

Table S1: Descriptions of Covariates

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| 1. Demographic, Social, and Economic Measures | |
| Sex | Men or women |
| Age | 1) 45-55; 2) 56-65; 3) 66-75; and 4) 76-85 years |
| Education | 1) < secondary school graduate; 2) high school graduate and/or with some post-secondary education; and 3) post-secondary degree/diploma; 4) non-response |
| Income | Estimated gross household income/past 12 months: 1) <\$20,000; 2) \$20,000- < \$50,000; 3) \$50,000- < \$100,000; 4) \$100,000-< \$150,000; 5) ≥\$150,000; 6) non-response |
| Relationship | 1) single; 2) married/live with a partner/common-law; & 3) widowed/divorced/ separated |
| 2. Physical Health Measures | |
| Multi-morbidity | Derived variable; chronic condition diagnoses summed: diabetes (includes borderline), heart disease or congestive heart failure, peripheral vascular disease or poor circulation in limbs, dementia or Alzheimer's disease, multiple sclerosis, epilepsy, migraine headaches, intestinal or stomach ulcers, bowel disorders (e.g., Crohn's disease, ulcerative colitis, irritable bowel syndrome), macular degeneration, mood disorder, back problems (excludes bromyalgia, arthritis), kidney disease/failure, rheumatoid arthritis, osteoarthritis (hands, hip and/or knee), or cancer. Categories: 1) no health condition; 2) one health condition; 3) two health conditions; 4) > two health conditions |
| Chronic pain | Derived from responses to two questions that asked if respondents were usually free from discomfort (yes/no) and number of activities that their pain/discomfort prevented (none, few, some, most). Coding: "free from pain" or "a few, some or most activities prevented by pain" |
| Blood pressure | American College of Cardiology Guidelines [1] and measured average blood pressure results: 1) normal (systolic < 120 mm Hg; diastolic < 80 mm Hg); 2) elevated hypertension (systolic 120-129 mm Hg; diastolic < 80 mm Hg); 3) stage one hypertension (systolic 130-139 mm Hg; diastolic 80-89 mm Hg); 4) stage two hypertension (systolic ≥ 140 mm Hg or diastolic ≥ 90 mm Hg); 5) currently taking anti-hypertensive medication |
| Smoking status | Two categories based on whether participants reported if they ever smoked at least 100 tobacco cigarettes in their lifetime [2] |
| Drinking behaviour | 1) non-binge drinking; 2) occasional binge drinking (i.e., consumed alcoholic beverages < once/month but ≥ once/past 12 months); 3) regular binge drinking (i.e., men who had ≥ 5 drinks or women who had ≥ 4 drinks on one occasion ≥ once/month in the past 12 months) [3] |
| Physical activity | 1) never/seldom; 2) sometimes/often; 3) non-response. Based on yes/no response to a question about engagement in light sports or recreational activities (e.g., bowling, golf with a cart, shuffleboard, badminton, fishing) in the previous seven days |
| 3. Over-nutrition indicators | |
| Body mass index (BMI) | 1) obese (≥ 30 kg/m ²); 2) underweight (< 18.5 kg/m ²); 3) healthy weight (18.5-24.99 kg/m ²); 4) overweight (25-29.99 kg/m ²). |
| Waist-to-hip ratio (WHR) | Based on the cut-off defining high risk (> 0.85 for female; >0.90 for male) [4]. |
| Waist-to-height ratio (WHtR) | > 0.50 defines an increased risk [5] |
| Body fat percent | Based on dual-energy x-ray absorptiometry (DEXA): 1) <26%; 2) 26-31%; 3) 31-36%; 4) 36-41%; 5) 41- 59% |
| Disease risk | Based on BMI and WHR: 1) very high risk; 2) least risk; 3) increased risk; 4) high risk [6] |
| 4. Poor nutrition indicators | |
| Handgrip strength (HGS) | Based on Tracker Freedom wireless grip dynamometer results and categorized as under-nutrition (19.2 kgf (kilogram force) for women; 37.9 kgf for men between 45-64 years or 30.2 kgf for men; women 65 years+), no under-nutrition, or not assessed [7] |
| Nutritional risk | Based on responses to the modified SCREEN© II instrument (Seniors in the Community: Risk Evaluation for Eating and Nutrition) and categorized as high risk (<38), low risk (≥38), and not assessed |

Table S1: Descriptions of Covariates /cont'd..

4. Poor nutrition indicators /cont'd..

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| Sarcopenia | Based on the skeletal muscle index and screening algorithms [8]. Sex-specific quintile points were applied with the 20-percentile used as the cut-off to classify respondents as having sarcopenia or not [9] |
| Bone mineral densities | Measured by DEXA and categorized as osteoporosis (T-score \leq -2.5), osteopenia (T-score -1 to -2.5), and normal bone density (T-score $>$ -1) [10] |
| Iron deficiency anemia screen | Based on haemoglobin cut-off values of \leq 119 g/L for women and \leq 129 g/L for men [11]. For those who did not consent to blood work another category was included |

5. Dietary intake measures [12]

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| Fiber intake | High fibre breakfast cereals as well as whole wheat, bran, multigrain, and rye breads |
| Pulses & nuts | Legumes (beans, peas, lentils) and nuts, seeds and peanut butter |
| Fat sources | French fries or pan-fried potatoes, poutine; butter or regular margarine on bread or on cooked vegetables only; regular vinaigrettes, salad dressings, mayonnaise, homemade or commercial dips; beef, pork (ground, hamburgers, roast beef, steak, cubed); other meats (veal, lamb, game); patés, cretons, terrines; sauces and gravies (brown, white); sausages, hot dogs, ham, smoked meat, bacon; all egg dishes except omega 3 eggs (eggs, omelette, quiche); chicken, turkey |
| Fish | 0=no consumption, 1=at least consumed once |
| Omega-3 egg | |
| Fruits & vegetables | Fresh, frozen, or canned fruits, green salad, potatoes, carrots and other vegetables |
| Fruit juice | 100% pure fruit juices (e.g. orange, grapefruit or tomato) |
| Calcium sources: high vitamin D content | Calcium-fortified milk (35% more calcium), whole and skimmed milk (3.25%, 2%, 1%, milk fat), low-fat and regular cheeses; milk-based desserts; calcium-fortified beverages and juices |
| Calcium sources: low vitamin D content | Yogurt (low-fat and regular) and calcium-fortified foods |
| Salty snacks | Regular chips, crackers |
| Pastries | Cakes, pies, doughnuts, pastries, cookies, muffins |
| Chocolate bars | Average weekly consumption |

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