



Research

Cooking Up Health: The Mediterranean Way Improves Participant-Reported Health Outcomes

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Abstract

Cooking Up Health: The Mediterranean Way, which implements the MED instead of MEDS curriculum, aims to empower individuals to adopt a Mediterranean dietary pattern to improve health. Participants were surveyed 3-6 months after program completion to assess dietary changes, healthful meal preparation, and impacts on overall health. Most respondents (65%) reported preparing more healthful meals more than once a week post-program. Notably, respondents reported improvements in their overall health, including weight loss, lower blood pressure, improved energy levels, and lower A1C levels. Education emphasizing healthful meal preparation is an effective strategy for promoting wellness and supporting chronic disease management.

Introduction

Extension programming for the prevention and management of chronic disease emphasizes lifestyle change, particularly the adoption of healthful dietary patterns centered on plant-sourced foods (e.g., vegetables, fruits, legumes, whole grains, nuts, and seeds) (Wood et al. 2024). Perhaps the most researched of such healthful dietary patterns is the Mediterranean diet. Evidence from interventional studies supports adherence to the Mediterranean diet for reducing cardiovascular disease risk (Rees et al., 2019; Sebastian et al., 2024), supported by observational studies that show benefits for blood pressure (Bakaloudi, Chrysoula, Leonida, et al., 2021) and lower risk of metabolic syndrome (Bakaloudi, Chrysoula, Kotzakioulafi, et al., 2021), type 2 diabetes (Kotzakioulafi et al., 2023; Sarsangi et al., 2022; Wallerer et al., 2025), and obesity

(Lotfi et al., 2022). However, the benefits extend beyond improving cardiometabolic health, as substantial evidence supports associations between Mediterranean diet adherence and reduced risk of many types of cancer (Bahrami et al., 2022; Bai et al., 2023; González-Palacios Torres et al., 2023; Karimi et al., 2025; Morze et al., 2021; Nucci et al., 2023; Ungvari et al., 2025) and improvements in cancer survival (Castro-Espin & Agudo, 2022). In older adults, adherence to the Mediterranean diet is associated with improved cognitive function (Fu et al., 2022), reduced risk of Alzheimer's disease and dementia (Fekete et al., 2025; Nucci et al., 2024), and Parkinson's disease (Zhao et al., 2025), as well as reduced risk of frailty (Poursalehi et al., 2023). In the general adult population, adherence to the Mediterranean diet is associated with a lower risk of depression (Bizzozero-Peroni et al., 2025; Shafiei et al., 2023) and better memory (Fu et al., 2022). Interestingly, recent data also suggest benefits for female reproductive health (Yang et al., 2023) and perinatal outcomes when the Mediterranean diet is adhered to during pregnancy (Xu et al., 2024). In children and adolescents, adherence to the Mediterranean diet is associated with better academic performance (López-Gil et al., 2024) and improved health-related quality of life (López-Gil et al., 2025); however, more research is needed regarding relevant health outcomes in adolescents (Di Nucci et al., 2025).

The MED Instead of MEDS program is a six-session series focused on a Mediterranean (MED)-style eating pattern developed by a team of nutrition and health professionals from North Carolina State University and the North Carolina Division of Public Health (North Carolina Extension, n.d.). Sessions vary from about

one to two hours, depending on the extent of culinary activities, with topics including “change your protein,” “swap your fats,” “eat more vegetables,” “snack on nuts and seeds,” “make your grains whole,” and “rethink your sweets.” The program emphasizes Mediterranean-style recipes and hands-on preparation by program participants, a methodology that supports self-efficacy and adoption of healthful dietary patterns (Hasan et al., 2019). The MED instead of MEDS program's impact on increasing knowledge of the Mediterranean dietary pattern, improving Mediterranean diet adherence, and skill development has been previously demonstrated at the post-series evaluation (Wood et al., 2024); however, sustained behavior change and participant-reported health outcomes require evaluation. For this study, the effectiveness of the MED instead of MEDS program, rebranded in Florida as Cooking up Health: The Mediterranean Way, a nutrition education intervention designed to enhance knowledge, confidence, and dietary behaviors of adults, aligned with the Mediterranean dietary pattern, was assessed at 3-6 months after program completion.

Objectives

Pre-post program evaluation assesses knowledge gains, skill development, and intent to adopt behavior change. However, to assess lasting behavior change and associated health outcomes resulting from educational programming, longer-term follow-up is needed. The aim of this study was to assess the sustained effectiveness of Cooking Up Health: The Mediterranean Way, which incorporates the MED instead of MEDS program, specifically the adoption of dietary behaviors related to the Mediterranean dietary pattern, preparation of healthful meals, and

participant-reported changes in overall health, such as weight loss, change in blood pressure, or medications.

Methods

The Cooking Up Health: The Mediterranean Way fee-based program was delivered in person in various counties across Florida and virtually via Zoom, by Family and Consumer Sciences Extension educators. Data were collected across 10 counties in Florida using an anonymous online Qualtrics survey administered 3-6 months following program completion between October 2023 and March 2026, and all data were aggregated. This follow-up window was consistent with the Florida Extension's emphasis on documenting meaningful medium-term behavioral impacts. Participation was voluntary, and e-consent was obtained from all participants at the start of the survey. The survey instrument included both multiple-choice and open-ended questions. The 10-question survey was based on the post-series evaluation tool included in the MED instead of MEDS curriculum. Questions assessed changes in 12 dietary behaviors, such as serving and eating healthful proteins, vegetables, fruit, nuts, and whole grains; planning Mediterranean-style meals; and using olive oil, reading labels, and flavoring foods with herbs. The frequency of preparing healthful meals was queried: “In the past 3-6 months, since the MED instead of MEDS program ended, how often have you prepared more healthful meals for you and your family?” Additionally, participants' perceptions of how program participation corresponded to changes in overall health (e.g., weight loss, blood pressure, changes in medication) were queried using an open-ended question. Other survey items queried program delivery and

demographics. The study was approved by the University of Florida Institutional Review Board (Protocol # ET00019674).

Quantitative data were analyzed using descriptive statistics to summarize participant demographics and reported changes in dietary behaviors. Frequencies and percentages were calculated for categorical variables. Qualitative data were collected from open-ended questions regarding perceived changes in overall health, and responses were reviewed by two authors, categorized by reported health indicator topics (e.g., cardiometabolic), and representative quotes were selected.

Results

Participant Demographics

Demographic characteristics of the survey respondents (n = 100) are shown in Table 1. Most participants identified as female (90%), with the majority aged 65 years or older (47%). A small percentage identified as Hispanic and/or Latino (7%).

Additionally, most participants (84%) identified as White, while a small proportion identified as Black or African American (10%), Asian (1%), or American Indian/Alaska Native (1%). The sample represents a 22% response rate of the 456 participants who completed the MED instead of MEDS program's Pre-Series Med Adherence tool. Among individuals who completed the program and provided follow-up outcome data, item-level sample sizes varied: 100 respondents answered the checklist on perceived dietary behavior changes, 97 answered the question on frequency of preparing more healthful meals, and 100 answered the questions on overall health and demographics. The program was delivered primarily in person; among 100 respondents to the delivery-method item,

78% reported attending in person and 22% reported attending virtually by Zoom.

Perceived Changes in Dietary Behaviors

Participants reported a broad range of favorable changes in dietary behavior 3 to 6 months after the program. Among 100 respondents to the dietary behavior checklist, the most commonly reported change was serving and eating healthy proteins more often, reported by 85 participants (85%). Other highly endorsed behaviors included using olive oil in cooking and preparing food more often (83%), serving and eating vegetables more often (82%), and using labels to select and serve healthy food choices more often (74%). The majority of participants also reported serving and eating fruit more often (70%), flavoring foods with herbs and spices more often (67%), and planning healthy Mediterranean-style meals more often (67%). In addition, 65% reported eating nuts and seeds more often, 55% reported eating whole grains more often, and 54% reported serving and eating appropriately sized portions more often. Participants also described reductions in less healthful dietary practices. Sixty-two percent reported serving, eating, and drinking added sugar and consuming highly processed foods less often.

Frequency of Healthful Meal Preparation

As a result of attending the program, respondents reported preparing more healthful meals more frequently. Among 97 participants who answered this question, 65% reported preparing more healthful meals for themselves and their families more than once a week, while 23% reported doing so once or twice a week. Smaller proportions reported once a week (6%), a few times overall (4%), or

Perceived Changes in Overall Health

reductions in hemoglobin A1C. One respondent commented,

"I have lost 22 pounds since taking this class. I learned a lot about Mediterranean cooking, meal planning, and as a result my blood work is much better. My A1C went lower from being diabetic to prediabetic."

Some participants further noted medication-related changes, including reduced need for diabetes medication or delayed initiation of additional medication pending follow-up clinical evaluation. One participant commented on the program's impact on her husband's health due to her attendance,

“[My] husband lost 15 lbs. at his 4-month Dr follow-up; LDL reduced by 20 points; substantial reduction in triglycerides. Eating healthier even on vacations with family. Blood pressure reduced 10 points on the average. Cardiologist put statin Rx on hold pending next 4-month follow-up.”

[illegible]

Others described improved energy, better digestion or gut health, reduced heartburn, and an overall sense of feeling healthier. One participant noted, "Overall [I] feel better." Another participant stated, "Felt more health[y] and better energy. Better digestion," whereas yet another participant indicated, they felt a "Change in energy level (feeling less fatigued)."

At the same time, not all respondents reported measurable changes. Some indicated they had not yet undergone laboratory testing or medical follow-up and therefore could not objectively assess change, while others described little or no change in health status. For example, one participant wrote, "Not consistent enough to make a significant difference yet." Additionally, a few participants noted that the time since program completion was too short to determine impact, and some acknowledged that other factors, such as pre-existing healthy habits, stress, medication changes, heredity, or aging, may also have influenced outcomes. One participant commented,

"I feel [the program] has kept me from being in worse shape than I would've been during these stressful times without the information I gained. The biggest direct takeaway has been mindfulness of how many grams of sugar I have each day."

Feedback on Program Experience

Qualitative feedback about the program experience was overwhelmingly positive. Respondents frequently described the program as informative, enjoyable, practical, and motivating. Many emphasized that the recipes, food demonstrations, and opportunities to taste or prepare dishes were especially helpful for building confidence and making the Mediterranean dietary pattern feel realistic and accessible. Participants also reported

that the program increased awareness of healthier substitutions, label reading, oils, grains, herbs, and spices, and helped them adapt existing recipes or develop new meal ideas. Several commented that the classes reinforced healthy habits they had already begun, while others described the program as a meaningful starting point for dietary change.

Instructor quality was another major theme. Respondents repeatedly described presenters as knowledgeable, engaging, personable, and supportive. Several specifically praised the clarity of instruction and the friendliness of the class environment. One participant noted its potential application,

"This is an excellent program! I don't think Home Economics is taught in school anymore, but a class like this should be mandatory. If it were perhaps our overall population health would improve."

Participants also expressed interest in future offerings, including repeat classes, additional menu ideas, more in-person sessions, and classes in additional locations. Suggestions for improvement included more information on alternative sweeteners, flours, and grains; more programs offered free of charge; and adapted recipes for smaller households.

Discussion

The results of this program evaluation study suggest that the MED instead of MEDS program, recently rebranded in Florida as Cooking Up Health: The Mediterranean Way is effective in promoting positive changes in dietary behaviors and health outcomes at 3-6 months post-program. Participants reported significant increases in the consumption of health-promoting foods

and reductions in the intake of less healthy options. Moreover, most participants reported improvements in their overall health, particularly in weight management, energy levels, and cardiometabolic health. The high frequency of healthful meal preparation reported by participants indicates that the program not only imparted knowledge but also fostered sustainable dietary habits. The positive qualitative feedback further underscores the program's value and appeal to participants. These findings align with a growing body of evidence supporting the health benefits of the Mediterranean dietary pattern, mediated by reduced oxidative stress and inflammation (Aleksandrova et al., 2021), implicated in most chronic diseases.

Although this 3–6-month follow-up evaluation demonstrated positive findings, limitations need to be acknowledged. The response rate was low, with only 22% of the 458 participants who had completed the program's pre-survey. The online administration of the survey, without compensation, may have contributed to the lower response rate. Responders may differ from nonresponders, reflecting participants who realized positive benefits from the program and possibly those in the preparation or action stages of change (Prochaska & Velicer, 1997). The survey relied on self-reported data, which may be subject to social desirability bias (Grimm, 2010), that is, overreporting positive, healthful behaviors and underreporting unhealthful dietary behaviors. This bias may extend to the reporting of positive versus negative health outcomes. Future research should employ a longitudinal design and incorporate objective measures of cardiometabolic health outcomes, such as blood pressure, blood glucose (e.g., HbA1C), and body weight and composition, to further evaluate the

program's effectiveness. Additionally, future program evaluation could include assessment methodologies that more closely reflect actual versus reported dietary change. For example, fruit and vegetable intake could be quantitatively assessed using non-invasive proxy methods such as reflection spectroscopy (e.g., Veggie Meter) (Jilcott Pitts et al., 2022). Future evaluations could also compare pre- and post-data with 3-6-month outcomes to provide stronger longitudinal insight.

The findings of this evaluation provide support for the continued implementation and expansion of the MED instead of MEDS program. Participants in the Florida-branded Cooking Up Health: The Mediterranean Way were primarily older women. Given the emerging evidence of benefits in youth and the general adult population, particularly in quality of life and cognition, future programming should target younger individuals. Additionally, future efforts should evaluate the program's scalability across diverse populations and delivery settings, including virtual and hybrid formats, while adapting content to reflect local food access, cultural preferences, and community needs.

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Tables

Table 1. Demographics of respondents to the Cooking Up Health: The Mediterranean Way follow-up survey.

Characteristic	n [%]
Gender	
Female	88 [88.0%]
Male	11 [11.0%]
Unknown	1 [1.0%]
Age	
25-34 years	2 [2.0%]
35-44 years	6 [6.0%]
45-54 years	16 [16.0%]
55-64 years	29 [29.0%]
65+ years	45 [45.0%]
Race	
White	82 [82.0%]
Black or African American	10 [10.0%]
Asian	1 [1.0%]
American Indian or Alaska Native	1 [1.0%]
Two or more races/Other	3 [3.0%]
Prefer not to answer	3 [3.0%]
Ethnicity (Hispanic/Latino)	
Yes	7 [7.0%]
No	91 [91.0%]
Prefer not to answer	2 [2.0%]