations? | Yes | “A national consultation on a draft version of the Food Guide was launched in November 2005. Close to 7,000 Canadians provided comments through an online questionnaire or at meetings held across Canada. In addition, stakeholders provided comments directly to Health Canada throughout the revision process.”[ in Bush et al. (2007) Eating Well with Canada's Food Guide: "A Tool for the Times" (3)] |
| 15. Was a method employed to determine strength and/or certainty of the recommendation? | Unclear | Methods about how the recommendation is developed with these aspects are not described in the guidelines. |
| 16. Priority of the problem: Is the problem a priority of the recommendation? | Unclear |
| 17. Quality of the evidence: What is the overall quality of the body of evidence? | Unclear |
| 18. Certainty of evidence: What is the overall certainty of the evidence of effects/associations (e.g. confidence in effect estimates? | Unclear |
| 19. Benefits and harms: How substantial are the desirable and/or undesirable anticipated effects/associations? | Unclear |
| 20. Balance: Does the balance between desirable and undesirable effects support the recommendation? | Unclear |
| 21. Outcome importance: Is there important uncertainty about or variability in how much people value the main outcome? | Unclear |
| 22. Equity: What would be the impact on health equity? | Yes | “The changing cultural profile of the country encourages the availability of a variety of ethnically diverse foods and cuisines.” [Pg 1. in “Canada food guideline 2007, a resource for educators and communicators” (3)] |
| 23. Acceptability: Is the option acceptable to key stakeholders? | Unclear | Consideration of factors such as cost, who may receive benefits and who may harm is not described in the guidelines. |
| 24. Feasibility: Is the option feasible to implement? | Yes | “To support implementation, the 2007 Food Guide was translated into 10 different languages in addition to English and French. The tailored Food Guide for First Nations, Inuit and Métis was translated into Cree, Ojibwe and Inuktitut in addition to English and French. A significant Internet component was developed with many resources and interactive tools Web and app implementation.” [in “History of Canada’s Food Guide from 1942-2007” (1)] |
| **VI. Peer review process** | | | |
|  | 25. Was the guideline/recommendation reviewed by an external review group? | Unclear | There is no relevant text about whether the guidelines have been reviewed externally. |

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| **Supplemental Table 2.** Rationale for rating of the methods used to develop the Canadian Dietary Guidelines 2019 | | | |
| **Process and Method domains** | **Process and Method criteria** | **Response options:**  Yes  No  Unclear | **Comments about rating decision (verbatim text was extracted if rated Yes)** |
| **I. Guideline development group (GDG, including members of steering group, research team and individuals involved formulating the final recommendations)** | | | |
| Were each of the following accounted for when creating the guideline development group? | 1. Discipline representation | Yes | “Health Canada would like to thank the many Canadians, experts and stakeholders who took part in the consultations and provided feedback on the proposed guidelines as well as Inuit Tapiriit Kanatami and the Métis National Council who provided input, and provincial and territorial members of the Federal Provincial Territorial Group on Nutrition who provided their public health nutrition policy expertise.  Health Canada also sincerely thanks the following academic experts, who so generously gave of their time and advice over the course of preparing the guidelines: …” [Pg. I in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers”] |
| 2. Diversity representation | Yes | “Over 6,000 unique contributors came from a variety of backgrounds. They were categorized based on: • region • key sectors • uses of dietary guidance materials” [Pg. 9 in “Health Canada, Canada’s Food Guide Consultation Phase 2 – What We Heard Report”] |
| 3. Stakeholder input | Yes | “There were two open public consultations on the Food Guide and two rounds of expert reviews of draft versions of the report. Health Canada also sought input from key health professional organizations, health charities, and National Indigenous Organizations as well as members of the Federal Provincial Territorial Group on Nutrition.” [Pg. 54 in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers”] |
| **II. Conflicts of interest** | | | |
| Were each of the following steps taken regarding conflicts of interest? | 4. Disclosure of interests obtained (also extract verbatim text of COI for each member) | Unclear | It describes that “While the food and beverage industry has a role to play in improving the quality of the foods and beverages they manufacture and promote, it was important to ensure that the development of dietary guidance is free from conflict of interest.” [in online document of “Transparency of stakeholder communications for healthy eating initiatives.”]. The guidelines did not explicitly mention conflicts of interest disclosure and management among the guideline develop group members.” |
| 5. Conflicts of interest managed | Unclear |
| 6. Disclosure of funders of the guideline obtained and disclose funder’s role in influencing the guideline development process and recommendations | Yes | “Health Canada would like to thank the many Canadians, experts and stakeholders who took part in the consultations and provided feedback on the proposed guidelines as well as Inuit Tapiriit Kanatami and the Métis National Council who provided input, and provincial and territorial members of the Federal Provincial Territorial Group on Nutrition who provided their public health nutrition policy expertise.  Health Canada also sincerely thanks the following academic experts, who so generously gave of their time and advice over the course of preparing the guidelines:…” [in Pg. I in Canada’s Dietary Guidelines for Health Professionals and Policy Makers.” |
| **III. Systematic review methods** | | | |
| Are methods for each of the following disclosed? | 7. Formulation of key questions for the evidence review in PICO, PICOT, or PEO format (also extract the key questions in such format) | Yes | “In Canada, chronic diseases account for approximately one third of direct health care costs.16The Canadian population is aging,17 faces high rates of obesity,18,19 and engages in sedentary lifestyle behaviours.20,21 Thus the impact of chronic diseases is likely to continue to increase, unless we take action to address the many factors that influence what we eat.” [Pg.4 in in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers”] |
| 8. Choosing (finalizing) priority outcomes for systematic review | Yes | “Includes at least one food topic and its relationship to at least one outcome related to a chronic disease or condition that is of public health interest in Canada.” [Pg. 54 in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers”] |
| 9. Systematic methods to search for evidence | Yes | “Table 1: Scientific reports that included convincing findings\* from extensive systematic reviews of the literature on the relationship between food and health” [Pg. 5, in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers”] |
| 10. Evidence retrieval | Yes | “Step 3: Detailed scoping  The content was further scoped to determine whether it should be “retained” for the assessment of relevance in Step 4. In order for the content to be retained, it had to meet two conditions. First, it had to align with Health Canada’s role in disseminating guidance on the topic. In some instances, retained content overlapped with current or in-process Government of Canada guidance (for example guidance on physical activity). In these cases, the content was referred to the relevant areas within the government to determine how best to address it in the report. Second, there had to be a need for Health Canada to take a position on the content. This was assessed in terms of a perceived need for clarity or consistency in existing guidance as indicated by health stakeholders. “ [Pg. 53 in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers”] |
| 11. Evidence quality assessment | Unclear | It is not clear how the evidence used to support the recommendations was assessed regarding the quality of the research. |
| 12. Evidence synthesis | Yes | “Table C.1: Inclusion and exclusion criteria for identifying reports in the 2015 evidence review” [Pg. 54 in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers”] |
| **IV. Transparency of evidence substantiation** | | | |
| If evidence is explicitly linked to recommendation, what type of evidence is reported? | 13. Are recommendations explicitly linked to substantiating evidence? | Yes | “Annex 3, Summary of Convincing (strong) Food and Health Relationships and Changes Since 2015” [Pg 4 in “Food, Nutrients  and Health: Interim Evidence Update 2018 For Health Professionals and Policy Makers”]  Also, in “Table 1: Scientific reports that included convincing findings\* from extensive systematic reviews of the  literature on the relationship between food and health,” [Pg. 5] and “Table 2: Convincing findings supporting Guideline 1” [Pg. 16] and “Table 3: Convincing findings supporting Guideline 2” on [Pg. 27, in Canada’s Dietary Guidelines for Health Professionals and Policy Makers”] |
| a. Primary research | No |  |
| b. Systematic reviews | Yes | Table 1, Pg. 5; Table 2, Pg. 16 and Table 3, Pg. 27 [in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers 2019”]  World Health Organization 2017: Health effects of saturated and trans-fatty acid intake in children and adolescents: systematic review and meta-analysis;  World Health Organization 2016: Effects of saturated fatty acids on serum lipids and lipoproteins: a systematic review and regression analysis;  World Health Organization 2016: Effects of saturated fatty acids on serum lipids and lipoproteins: a systematic review and regression analysis;  Saneei P, Salehi-Abargouei A, Esmaillzadeh A, Azadbakht L. Influence of Dietary Approaches to Stop Hypertension (DASH) diet on blood pressure: a systematic review and meta-analysis on randomized controlled trials. Nutr Metab Cardiovasc Dis. 2014;24(12):1253–1261;  World Health Organization 2017: Health effects of saturated  and trans-fatty acid intake in children and adolescents:  systematic review and meta-analysis;  Mensink RP. Effects of saturated fatty acids on serum lipids and lipoproteins: a systematic review and regression analysis.  Geneva: World Health Organization; 2016.  World Health Organization 2016: Effects of saturated fatty  acids on serum lipids and lipoproteins: a systematic review and regression analysis;  Mills S, White M, Brown H, Wrieden W, Kwasnicka D, Halligan J, et al. Health and social determinants and outcomes of home  cooking: a systematic review of observational studies. Appetite. 2017;111:116–134.  Aleksandrowicz L, Green R, Joy EJM, Smith P, Haines A. The impacts of dietary change on greenhouse gas emissions,  land use, water use and health: a systematic review. Plos One. 2016;11(11):e0165797.  43. Nelson ME, Hamm MW, Hu FB, Abrams SA, Griffin TS. Alignment of healthy dietary patterns and environmental  sustainability: a systematic review. Adv Nutr. 2016;7(6):1005–1025.  World Health Organization 2017: Health effects of saturated  and trans-fatty acid intake in children and adolescents:  systematic review and meta-analysis  World Health Organization 2016: Effects of saturated fatty  acids on serum lipids and lipoproteins: a systematic review  and regression analysis. |
| c. Summary of the evidence | No |  |
| d. GRADE evidence profiles | No |  |
| e. Evidence to decision table | No |  |
| f. Evidence to other documents | Yes | Table 2, Pg. 16; Table 3, Pg. 27 [in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers 2019”] |
| **V. Recommendation development: Factors that determine the direction and strength of a recommendation** | | | |  |  | Table 2, Pg. 16; Table 3, Pg. 27 [in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers 2019”] |
| Was each of the following items considered when developing the recommendation?  (also communicate with guideline authority whether other documentation may provide such information if cannot be located in the main guideline reports) | 14. Was a consensus process clearly described for developing recommendations? | Yes | Throughout the revision process, we have engaged with stakeholders and Canadians to ensure Canada's food guide and its resources are:   * useful * understood * easy to apply   “Consultation participants were given the opportunity to evaluate the consultation process. Most were positive about the efforts being made by Health Canada to be consultative and allow for feedback from across different viewpoints, backgrounds and stakeholder groups. The consultation was comprised of a discussion document with consultation questions embedded. This document was available through an online platform. A registration element acted as a contributor identifier and reduced the risk of multiple or duplicate submissions. Phase 1 of the consultation was conducted between October 24th, 2016 to December 8th, 2016. Phase 2 was available to be completed by the general public and interested stakeholders between June 10th, 2017 and August 14th, 2017. [in online document “Revision process for Canada's food  Guide”] |
| 15. Was a method employed to determine strength and/or certainty of the recommendation? | Unclear | Methods about how the recommendation is assessed for the strength and/or certain are not clearly described in the guidelines. |
| 16. Priority of the problem: Is the problem a priority of the recommendation? | Yes | “In Canada, dietary risks are one of the three leading risk factors for disease burden, as measured by death and disability combined. Tobacco use and high body mass index (BMI) are the other two. Chronic diseases impacted by diet-namely ischemic heart disease, stroke, colorectal cancer, diabetes, and breast cancer- are among the leading causes of premature death in Canada. The burden of chronic disease in Canada varies across populations. Indigenous Peoples in Canada face a greater burden of chronic disease than the general population.” [Pg. 4 in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers 2019”] |
| 17. Quality of the evidence: What is the overall quality of the body of evidence? | Yes | “'Table C.1: Inclusion and exclusion criteria for identifying reports in the 2015 evidence review. Authored by a health organization with the involvement of an expert panel Inclusion criteria. ¡ Includes an original systematic review of the evidence for a diet-health relationship and an assessment of the quality of primary studies ¡ Includes at least one food topic and its relationship to at least one outcome related to a chronic disease or condition that is of public health interest in Canada ¡ Includes a clear description of the systematic review methodology ¡ Provides an evidence grade for the overall quality of the evidence supporting the findings ¡ French or English language Exclusion criteria: ¡ Commissioned by industry or an organization with a business interest ¡ Presented or concurred with findings from other reports ¡ Later updated in another report by the same organization on the same topic ¡ Focused on an outcome outside the scope of this scan (for example management of a chronic disease, food safety)” [Pg. 54 in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers 2019”] |
| 18. Certainty of evidence: What is the overall certainty of the evidence of effects/associations (e.g. confidence in effect estimates? | Yes | “'Second, there had to be a need for Health Canada to take a position on the content. This was assessed in terms of a perceived need for clarity or consistency in existing guidance as indicated by health stakeholders. To help determine whether there was a need for a Health Canada position, the following questions were considered: Are there concerns or uncertainties relative to the content? If the answer was 'yes' to one or more of these questions, the content was retained for an assessment of relevance in Step 4.” [Pg. 53 in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers 2019”] |
| 19. Benefits and harms: How substantial are the desirable and/or undesirable anticipated effects/associations? | Yes | “The primary focus of Health Canada’s proposed healthy eating recommendations is to support health. However, there are also potential environmental benefits of shifting towards healthy eating. In general, diets higher in plant-based foods and lower in animal-based foods are associated with a lesser environmental impact, when compared to current diets high in sodium, sugars and saturated fat. The application of skills, such as planning meals and food purchases can also help decrease household food waste. The application of skills, such as planning meals and food purchases can also help decrease household food waste.” [Pg 54 in “Canada’s Food Guide Consultation-Phase 2”] |
| 20. Balance: Does the balance between desirable and undesirable effects support the recommendation? | Unclear | Methods about how desirable and undesirable effects were adopted to develop the recommendation are not clearly described in the guidelines. |
| 21. Outcome importance: Is there important uncertainty about or variability in how much people value the main outcome? | Yes | “Healthy eating recommendations can make an important contribution to nutritional health. To do so, they must be relevant in the Canadian context, no matter where people live, work, learn or play. 'Second, there had to be a need for Health Canada to take a position on the content. This was assessed in terms of a perceived need for clarity or consistency in existing guidance as indicated by health stakeholders. To help determine whether there was a need for a Health Canada position, the following questions were considered: Is the content of public health importance? If the answer was 'yes' to one or more of these questions, the content was retained for an assessment of relevance in Step 4.”  “Relevance was primarily informed by concurrently considering the evidence base and stakeholder needs.” [Pg. 53 in “Canada’s Dietary Guidelines for Health Professionals and Policy Makers 2019”] |
| 22. Equity: What would be the impact on health equity? | Yes | “Cultural preferences and food traditions: Nutritious foods can reflect cultural preferences and food traditions. Eating with others can bring enjoyment to healthy eating and can foster connections between generations and cultures. Traditional food improves diet quality among Indigenous Peoples.” [Pg. 9 in Canada’s Dietary Guidelines for Health Professionals and Policy Makers 2019] |
| 23. Acceptability: Is the option acceptable to key stakeholders? | Yes | “The simplicity of the recommendations: Simple, clear and easy to understand Across groups, contributors liked the lists of foods and beverages to avoid or to choose; noting the lists were clear, concise and comprehensive. Contributors indicated that the Guiding Principles and Recommendations provided clear direction. They were also easy to understand for the majority of contributors. However, a few noted the need for definitions and more information to assist in the practical application of the guidance.” [Pg. 15 in "Canada’s Food Guide Consultation-Phase 2”] |
| 24. Feasibility: Is the option feasible to implement? | Yes | “Achievable for the average Canadian Achievable for the average Canadian Many contributors noted that the recommendations were realistic and helpful in combatting current public health issues.” [Pg. 15 in "Canada’s Food Guide Consultation-Phase 2”] |
| **VI.** **Peer review process** | | | |
|  | 25. Was the guideline/recommendation reviewed by an external review group? | Yes | “This report is based on the feedback, ideas, opinions, and perspectives as submitted by contributors to the online public consultation. The consultation included both closed and open-ended questions for consideration.”[Pg. 11 in "Canada’s Food Guide Consultation-Phase 2”] |

**Supplemental Table 3.** Comparison of dietary recommendations between the 2007 and 2019 Canadian dietary guidelines

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| **Items1** | **2007** | **2019** |
| **Title** | Eating Well with Canada's Food Guide - a Resource for Educators and Communicators (1) | Canada's Dietary Guidelines for Health Professionals and Policy Makers (2) |
| **Published authority** | Health Canada | Health Canada |
| **Population** | 2 years and above 2 | 2 years and above 3 |
| **Specific recommendations for certain age groups and stages** | Children; Women of childbearing age (including pregnant and lactating women); Adults over 50 years.4 | Not specified |
| **Healthy eating pattern** | Eat the recommended amount and type of food each day.5 | Make it a habit to eat a variety of healthy foods each day.6 |
| **Healthy eating behaviour** | Unclear | Healthy eating is more than the foods you eat. It is also about where, when, why and how you eat.7 |
| **Food group recommendations** |  |  |
| Vegetables and Fruits | Eat at least one dark green and one orange vegetable each day.8 | Vegetables and fruits should be consumed regularly.13 |
| Grains | Make at least half of your grain products whole grain each day.9 | Whole grain foods should be consumed regularly.14 |
| Dairy | Drink skim, 1% or 2% milk each day.10 | (dairy group is not a separate food group in the 2019 guidelines) |
| Meat and protein | Select lean meat and alternatives prepared with little or no added fat or salt. Eat at least two Food Guide Servings of fish each week. Have meat alternatives such as beans, lentils and tofu often. 11 | Among protein foods, consume plant-based more often.15 |
| **Beverage** | Drink water regularly 12 | Replace sugary drinks with water 16 |
| **AMDR** | Carbohydrate: 45 – 65 %; Protein: 10 – 35 %; Fat: 20 – 35 % for 19 y+ 17 | Not Available |
| **Dietary fat** | Include a small amount of unsaturated fat each day 18 | Choose foods with healthy fats instead of saturated fat 19 |
| **Vitamin D** | Vitamin D supplement of 10 micrograms (400 IU) to those aged 50 y+ 20 | Not available |
| **Calcium** | “Milk and Alternatives” is the food source for vitamin D and Calcium 21 | Not available |
| **Limit foods** | Foods and beverages high in calories, fat, sugar or salt 22 | Highly processed foods 23 |
| **Limit nutrients** | Fat: limit the amount of saturated and trans fats 24 | Saturated fat: Less than 10% of total energy intake27 |
|  | Sugar 25 | Free sugars: Less than 10% of total energy intake 28 |
|  | Salt 26 | Sodium: Less than 2300 mg per day 29 |
| **Food skills** | Counting food guide servings 30  Use food labels 31 | Be mindful of your eating habits 32  Cook more often 33  Enjoy your food 34 |
|  |  | Eat meals with others 35  Use food labels to make informed food choices36 |
| **Cultural /food traditions** | Unclear | Eating with others can bring enjoyment to healthy eating and can foster connections between generations and cultures. 37 |
|  |  | Food skills should be considered within the social, cultural, and historical context of Indigenous Peoples. Cultural food practices should be celebrated.38 |
| **Environmental impact** | Not available | Food choices can have an impact on the environment.39 |
| **Physical activity** | It is recommended that adults accumulate at least 2 ½ hours of moderate to vigorous physical activity each week and that children and youth accumulate at least 60 minutes per day.40 | Children and youth should achieve high levels of physical activity for at least 60 minutes per day.  Adults and older adults, at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.41 |

* + - 1. \*AMDR, acceptable macronutrient distribution range
    1. 1Items are selected to capture key recommendations described in the 2007 and 2019 Canadian dietary guidelines.

2 See page 5 in (1)

3 See page 1 in (2)

4 See page 39-43 in (1)

5 See page 51 in (1)

6-7See page 49 in (2)

8-11 See page 51 in (1)

12 See page 28 in (1)

13-15 See page 9 in (2)

16 See page 49 in (2)

17 See page 4 in (1)

18 See page 26 in (1)

19 See page 49 in (2)

20 See page 43 in (1)

21 See page 19 in (1)

22 See page 32 in (1)

23 See page 49 in (2)

24-26 See page 6 in (1)

27-29 See page 23 in (2)

30 See page 44-49; and page 51 in (1)

31 See page 36 in (1)

32-35 See page 49 in (2)

36See page 51 in (2)

37 See page 50 in (2)

38 See page 51 in (2)

39 See page 50 in (2)

40 See page 32 in (1)

41 See page 15 in (2)

**References**

1. Health Canada (2007) Eating Well with Canada’s Food Guide – A Resource for Educators and Communicators, pp. 60 [Ministry of Health, editor]. Ottawa, Ontario: Health Canada.

2. Health Canada (2019) Canada’s Dietary Guidelines for Health Professionals and Policy Makers. Ottawa, ON.