

## DELIVERABLE D.T3.2.11

---

Testing of real life environment use of gluten  
free offer in restaurants

---

Version 1  
05 2019





## 1. INTRODUCTION

The only well-known and effective treatment of coeliac disease is the lifelong and strict gluten-free diet. This means that the patients are not allowed to eat more than 10 mg of gluten/day. This is a really small amount and the patients usually are worried about the consequences of the unintended diet faults and they are afraid to go eating out of their home. That's the reason why they limit visiting restaurants and travelling in their country and abroad - consequently their quality of life is worse than it could be.

Our aim was to find restaurants, where the owner and the staffs know what does it require a coeliac patient as a safe gluten-free meal, trained and the whole food preparation work is controlled.

In our program we included also the training for hospital kitchens and the public catering providers, we already have contacts in Budapest and in smaller villages.

We organized 2 stakeholder conferences with all relevant 'players' of hospitality business.

We finalized the Instruction booklet for restaurants in Hungarian and the text was translated into English.

The restaurant booklet was printed in 500 pcs Hungarian and 100 pc English version.

The content of the booklet is the basis for trainings, both for restaurants' employees, and also for the volunteers, who will be the contact persons for the restaurants, after their training and joining to the Gluten-free Restaurant Project. We also print out an A3 chart for helping to choose the safest gluten-free food in restaurants for the coeliac customers.

We involved volunteers from our society's members, who will be later the contact persons to each involved restaurants. We had 3 trainings (19/01/2019, 26/01/2019 and 26/ and 16/02/2019). 2 were in Budapest and one in Debrecen. We trained totally 22 volunteers about the legal background and the safe rules of gluten-free food preparation.

Our local program gives a very important and favourable possibility for the trained and included restaurants to join the AOECs 'Eating Out Gluten-free' program - the restaurants, which are already accepted, could be easily part of a really wide European network.

For coeliac patients the safe 'gluten-free restaurant network' will increase the quality of life and decrease their social burdens. They will be again active members of their social network and can go out for program where eating is an essential part without fear and worry.

Deliverable "Testing of real life environment use of gluten free offer in restaurants" was prepared on the basis of SUPPORTING TOOLS (templates):

Report about pilot project ideas & established stakeholder groups

Pilot Status report

Pilot final report



# DELIVERABLE D.T3.1.1 REPORT ABOUT PILOT PROJECT IDEAS & ESTABLISHED STAKEHOLDER GROUPS

---

Pilot project Start-up description template: Testing of real life environment use of gluten-free offer in restaurants

---

Version 1  
09 2017



## 1. Pilot Background

*Please describe here the background of your pilot in terms of ideas, preliminary actions, plans defined earlier and methods already chosen, etc. Some of the aspects you can tell about are as follows:*

How did the project idea surface?

- Coeliac disease is a lifelong condition. The challenge of a chronic disease follows the people for their own and family's life. The only treatment of coeliac disease is the strict gluten-free diet - lifelong. It means that people with coeliac disease practically have to learn what does this condition mean, what they can eat and what not.
- Eating gluten-free at home is the safest - they prepare foods from gluten-free raw materials is under their own control. But the life is challenging: eating in kindergarten, school, university canteens, during travel and holiday or even in hospitals means always unsafe situations as they could not be sure that their food were prepared under the strict food safety conditions.
- Eating out is part of the social life: to go to a restaurant with family members, friends, colleagues, so if someone is not able to go with them to take part in joint programs danger in eating situations, due to uncertain safety, he/she feel excluded and frustrated. The most dangerous if he/she doesn't mention his/her condition, eat as the "healthy" partners and risk his/her health. Eating away from home is perhaps the biggest challenge for persons with coeliac disease. Increasingly, in every aspect of life, people eat and drink on the go. Eating out can be challenging and frustrating for coeliac people.
- The biggest risk is to eat outside home, where they are no longer in control and need confidence and have to trust the host and the restaurant's staff. This is the case in schools, workplaces, hospitals, care homes, whilst travelling and all manner of social activities. Unfortunately, the supply of gluten-free foods in the current food service sector is not serving their demand.
- The restaurants' and catering companies' chefs and cooks are the key persons for offering "free from" food for people who are obliged to eat exclusively only these ones. Unfortunately, they are not really trained on the conditions and the real need of their customers.
- By the 1169/2011 EC Regulation since 13<sup>th</sup> December 2014 is an obligation to inform the customers about the allergen content of the pre-packed and non-prepacked food, as it is considered very important. Evidence suggests that most food allergy incidents can be traced back to non-prepacked food. Therefore, information on potential allergens should always be provided to the consumer.
- The students of secondary schools - chefs, waiters, confectioners, shop vendors and bakers - usually have no - or only a few, personal - information either about the gluten-free food preparation or about the reason why it is so important for some people.



- In a restaurant's kitchen many ingredients are used for food preparation, the choice is very wide and difficult to choose the real gluten-free version of e.g. yogurts, sausages, snacks or sweets.
- On the social media channels coeliac people are exchanging their good and/or bad experiences, they propose or even not restaurants, hotels where they have positive or negative experiences. But this information is not controlled, nobody can guarantee the same quality and safety for the next customer.
- Training of restaurant owners and staff is important part of the project. The training includes the updated regulations, the food safety measurements - including the prevention of gluten-contamination, the safe and risky food categories, etc.
- For the restaurant owners and the caterers, the delivery of food for a gluten-free diet can enhance their business by accessing a largely untapped market. If they know more about gluten and the gluten-free diet, they will be able to provide safe and secure gluten-free meals.

Are there preliminary works that the project is based on? What are they?

- Since years we are taking part in the Association Of European Coeliac Societies' "Eating Out" project, where we are collecting the best practices
- We started already to collect the "good experienced" restaurants based on the society's member opinions
- We trained six volunteers some years ago, who are "contact point" for the restaurants. They are representing the coeliac patients' special needs and regularly visit the restaurants
- We started a pilot co-operation with a secondary school in Kiskunhalas (Szakképzési Centrum Vári Szabó István Szakképző Iskola) where the future cooks, chefs, waiters, shop vendors, bakers and confectioners are learning. Within this pilot our specialists had trainings for the students and their teachers about the role of gluten in developing coeliac disease and the important basic rules of gluten-free diet.
- We started 2 years ago a long-term consultancy co-operation with McDonald's Hungary in serving safe gluten-free hamburgers and cakes in restaurants and McCafés

What is the knowledge base behind the project (studies, methods, statistical data etc.

- We have scientific data about the incidence rate of coeliac disease in Hungary. It's more than the European average, is abt. 1,5 - 2 % of the total population, unless the bigger part is undiagnosed at the moment.



- We have some training materials as a result of Association of European Coeliac Societies (AOECS) Eating Out project, which summarize the good “Gluten-free restaurant practices” of the member associations (Italy, Spain, UK, France, Germany, Finland, etc.)
- A survey conducted with over 3.000 members by Coeliac UK highlighted that people with coeliac disease still feel that eating out is a lottery and that many eating out establishments lack knowledge and understanding about offering safe food.

What methods will you / do you plan to use (to motivate stakeholders, to involve lead users, to develop ICT infrastructure, to communicate online etc.)?

- Developing an educative program for volunteer “contact points” for restaurants, hotels, catering companies, etc. to pick up the skills and knowledge necessary to provide effective support. They will be part of our “controlling system” to the restaurants which provide gluten-free meals for people with coeliac disease
- Developing a training program for restaurant-related learners, students and professionals (chefs, cooks, waiters, confectioners, caterers, etc.) to gain knowledge about the different aspects of the safe and quality gluten-free food preparation, the dietary requirements, food supply and preparation, to prevent cross-contamination.
- Recruiting 3 -6 restaurants/restaurant chains/catering companies to our Eating Out system. The report will be prepared until end of January 2019.
- The kick-off meeting of the project by end of January / mid February 2018 for the involved stakeholders.
- Pilot project will develop an information material for professionals of restaurants, catering companies and hotels. This will be an e-Brochure, with summarizing the legal regulations, practical advices for safe and secure gluten-free food preparation starting from the suppliers’ selection, through the hygiene and other critical phases handling and customer information to serving the ready-to eat meals for persons with coeliac disease and the controls by the “contact points”.
- The personal contact is important with the professionals, so we will organize 2 -3 regional conferences in 2018 for hotel and restaurant owners, catering companies and teachers/students of secondary and high-schools.
- We will include the “Eating Out” Experience exchange to the Association of European Coeliac Societies (AOECS) program in 2018, we will change our experiences from different countries.
- The model could be upgraded/improved/tailored to other “free-from” food preparation and other regions.



## 2. Pilot Objectives

*Please describe here the objectives of your pilot in terms of what the pilot project plans to achieve at the project's end and by what means. Some of the aspects you can tell about are as follows:*

- What are the main outputs of the pilot project (service, process, new management approach, new knowledge...)
  - **Training service for key stakeholders in providing proper gluten-free food for people with coeliac disease. An information booklet will be developed and implemented with relevant practical advises**
  - Added value to the lives of patients with coeliac disease: If they know where they can get safe gluten-free food not only for themselves but also for their family members, friends and colleagues, it will raise the quality of life of the patients with chronic conditions.
  - Added value for volunteers of our society: they will get training, learning new aspects of the “gluten-free” world, along with increased engagement, and the confidence, that they are doing something important and useful - this will be the key benefits of being a volunteer “contact point”.
  - Increase awareness of coeliac disease and promoting the needs of people with celiac disease, the food safety aspects of gluten-free food preparation and challenging services.
  
- What is the approach that makes the project viable and sustainable?
  - The need for the safe gluten-free meals in restaurants is lifelong for a coeliac patient, and he/she never goes alone - the group's decision always based on his/her needs. As the number of diagnosed patients will increase in the future, the demand for the gluten-free restaurants will be also higher and higher.
  - **If the number of restaurants will increase, we need more volunteers. We have to increase our capacity to organize the work of volunteers and update the list of recruited restaurants/places. This list will be published on our website, and regularly updated. We communicate that these restaurants/places are our partners, their staff is familiar with the gluten-free diet, the kitchen is safety and the security is appropriate.**



- After finishing the pilot project we will continue our Eating Out project as part of our regular service for our members, we will show all places on an interactive map to help find the safe restaurants. Connecting to the AOECs' European Eating Out Project we could add our restaurants to an European network. We hope that the number of involved restaurants will dynamically increase, as they don't want to miss a numerous and solvent group of customers.
- An other benefit of the project that if a restaurant's staff will know how to serve the special needs of a strict diet, can offer other "free from" food and have more and more guests. (The gluten-free food preparation is the most complex and strict, so if they can fulfil the strict food safety and security conditions they can make other "free from" customers.
- The system is viable because the people with coeliac disease will be satisfied with the reliable information from us and with the safety of food available in restaurants.
- Another benefit will be the better health of coeliac patients, have less unintended dietetic faults and their quality of life will be increased.
- What kind of problems are you anticipating and what is your "plan B"-s if something doesn't turn out as you counted in certain situations?
  - The contact persons for restaurants are volunteers - mostly members of our association. One problem could be the less successful recruitment of them.
  - In a restaurant nowadays is a typical problem the permanent shortage of the trained and educated staff (cooks, waiters, etc.). The frequent changing of personal will require more frequent visit/control/training of the kitchen's staff and overload for volunteers.
  - If a volunteer will not have enough free time or doesn't able to do a proper job, someone has to replace him/her.
  - If the interest of restaurants will be lower than expected, we have to reach them through one of the professional associations/organizations or other institution. This will last longer and involve other/new stakeholder/s
- Will the pilot have cross-regional impacts? Which are they?
  - We invite partnership to participate the PP6 Association of celiac patients Primorsko-Goranska County as they might have benefit from the information/training material and the program for checking the food safety and security in restaurants.
  - We will participate in the AOECs Eating Out working group meeting and will continue try to harmonize the existing different systems.



- Pilot activities and achievements will be transferred to other regions and countries via AO ECS, of which annual general assembly in 2018 will be organized by our association and we can present our results to participants (D.C.6.2) and other national events with other patients organizations (diabetes, allergy, local coeliac associations) and some exhibitions or conferences (hotels, restaurants, etc.)
  
- Any other aspects you find important?
  - Acceptance, equality, women inclusion, sample, inclusion of food experts
  - Family involvement
  - Involve more volunteers and make more active our members
  - Increase awareness of our society and engage members
  - Increase awareness of coeliac disease and the importance of the gluten-free diet
  - There is a clear evidence that patients with coeliac disease are less likely to eat out in restaurants or at school/company's canteen as a result of their concerns regarding cross-contamination or inadvertent exposure to gluten.
  - Further development -smart phone applications, social media platforms - can extend the number of restaurants ready to participate.
  - Further co-operation with secondary and high schools to inform the students about the importance of the gluten-free diet and the basic rules for food safety and security of "free from" menus.



### 3. Partnership

*Please describe your stakeholders and their roles in the pilot project. Insert rows according to your needs.*

Name	Specialization Area	Role in Project	Motivation / Benefits
<i>If you plan to include a certain type of stakeholder but you don't yet know the specific organization, write "[TBD]" (to be determined) in this column.</i>	<i>Healthcare professional/ patient/representative of NGO/policy maker...</i>	<i>Participating in development phase/participating in testing, communication, evaluation etc.</i>	<i>What is the main motivation of the organization to participate in the pilot project? What will be their anticipated benefits?</i>
1. Medical experts (specialists gastroenterologists, phycologists)	Healthcare professionals	Presentations at stakeholder meetings and write/checking the chapters of the information/ training booklet and presentations	Disseminating the right information about CD, giving feedback e.g. the compliance of children eating at school canteen GF meals
2. Nutritionist / dietitians	Healthcare professionals	Presentations at stakeholder meetings and write/checking the chapters of the information/training booklet and presentations	Distributing the right information about the healthy gluten-free diet, checking the knowledge of patients at follow up
3. Ministry of Human Capacities (EMMI)	Policy makers	The representatives of Ministry will be invited to a meeting, when the pilot partnership will have evaluation of pilot results, to discuss and propose future guidelines related to patients with life-long diseases.	Gaining information about the monitoring report of the implementation the public catering legal act (37/2014 EMMI rend.)



<p>4. National Institute of Pharmacy and Nutrition (OGYEI)</p>	<p><b>National Health Institution</b></p>	<p>The representatives of Ministry will be invited to a meeting, when the pilot partnership will have evaluation of pilot results, to discuss and propose future guidelines related to patients with life-long diseases.</p>	<p>Gaining information about the healthy nutrition of public catering system</p>
<p>5. National Food safety Authority (NÉBIH)</p>	<p>National institution of food safety</p>	<p>The representatives of Institute will be invited as a stakeholder to participate at meetings at the beginning and the end of the project. We have to agree with them how to involve the customers (children, parents, patients with coeliac disease) into the civil monitoring/control of GF foods (quality and safety) served in schools and restaurants.</p>	<p>Gaining information about the institutional control of the gluten-free foods served/prepared in restaurants and school/social catering</p>
<p>6. Secondary and high schools [TBD]</p>	<p>Education</p>	<p>The representatives of Institute will be invited to a meeting, when the pilot partnership will have evaluation of pilot results, to discuss and propose future guidelines related to patients with life-long diseases.</p>	<p>Trainings/lectures/consultations in secondary schools and high schools for students who will work in restauration (cooks, waiters, bakers, confectioners, managers, chefs, etc.)</p>



<p><b>7. Laboratories</b> [TBD]</p>	<p>Business support organizations</p>	<p>Measuring of gluten content in food served in restaurants / preparing sampling protocols for measuring gluten content of served foods</p>	<p>Gaining information about the control of gluten content in foods +</p>
<p><b>8. Restaurant owners, hoteliers and their professional networks</b> [TBD]</p>	<p>Business support organizations / NGOs</p>	<p>The restaurant/hotel owners/managers are stakeholders who are decision makers and key role in starting to serve customers with coeliac disease</p>	<p>Lectures/training/consultation with restaurant managers and employees to be familiar in the needs of coeliac customers</p>
<p><b>9. Other patient organizations (both Hungarians and Europeans) which are active in freefrom and/or healthy nutrition</b></p>	<p>NGOs</p>	<p>We will co-operate with other NGOs, present the results of the pilot project, exchange experiences, know best practices</p>	<p>Exchange of experience and knowledge between NGOs.</p>
<p><b>10. Communication/promotion team</b> [TBD]</p>	<p>Media Design</p>	<p>Responsible for the training material and the communication of the pilot project toward the restaurants and general public</p>	<p>Gaining information and experience</p>



## 4. Business Model Canvas

Please summarize your project plan and approach model described above in this table. Write bullet points in each cell of the table

Key pilot Partners	Key Activities	Value Proposition of the pilot (what is the benefit ?)	End-user (patient) Relationships	End-user (patient) Segments
<ol style="list-style-type: none"> <li>1. Medical experts (specialists gastroenterologists, phycologists)</li> <li>2. Nutritionist / dietitians</li> <li>3. Ministry of Human Capacities (EMMI)</li> <li>4. National Institute of Pharmacy and Nutrition (OGYEI)</li> <li>5. National Food Safety Authority (NÉBIH)</li> <li>6. Secondary and high schools</li> <li>7. Laboratories</li> <li>8. Restaurant owners, hoteliers and their professional network</li> <li>9. Other patient organizations (both Hungarians and Europeans) which are active</li> </ol>	<ol style="list-style-type: none"> <li>1. Preparing the training programme and materials</li> <li>2. Candidates for volunteers and the restaurants/catering companies (method, criteria of selection)</li> <li>3. Promotion activities: <ul style="list-style-type: none"> <li>• Information leaflet for restaurants' staff</li> <li>• Trainings/consultations</li> <li>• Trainings for volunteers</li> <li>• Training/consultations for restuarants</li> </ul> </li> <li>4. Implementation of trainings <ul style="list-style-type: none"> <li>• in secondary and high schools</li> <li>• in restaurants</li> </ul> </li> <li>5. Testing of restaurant program <ul style="list-style-type: none"> <li>• inviting coeliac customers</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Developed a safe system in restaurants/catering company's kitchen</li> <li>• Implementation of a training/consultation program</li> <li>• Inclusion of new volunteers in the program (3-6 persons)</li> <li>• Collecting best practices for safe kitchen rules</li> <li>• Create a safe gluten-free restaurant network of (3-6 locals/caterers)</li> </ul>	<p>Self-service/help/management?</p> <p>Two co-creation process in relation to:</p> <ul style="list-style-type: none"> <li>• training new volunteers</li> <li>• New volunteers will include new restaurants/sites</li> </ul>	<p><b>At least 3 max. 6 restaurants or catering companies</b></p> <p>Young/old/ specific target group</p>



<p>in freefrom and/or healty nutrition</p> <p>10. Communication /promotion team</p>	<ul style="list-style-type: none"> <li>• testing the quality and gluten-content of foods</li> </ul> <p>6. Evaluation of the trainings and the quality of the served food/satisfaction of coeliac persons</p> <ul style="list-style-type: none"> <li>• Questionnaires for coeliac customers/children/parents</li> <li>• Questionnaires for restaurants/catering companies</li> </ul>			
	<p><b>Key Resources</b></p> <p>1. Human</p> <ul style="list-style-type: none"> <li>• members of our association (volunteers)</li> <li>• health experts</li> <li>• restauration experts</li> <li>• teachers</li> </ul> <p>2. Financial</p> <p>PP9 - HCS</p> <ul style="list-style-type: none"> <li>• Staff cost:</li> <li>• External costs</li> </ul>		<p><b>Communication channels ?</b></p> <ul style="list-style-type: none"> <li>-personal contact</li> <li>- stakeholder workshop</li> <li>- ICT tools (mapping the restaurants</li> <li>-social media</li> <li>inviting new volunteers</li> <li>-working group</li> <li>- training courses</li> <li>- consultations (F2F and Skype/phone)</li> </ul>	
<p>Cost Structure</p>		<p>Revenue Streams</p>		



Pilot development coordination costs: distribution of working hours Maintenance costs / later after the project will end (external experts, printed information booklet)	Not planned
---	-------------



## 5. Preliminary work plan

*Please give a time plan of how you plan to proceed with your pilot project. Define the main stages and milestones of the workflow. Insert rows according to your needs.*

Phase Title & Description	Participating Stakeholders	Milestones	Planned Date
<i>Give the title and/or short description of the phase (identification process, focus group meeting, survey, testing... etc.).</i>	<i>According to the Partnership table above. You can write "All" if all of the stakeholders participate in the Phase.</i>	<i>Describe the milestone that you plan to achieve at the end of the phase</i>	<i>Planned date of milestone</i>
<b>1.Preparing the information/training material in Hungarian and English</b>	Project partners, dietician, medical expert	The draft content and templates for training and testing will be prepared	End of December 2017
<b>2.Selection of volunteers and restaurants</b>	project partners, member of society	Upon invitation, the candidates will be selected and trained	End of January 2018
<b>3.printing of information booklet</b>	project partners, external experts	Information booklet printing	Mid of February 2018
<b>4.One-day stakeholder workshop</b>	project partners, stakeholders	Meeting	2 <sup>nd</sup> half of February 2018
<b>5.Implementation of trainings/consultations</b>	project partners, secondary and high schools, restaurants	trainings, consultations	From mid of February until December 2018
<b>6.Testing the foods and services</b>	project partners, member of society	laboratory tests, questionnaires	From mid of February until December 2018
<b>7. Evaluation of the programme</b>	project partners, member of society, volunteers	preparation of questionnaire for the involved stakeholders and preparation of the report	From January to February 2019

# ACTIVITY A.T3.2 IMPLEMENTATION OF PILOT PROJECT

---

Pilot Status Report 1  
PP9

Version 1  
03 2017

Testing of real life environment use of  
gluten-free offer in restaurants

---





## 1. Pilot Status According to Objectives defined in D.T3.1.1

- **Short description, if pilot development activities are implemented according to objectives set-up in the framework of D.T3.1.1**

The diagnosis of coeliac disease has only one treatment: is the lifelong gluten-free diet. The strict requirements by fortune does not have to mean the end to eating out (of house)! Eating out of home means not only the restaurants or hotels but school/university catering, social services and hospital stay, too. By fortune eating gluten-free nowadays is a worldwide trend and more and more restaurants offer gluten-free options. How to find a „reliable” gluten-free restaurant? The majority of coeliac patients' associations collect good experiences based on a report of their members and in many countries exist 'Gluten-free Eating out' restaurant program. These programs include education and training for restaurant staffs, accreditation program with regular audits - and publish regularly updated list of safe locals and restaurants on their website. The most favoured type of gluten-free restaurants is the 'dedicated gluten-free' one where the whole process and choice of dishes is free of gluten. It means that they offer excellent food - gluten-free for all. Typically, these restaurant owners are affected by coeliac disease in their family (or themselves) and they pay absolutely attention to the strict food safety rules. To fulfil the strict food safety and security rules is not an inexhaustible condition as we can see in many European countries or even worldwide. On the other hand, is true that the conditions are strict and the restaurant's staffs have to be deeply engaged and well-trained.

- **Did the development process contribute to any additional new objectives?**

Yes, we have to include some information material - e-Brochure and print version (hard copy), too - for helping coeliac patients for being able to choose the right restaurants.

- **Did the team discover that any of initially set-up objective would not be reachable and please explain reasons/circumstances?**

No

## 2. Activities implemented so far

- **Please provide short description of activities implemented so far and explain the progress in developing and testing of pilot solution**

- 1) We finished the text of the booklet with revision by medical doctors and restaurant professionals, too. As we are planning to have the booklet in both forms of eBooklet and hard copy the designer work started for the English version first than the Hungarian mutation, too. This work is not yet started; we will ask for a quotation from three designers.
- 2) In our project we planned meetings with restaurants, hospital caterings, public caterers, etc. In the last period we had 2 meetings, one with a dedicated gluten-free restaurant in Debrecen. The other meeting was in Budapest, in Honved Hospital Dietetic Service - this is the biggest hospital in Budapest, belongs to the Hungarian Forces.



### 3. Changes in stakeholder's partnership

---

STAKEHOLDERS NO LONGER PARTICIPATING

Name	Reason for leaving
-	-

---

NEW STAKEHOLDERS

Name	Specialization Area	Role in Pilot Project	Motivation / Benefits
-	-	-	-

# ACTIVITY A.T3.2 IMPLEMENTATION OF PILOT PROJECT

---

Testing of real life environment use of gluten  
free offer in restaurants - Final Report

---

Version 1  
03 2019





## 1. RESULTS ACHIEVED ACCORDINGLY TO OBJECTIVES

- Please review the objectives you have set up in your D.T3.1.1 description, in the Status report Phase 1 and describe activities and results achieved by your pilot. Give an overview of the processes that are part of your pilot project.

We had 2 events in secondary schools (10.02.2018 in Budapest and 07.03.2018 in Kiskunhalas) where cooks, bakers, confectioners and waiters are learning. The topic of the events was the gluten-free food in restaurants. The presentations were about the reason of the gluten-free diet and about the present legal regulations and rules for informing the consumers. Detailed practical advises were in other speakers' talk, where they went through the different kind of meals and explained how to make them safely gluten-free, avoiding the cross-contamination

Our pilot project fits to the Eating Out Gluten-free of the Association of European Coeliac Societies. This Working Group now finalizes the minimum criteria of a safe restaurant environment for coeliac patients. The group works on harmonizing the different systems which are already used In Italy, Spain, the UK, Finland and Germany. Thanks to the harmonized system, our restaurants could become later easily part of the "Gluten-free European network".

We had a kick-off event on 20.04.2018 in Budapest. The speakers of the meeting covered up all part of the restauration. We had a talk about the disease diagnosis and treatment, then about the legal rules and regulation for gluten-free food in general and especially in the restauration.

The professor of the Budapest Business School spoke about the relevance of the "Special hospitality" and she presented preliminary result of a survey about the importance of having gluten-free meals in restaurants. There were talks about the "Consumers' information in restaurants", and some practical advises, going through the different kind of food groups and technological steps for resulting safe gluten-free meals and foods. QM of McDonalds presented their strong safety system as a good practice even for big restaurant chains.

On 23.05.2018 - joining to the ICD - we had a stakeholder meeting for the Eating Out GF project with participation of media representatives and employees of a gluten-free restaurant.

We finalized the Instruction booklet for restaurants in Hungarian and the text was translated into English.

The restaurant booklet were printed in 500 pcs Hungarian and 100 pc English version.

The content of the booklet is the basis for trainings, both for restaurants' employees, and also for the volunteers, who will be the contact persons for the restaurants, after their training and joining to the Gluten-free Restaurant Project.

We had one event in a secondary school in Debrecen (09.11.2018) where cooks, waiters, bakers, confectioners are learning.

We managed to meet the dietetic service of Honved Hospital in Budapest (24.09.2018), where we went through the dietetic food preparation in a hospital kitchen environment.

We organised a "Safe- Quality- Free" conference in Budapest, with participation of different stakeholders. The event was hosted by the Budapest Business School (BBS) Department of Tourism, who has an aim to educate their students for needs of "sensitive" guests.



The participants came from the university (students and teachers), dieticians, gluten-free food producers, commercial companies of Ho-Re-Ca sector, restaurants' managers and owners.

The last part of the program was a panel discussion with 5 persons (a dietician, a gluten-free restaurant owner, a director of a C+C commercial chain and the leader of our Gluten-free Restaurant Project. The questions that we discussed were important to understand the trends of the Free-from food and special dietetic foods with or without a real medical necessity.

We made a survey among our members, asking them about their opinion of gluten-free experiences and views.

We got 20 answers and the most interesting results are:

- 1- The average time from the diagnosis: 13,9 (1-21) year
- 2- 40% usually eat out GF, 60% not
- 3- who eats out vary from daily (kindergarten and workplace)  
others monthly and the majority rarely
- 4- Who goes restaurants - they are usually more than 2 (3, 5 and 10)
- 5- The most important facts when they choose a GF restaurant is the safety, the second that there is extra costs for the GF food, than the positive opinions/experiences either their own or others from facebook and coeliac patients' group members.
- 6- The amount that they would pay for on soup/first course: 500 HUF(2 EUR), main course: 1200-1500 HUF (4-5 EUR) and for desserts: 400-500 HUF (1,5-2 EUR)

We planned involve volunteers from our society's members, who will be later the contact persons to each involved restaurants. We had 3 training (19/01/2019, 26/01/2019 and 26/ and 16/02/2019). 2 were in Budapest and one in Debrecen. We trained totally 22 volunteers about the legal background and the safe rules of gluten-free food preparation.

We planned also include restaurants, where the owners and the staffs are well trained about the strict rules of the gluten-free food preparation. We managed to include 3 restaurants, one in Debrecen and 2 in Budapest. We had 3 trainings, one of each restaurant (12/01/2019, 23/01/2019 and 13/02/2019).

We also print out an A3 chart for helping to choose the safest gluten-free food in restaurants for the coeliac customers.

**The new logo of the restaurant which are approved by the project procedure:**





The booklet in Hungarian and English

**Gluten-free in restaurants**

“Do you have any food that safely does not contain any gluten?”

“Which cake doesn't have wheat flour?”

“Are grilled meat and vegetables surely not treated with wheat flour before baking?”

“Which meal can you offer me that is made without wheat flour?”

If you have never asked such questions in your restaurant, confectionery, or hotel, you should be sure that someone will come soon and will do like this.

Nowadays, eating gluten-free is very fashionable, many people follow it without medical reasons.

**The gluten-free diet should not be started until the investigation of coeliac disease is completed.**

**Gluténmentes vendéglátás**

„Van valami olyan ételük, amiben biztosan nincs glutén?”

„Melyik süteményben nincs búzaliszt?”

„A grillezett csirkemellet és grill zöldséget biztosan nem forgatják búzalisztba sütés előtt?”

„Mit tudnak ajánlani, ami biztosan liszt nélkül készült?”

Ha eddig még soha nem tettek fel ilyen kérdéseket az éttermükben, cukrászdájukban vagy szállodájukban, panziójukban, biztosak lehetnek abban, hogy hamarosan betér valaki, aki ezekhez hasonló kérdéseket fog feltenni.

Napjainkban a gluténmentes étkezés nagyon divatos, sokan orvosi javaslat nélkül is követik.

**A gluténmentes diétát mindaddig nem szabad elkezdeni, amíg a coeliakia kivizsgálását nem fejezik be.**

The information chart for kitchen staff

**Safe, risky and not allowed gluten-free foods**

	Safe gluten-free	Risky food: to check	Not allowed: not gluten-free		Safe gluten-free	Risky food: to check	Not allowed: not gluten-free
<b>Cereals, pseudo-cereals and flours</b>	Corn, rice, Corn flour, rice flour, (GF, safer with 'Crossed Grain Symbol'), corn starch, rice starch, amaranth, buckwheat, millet, teff, quinoa, sorghum, soya flour, potato starch, modified starch, potato flour, gram flour, polenta (cornmeal), sago, 'pure' (uncontaminated) oat, gluten-free wheat starch, gluten-free flour mixtures	Flavoured rice, corn and other cereal products, including flours Flavoured pseudo-cereals products, including grains and flours	Wheat, bulgur, durum wheat, wheat bran, wheat rusk, wheat starch, wheat flour, wheat starch (not GF), modified wheat starch (not GF), semolina, couscous, barley, barley malt, barley flour, rye, rye flour, triticale, khorasan wheat, spelt				
<b>Bread, cakes and biscuits</b>	Gluten-free breads, biscuits, cakes, pizza bases, rolls (safer with 'Crossed Grain Symbol')	Macaron, meringues	All breads, chapattis, biscuits, crackers, cakes, pastries, scones, muffins, pizzas bases made from wheat, rye or barley flour				
<b>Pasta and noodles</b>	Gluten-free corn pasta, rice pasta, gluten-free pasta (with or without eggs), rice noodles (safer with 'Crossed Grain Symbol')	Corn pasta, rice pasta (without Crossed Grain symbol)	Fresh, dried and canned wheat or other cereal based pasta, noodles				
<b>Breakfast cereals</b>	Gluten-free muesli, cereal flakes (safer with 'Crossed Grain Symbol')	Malted breakfast cereals, porridge oats	Breakfast cereals and mueslis with wheat, barley, rye, oats				
<b>Meat and poultry</b>	All fresh meats and poultry, smoked meats, cured pure meats, plain cooked meats	Meat sausages, pastes, pâtés, burgers, Minced meats	Meat and poultry cooked in batter or bread-crumbs, traditional sausages, pâtés				
<b>Fish and seafood</b>	All fresh fish and seafood, smoked, kippered and dried fish, fish canned in oil or brine	Fish in sauce, fish pastes and pâtés	Fish in butter or bread-crumbs, fish cakes, fish salads, fish fingers				
<b>Cheese</b>	All cheeses	Cheese analogues, flavored cheese creams, (check the labels)	Cheese creams and analogues with ingredients of gluten-containing cereals				
<b>Eggs</b>	All eggs	Convenience food with eggs					
<b>Milk and milk products</b>	All milk (liquid and dried), all cream (single, double, whipping, clotted), sour cream, cream fraiche, plain yoghurt, kefir, buttermilk, plain fresh cheese, cottage cheese (single, double), ricotta Lactose-free versions, too	Coffee and tea whiteners, oat milk, fruit and flavored yoghurts, flavored fresh cheese, cottage cheese desserts/creams, soya desserts	Milk with added gluten-containing fibers, yoghurt/fresh cheese/cottage cheese containing muesli or cereals				
				<b>Fats and oils</b>	Butter, margarine, lard, cooking oils	Flavored butter creams	Recycled frying oils, mixed use for gluten-free and gluten-containing food
				<b>Vegetables</b>	All fresh, frozen, canned and dried pure vegetables. Vegetables pickled in vinegar, all peas, including mushy and processed	Potato products, ready-to-eat French fries (frozen, too), instant purees, chutneys, ready-to-eat mixed salads, convenience foods with vegetables	Vegetables and potatoes in batter, breadcrumbs or dusted with flour, potato croquette, vegetable meals thickened with wheat flour
				<b>Fruits</b>	All fresh, frozen, canned, mashed, concentrated and dried fruits	Fruit pie fillings, chutneys	
				<b>Nuts, seeds and pulses</b>	All pulses (beans, peas and lentils), plain nuts and seeds	Dry roasted nuts, peanut butter, creams	
				<b>Savory snacks</b>	Homemade popcorn	Plain potato chips, Flavored popcorn	Snacks made from wheat, rye, barley or oats, pretzels, stickers
				<b>Preserves and spreads</b>	Sugar (cane, beet), jams, preserves, honey, marmalade		
				<b>Soups, sauces, pickles and seasonings</b>	Puree (tomato, garlic, onion, vegetables, etc.), vinegar, herbs and spices (fresh, dried, frozen, mixed), ground pepper, mustard, Worcestershire sauce	Ready-to-eat sauces, gravy granulates, stock cubes, canned and packet soups, tamar (Japanese soy sauce), mayonnaise, salad cream and dressings, canned and ready-to-eat foods, mustard sauces, mayonnaise sauces, blended seasonings	Chinese soy sauce
				<b>Confectionery and puddings</b>	Jelly, gluten-free sweets, cacao powder, coffee (plain, ground), Nescafé	Chocolates, ice-cream, mousses, coffee powders	Puddings made of wheat flour and/or semolina
				<b>Drinks</b>	Tea, coffee, 100% fruit juices, clear fizzy drinks Wine, champagne, cider, liqueurs, distillates/alcoholic drinks (cognac, whisky, grappa, palinka, etc.)	Drinking chocolate, cloudy fizzy drinks, vending machine hot chocolate	Malted milk drinks, barley water, beers (bavarian, ale, stout, lager, etc.)
				<b>Miscellaneous</b>	Gelatin, bicarbonate of soda, tartaric acid, fresh and dried yeast, artificial sweeteners, yeast extracts	Tofu, cake decorations, marzipan, baking powder, ready to use icings	Ice-cream cones and wafers, pudding powders, ready-to-bake cake powders, drink powders, etc.



## 2. ADDED VALUE OF THE DEVELOPED & TESTED PILOT SOLUTION IN YOUR REGIONAL ENVIRONMENT

- Please describe shortly, what is the gained added value for the end-user of pilot service solution

This pilot is beneficial for different generation groups (coeliac disease is a lifelong disease) and different stakeholders (public, university (students and teachers), dieticians, gluten-free food producers, commercial companies of HO-RE-CA sector, restaurants' managers and owners), and support the coeliac patients.

Added value: raise a quality of life of the coeliac patients, train the concerned stakeholders and raise awareness of coeliac disease and the gluten-free food safety and security.

---

### ADDED VALUE for END-USER

Short term effects and long-term effects	
--	--

1. The pilot puts the patients in the centre, gives them support, helps them to better cope with the disease, to better manage their condition, and also give knowledge and skills to other stakeholders to reduce problems, risks, diet compliance, complications.
  2. Improvement of CD society service: offers CD society a tool to improve their services, involves more interested volunteers, which leads to sustainability of the society.
  3. Better quality of life of chronic celiac disease patients.
- 

## 3. DEVIATION AND PROBLEMS ENCONTERED

- In case your outcomes are different from the planned, please give an explanation of the reasons and formulate your modified results achieved. Was your planned model working or did you had to make modifications, if yes, describe? Did you had any problems in you pilot implementation? If yes, which was the solution adopted?

We anticipated some problems listed below:

- Volunteers from our society's members, who will be later the contact persons to each involved restaurants has limited time, time lack problems may occur
  - non-participation, indifference or mistrust of stakeholders in catering sector may occur
  - financial problems may influence sustainability of the pilot
- but did not influence the implementation very much. We successfully managed all these risks.



## 4. LESSON LEARNED RELATED TO CO-CREATION OF PILOT SOLUTIONS WITH ENGAGED STAKEHOLDERS

- Please describe what were the benefits and setbacks related to co-creation of pilot project with stakeholders.

LESSONS LEARNED	
Benefits	Setbacks
1. experienced knowledge input (trained stakeholders)	1. number of risks associated with co-creation
2. interaction between coeliac societies.	2. no guarantee that the service will be sustainable
3. co-creation of new service - new patient participation in new service development	
4. better quality of service	

## 5. FURTHER ACTION PLAN (ACTIVITIES FOR THE FUTURE)

- What are your further activities of the pilot project development?
  - > On the local level?
  - > On transnational level?

Our pilot project fits to the Eating Out Gluten-free of the Association of European Coeliac Societies. This Working Group now finalizes the minimum criteria of a safe restaurant environment for coeliac patients. The group works on harmonizing the different systems which are already used In Italy, Spain, the UK, Finland and Germany. Thanks to the harmonized system, our restaurants could became later easily part of the “Gluten-free European network”.

The booklet could be translated into other languages by request of the national societies.

- How did you plan to ensure sustainability to your pilot? Have you plan any action for the maintenance/follow up/development of the actions implemented, after the project ends?
- Sustainability: all activities will hopefully be led to a new social innovation service. Volunteers are educated and well-motivated.



- We will, based on available knowledge, plan activities to ensure sustainability of the results.
- Transferability and cooperation: Pilot activities and achievements were transferred to other regions and countries through our participation at transnational events (D.C.6.2): AO ECS, ESPGHAN, UEG and other events and project communication channels. Our pilot will be introduced to other target groups, regions.
- Deliverable D.T3.3.1 “Transnational transferability plan of pilot solutions” - Upon exchange of needs of participating regions, transnational transferability plan will be prepared to transfer best solutions among project participating regions.
- Deliverable D.T3.3.2 “Pilot project recommendations for transfer to other users/regions” - Based on a feedback from pilot stakeholder group and end users, pilot project recommendations will present development process, experience and results related to pilot projects to other possible users.

#### Tasks for future:

- the model could be upgraded and improved tailored to target group needs in other regions and for other chronic diseases,
- promoting of pilot for those with coeliac disease,
- education/training and motivation of volunteers,
- suggestions for the updating and improvement of restaurant booklet (e.g.change of law),
- to ensure funds for the successful permanent implementation.
- harmonizing with the AO ECS - European - “Eating Out Gluten-free” Project