In 2003, Texas A&M AgriLife Extension Service developed *Cooking Well with Diabetes* to reinforce the practical application of the nutrition and self-care educational series, *Do Well, Be Well with Diabetes*.

**Relevance**
- Type 2 diabetes is a growing health problem in Texas.
- About 1.8 million adults have been diagnosed with the disease, and that number continues to rise.
- Untreated diabetes can lead to long-term health complications, including heart disease, amputations, blindness, and kidney problems. The cost of caring for diabetes is 2.3 times higher than for those without the disease. Increased loss of time from work due to illness and, ultimately, a decreased quality of life are also results.
- Research has shown that education is the single most important thing people with diabetes can do to improve their health status and prevent the onset of complications.
- Individuals with diabetes can control their blood glucose levels and improve their overall health by following their physician’s treatment plans.

**Response**
AgriLife Extension agents invite dietitians and/or diabetes educators to be involved when teaching nutrition education to those with diabetes. By selecting creative techniques when teaching nutrition concepts,* AgriLife Extension educators can introduce healthful behaviors in a fun and positive manner that motivates clients to change. This knowledge can ultimately lead to the adoption of recommended lifestyle changes and prevent boredom, which eventually leads to non-compliance.*

**Results**
During 2013, 375 individuals enrolled in *Cooking Well* and completed the pre-survey. Post and follow-up surveys were completed by 229 and 132 of the individuals, respectively. The average age was 62, with 291 females (78%) and 84 males (22%). Seventy percent (70%) of the participants reported having diabetes, and nearly half (48%) had previously completed the *Do Well, Be Well with Diabetes* program.

- Some 327 (90%) respondents had never previously participated in a cooking school.
- The average hemoglobin A1C was self-reported reported at 7.5.
- When asked on the registration pre-test surveys about the type of meal plan they followed, 7.7% (26) were told to eat regular meals with no added sugar; 7.1% (24) followed diabetes food exchanges; 16% (54) were counting carbohydrates; and 6.5% (22) were using the plate method. More than half of the participants (52%, 179), however, did not follow any type of meal plan to help control their diabetes.
• Immediately after the program ended, 85% (183) of the participants could recognize starchy vegetables; at least 86% (194) knew how to make foods taste sweeter by adding vanilla; and 97% (220) knew which cooking method would not reduce the fat content of the food. Many other food preparation techniques were learned during the Cooking Well lessons.

• Responses on the registration pre-test, wrap-up, and post-test surveys documented an increased knowledge of utilizing healthy food choices for persons with diabetes, the plate method for portion control, and an overall knowledge increase in lifestyle choices (for example, modifying recipes to cut fat, sugar, and salt and increase fiber). The program* was designed to have the short-term impacts of knowledge gain and adoption of healthy cooking practices. Longer-term, all other things being equal, a pattern of eating healthier in this way should lead to a reduction of blood glucose levels. The relatively short time between the pre-test and post-test may not be sufficient to realize and measure any such reductions.*

Success Stories from Participants
• “My husband’s blood sugar is lower now since we came to class.”

• “I have begun to lose weight again since taking this class. That is my most positive blessing. What a wonderful program. I would recommend it to everyone.”

• “This has been a very informative class. I believe that I have better control of my blood sugar.”

• “My blood levels are doing so much better since taking this class. Everyone should take this class!”