



May 23, 2024

Bill C-322

Celiac Canada (formerly known as the Canadian Celiac Association) is delighted to provide comments and recommendations to the House of Commons of Canada regarding **“BILL C-322. An Act to develop a national framework to establish a school food program.”**

For 50 years, Celiac Canada has been the only national charity in the country solely dedicated to improving the quality of life for people with celiac disease. Through advocacy, education, investments in research and raising awareness, our vision is to have every person in Canada with celiac disease diagnosed and empowered.

Celiac Canada is joined by a dedicated team of medical and food/nutrition experts that play an integral role on Celiac Canada’s Professional Advisory Council (PAC) and Registered Dietitian Working Group (RDWG). Members of Celiac Canada’s PAC (pediatric and adult gastroenterologists, registered dietitians and scientists across Canada) and RDWG (including clinical dietitians from Sick Kids in Toronto, McMaster Adult Celiac Clinic, as well as dietitians in private practice) have provided valuable feedback and recommendations regarding the proposed BILL C-322.

Background

Celiac disease (CD) is an immune-mediated multi-systemic condition triggered by gluten and related prolamins present in wheat, barley, and rye that occur in genetically susceptible individuals who have the human leukocyte antigen (HLA)-DQ2 and/or HLA-DQ8 haplotypes. It is characterized by an inflammatory enteropathy with variable degrees of severity, as well as a range of gastrointestinal and/or systemic symptoms, in the presence of celiac-specific autoantibodies against tissue transglutaminase 2 (anti-tTG2), endomysium, and/or deamidated gliadin peptide.¹⁻³

CD is one of the most common autoimmune disorders affecting approximately 1% (reported range of 0.7 to 2.9%) of the general population worldwide, but has been reported to be as high as 2.4% in Canada. **CD is diagnosed across all ages, including infants, children and adolescents.** Risk of CD is higher among females, as well as in at-risk groups including first-degree relatives and individuals with comorbidities including autoimmune disease, genetic syndromes, and immune disorders. CD prevalence varies between regions across the globe, with racial and ethnic differences.¹⁻⁴

CD can include gastrointestinal symptoms, such as but not limited to abdominal pain, abdominal distention/bloating, constipation, diarrhea, loss of appetite, nausea, vomiting and among the pediatric population suboptimal growth and development. CD is also associated with extraintestinal symptoms such as joint pain, arthralgia, fatigue, and headaches. Individuals with CD are at risk of nutritional deficiencies, including iron, folate, vitamin B₁₂, vitamin D, calcium, magnesium and zinc, which further exacerbate growth and developmental concerns in pediatrics.⁵⁻⁷

The only treatment for CD is medical nutrition therapy (MNT) which is lifelong adherence to a strict gluten-free diet (GFD). A strict GFD requires the avoidance of all sources of gluten from foods, beverages, supplements and medications, as well includes any amount of gluten exposure from cross-contamination. Lack of adherence to a strict GFD is associated with a persistence of symptoms and/or development of serious health complications. ^{1-3,7}

Individuals with CD experience compromised quality of life related to stressors and barriers associated with living on a strict GFD, including higher gluten-free food costs, increased risk of food insecurity, **poor accessibility and availability to safe gluten free foods especially when eating away from home**, insufficient food labelling to identify safe gluten-free foods, concerns regarding gluten cross-contamination risks, and negative social and travel experiences on a strict GFD. ⁸⁻¹⁵

Children and adolescents experience similar but unique age-related challenges living with CD including mental health disorders, such as anxiety, anger, avoidant/restrictive food intake disorder and depression, as well as compromised psychosocial adaptation to living with a chronic condition that requires a significant change to habitual intake and socialization. Poor adherence to the strict gluten-free diet, and in turn overall health, is often associated with feelings of unhappiness, social angst and isolation when compared to similarly aged peers. More so, achieving a healthy gluten-free diet for among pediatric CD is challenging and impacts home, **school** and social environments. ¹⁶⁻¹⁹

Celiac Canada Recommends:

As part of developing a national framework to establish a school food program which will ensure that all children in Canada have access to healthy food, it is essential the Minister, in consultation with all relevant governments and stakeholders, **include provisions to have a variety of safe, healthy, gluten-free food choices available for children affected by celiac disease across Canada.** This will ensure that medical treatment is uninterrupted at school, as well as focus on **inclusivity** among children with celiac disease, facilitating a positive way to socialize and participate in a trustworthy national school food program.

Thank you for providing Celiac Canada the opportunity to share important background information about celiac disease, and recommendations for BILL C-322; an Act to develop a national framework to establish a school food program, considering all children in Canada including those impacted by celiac disease.

Sincerely,

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