

WIN Notes

Weight-control Information Network

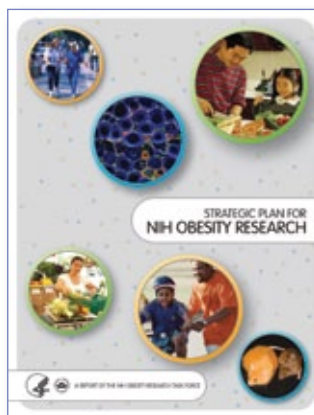
SPRING 2011

New Strategic Plan for NIH Obesity Research Seeks To Combat Epidemic

To address the obesity epidemic, the National Institutes of Health (NIH) is encouraging diverse scientific investigations through a new *Strategic Plan for NIH Obesity Research*.

More than one-third of U.S. adults and nearly 17 percent of U.S. children are considered obese, a condition that increases risk of type 2 diabetes, heart disease, stroke, and high blood pressure. In addition to its health costs, obesity imposes a financial burden. (In 2008 alone, obesity-related medical costs were about \$147 billion.)

The *Strategic Plan for NIH Obesity Research* highlights the crucial role of research in reducing obesity. Developed by the NIH Obesity Research Task Force, the plan stresses moving science from the laboratory to clinical trials to practical solutions.



The NIH has long been investing in research related to obesity and its health risks. In 2010, the NIH provided \$824 million in research funds, plus awards totaling \$147 million made through the Recovery Act. The strategic plan will guide NIH investments in research, interventions, and outreach to understand and reduce the prevalence of

obesity. “This plan is a bold blueprint that will encourage the research community to examine the prevalence of obesity from diverse perspectives,” said NIH Director Francis Collins, M.D., Ph.D.

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NIDDK NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Study Finds Lifestyle Intervention Improves Risk Factors in Type 2 Diabetes

An intensive lifestyle intervention created to help participants lose weight and keep it off improves diabetes control, as well as heart disease and stroke risks, in overweight and obese individuals with type 2 diabetes. These improvements are shown in the four-year results of the Look AHEAD (Action for Health in Diabetes) study funded by the NIH and the Centers for Disease Control and Prevention. The results are published in the September 27, 2010, issue of the *Archives of Internal Medicine*.

This multi-center, randomized clinical trial is unique in that it examines intervention effects over the long term. Researchers from 16 centers across the United States randomly assigned a total of 5,145 participants to an intensive lifestyle intervention or a diabetes support and education program (DSE).

At the time of enrollment, participants were between 45 and 76 years of age, and their mean body mass index (BMI) was 36. (BMI is a measurement of weight in relation to height.) Thirty-seven percent of participants were from racial and ethnic minority groups, and approximately 60 percent were women. About 94 percent of participants remain involved after 4 years and will continue to be followed for up to 13.5 years.

Participants in the ongoing intensive lifestyle intervention attend individual and group meetings and regularly communicate with a lifestyle counselor. Working with this lifestyle counselor, participants learn behavioral skills, such as problem-solving and goal-setting. Participants set specific diet and exercise goals and are encouraged to track their progress through a diet and exercise diary.

In comparison, the DSE group is invited to three group sessions each year focused on diet, physical activity, or social support, but they are not weighed or counseled on behavioral strategies.

When compared across the 4 years, participants in the intervention group, on average, lost more weight (6.2 percent of initial body weight, compared with only 0.9 percent in the DSE group). The intervention group also experienced greater increases in good cholesterol, greater improvement in blood



This multi-center, randomized clinical trial is unique in that it examines intervention effects over the long term.

pressure and treadmill fitness, and better control of blood sugar. This is an ongoing study, so continued follow-up will determine whether these improvements are sustained and whether the lifestyle intervention leads to less cardiovascular disease and death. Full results will not be available for several years. ■

Article Information

The Look AHEAD Research Group. Long-term effects of a lifestyle intervention on weight and cardiovascular risk factors in individuals with type 2 diabetes mellitus: four-year results of the Look AHEAD Trial. *Archives of Internal Medicine*, 2010;170:1566–1575.



LEARN MORE ONLINE

For more information about the Look AHEAD trial, visit www.lookaheadtrial.org.

For information about participating in a clinical trial, visit www.clinicaltrials.gov.

More information about diabetes is available from NIDDK at www.niddk.nih.gov and from the National Diabetes Education Program at <http://ndep.nih.gov>.

Weight Wise Program Helps Low-Income Women Lose Weight

Findings published in a 2009 issue of the journal *Obesity* indicate that the Weight Wise Program (WWP), a lifestyle intervention for low-income women who are considered overweight or obese, promoted an average weight loss of nearly 15 pounds.

The NIH and the Centers for Disease Control and Prevention provided support for the 5-month randomized controlled trial, in which a total of 143 women participated. The participants were uninsured and underinsured women with low family income who were considered overweight or obese at the beginning of the study. About 60 percent of participants were non-Hispanic Whites, and 38 percent were non-Hispanic Blacks.

Researchers randomly assigned 71 women to an untreated control group that received two newsletters on unrelated health topics (skin health and back pain) and 72 women to the 16-week WWP lifestyle intervention. Conducted at a community health center and a nearby church, WWP included weekly group education sessions adapted for cultural appropriateness (materials written at a lower reading level and including low-cost healthy meals that reflect local preferences).

Participants kept a daily diet and exercise record and provided personal feedback reports summarizing their weight loss progress.

On average, participants in this short-term study lost 14.8 pounds, which is similar to weight loss results typically achieved by interventions conducted with higher-income populations. Average attendance was 10 out of 16 sessions, and participants who attended more sessions lost more weight. Several factors promoted increased attendance, including offering the sessions four times during the week, providing incentives for attendance and participation, and holding the meetings at a local church rather than a clinic.

In addition to weight loss, researchers found measured improvements in blood pressure and good cholesterol, as well as self-reported improvements in diet and physical activity. ■

Article Information

Samuel-Hodge CD, Johnston LF, Gizlice Z, et al. Randomized trial of a behavioral weight loss intervention for low-income women: the Weight Wise Program. *Obesity*. 2009;17(10):1891–1899.



Combining Aerobic and Resistance Training Improves Blood Sugar Control in Individuals with Type 2 Diabetes

Results from the Health Benefits of Aerobic and Resistance Training (HART-D) trial show that a combination of aerobic exercise and resistance training improves control of blood sugar more than either type of training alone. Study findings are published in a 2010 issue of the *Journal of the American Medical Association*.

At the beginning of the NIH-funded trial, participants had an average body mass index (BMI) of 35 (BMI is a measurement of weight in relation to height, with 30 or higher considered obese). Researchers used a standard test of blood sugar

control, hemoglobin A_{1c} (HbA_{1c}), to measure the effects of three exercise programs and a control program. At the beginning of the trial, the average HbA_{1c} level of participants was 7.7 percent, which is considered elevated.

The researchers randomly assigned participants (165 women and 97 men) to one of four groups:

- ▶ **Aerobic Exercise Group**—about 140 minutes per week on the treadmill (across 3 sessions)
- ▶ **Resistance Training Group**—about 140 minutes per week lifting weights (3 sessions)
- ▶ **Combination Training Group**—about 110 minutes on the treadmill (3 sessions) and 30 to 40 minutes lifting weights (2 sessions)
- ▶ **Control Group**—stretching and relaxation classes

Because interim analysis by the Data Safety Monitoring Board indicated that HbA_{1c} was increasing more in the control group than in the active treatment groups, researchers stopped recruiting participants into the control group. This led to unequal numbers of participants across groups (41 control, 72 aerobic, 73 resistance, 76 combination).

The combination training group experienced a statistically significant decrease in HbA_{1c} levels compared with the control group. Although HbA_{1c} levels also decreased in the other two training groups, the differences were not significantly different from the control group. All three training groups experienced significant improvements in waist size, but the combination training group experienced the greatest decrease: an average of 1.1 inches. ■

Article Information

Church TS, Blair SN, Cocroham S, et al. Effects of aerobic and resistance training on hemoglobin A_{1c} levels in patients with type 2 diabetes: a randomized controlled trial. *Journal of the American Medical Association*. 2010;304(20):2253–2262.



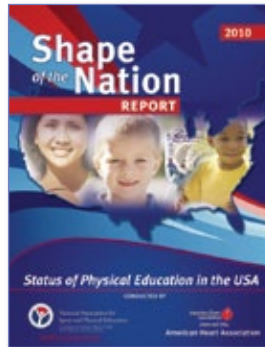
Report Finds Need To Improve U.S. Physical Education Programs

In their 2010 *Shape of the Nation Report*, the National Association for Sport and Physical Education (NASPE) and the American Heart Association (AHA) find that while more States are requiring physical education in schools since the previous report (2006), many State mandates include “loopholes” that weaken physical education requirements.

Physical education programs vary widely from State to State because no Federal law mandates physical education for K–12 students. Since 1987, NASPE has been monitoring this variation by writing and releasing its *Shape of the Nation Report*. To gather data about the 2009–2010 school year, NASPE and AHA sent online questionnaires to the Physical Education Coordinator in each of the 50 States and the District of Columbia.

The authors found notable increases in the percentages of States requiring physical education:

- ▶ 84 percent now require physical education in elementary school, compared with 70 percent in 2006
- ▶ 76 percent in middle school, compared with 65 percent in 2006
- ▶ 90 percent in high school, compared with 83 percent in 2006

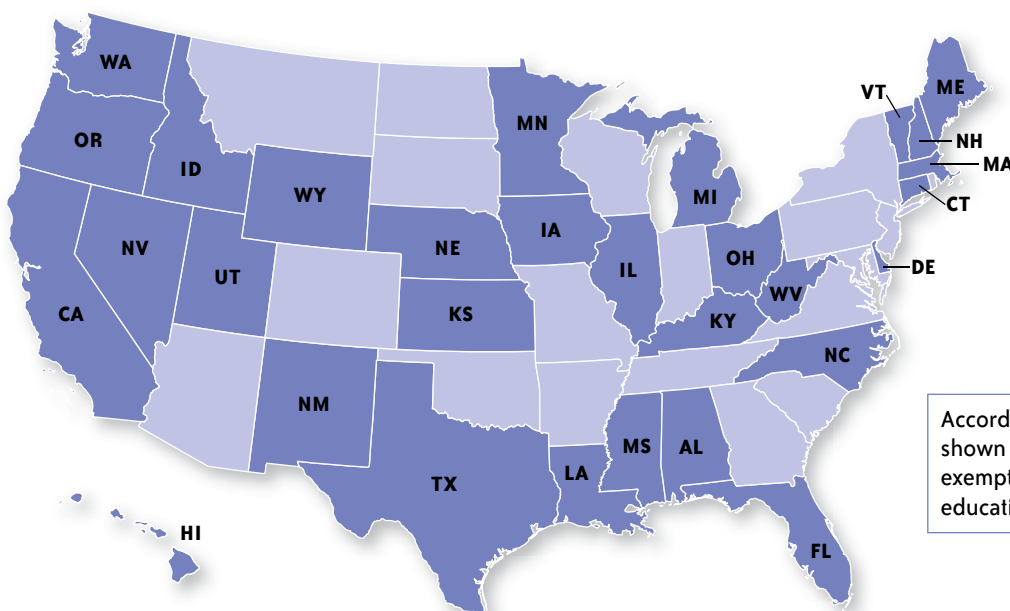


According to NASPE and AHA, however, these State mandates are diluted by substantial increases in the number of States that allow students to substitute other activities for physical education credit or to apply for waivers that excuse them from requirements.

The authors recommend that all States develop statewide physical education standards that reflect NASPE’s national standards. They encourage school officials, parents, and communities to work together to encourage students to participate in physical activity beyond the physical education classroom: Students should have opportunities to participate in sports, walk/ bike-to-school programs, and other active clubs. And finally, neighborhoods and communities should have well-paved roads, sidewalks, parks, and other recreation areas that the public can use to promote physical activity. ■

Article Information

National Association for Sport and Physical Education & American Heart Association. 2010 *Shape of the Nation Report: Status of Physical Education in the USA*. Reston, VA: National Association for Sport and Physical Education; 2010.



According to the *Report*, the 30 States shown on the map at the left grant exemptions/waivers for physical education time or credit.

Federal Government Releases Updated Dietary Guidelines

HHS and the U.S. Department of Agriculture have released the *Dietary Guidelines for Americans, 2010*, containing Government recommendations on improving health and reducing chronic diseases and obesity through healthy eating and increased physical activity.

Based on an analysis of scientific research, the Dietary Guidelines provide 23 recommendations for the general public and six for specific groups (such as pregnant women) to encourage Americans to adopt three healthful habits:

- ▶ Balancing calorie intake across the lifespan by eating sensible portions, increasing physical activity, and decreasing inactive behaviors
- ▶ Building a healthy eating pattern that emphasizes nutrient-packed foods and beverages, including vegetables, fruits, whole grains, fat-free or low-fat milk and milk products, seafood, lean meats and poultry, eggs, beans and peas, and nuts and seeds
- ▶ Limiting intake of added sugars, solid fats, trans fats, sodium, and refined grains

Recognizing the social and economic factors that affect diet, including food security that affects nearly 15 percent of U.S. families unable to obtain the food they need, the Dietary Guidelines close with a “Call to Action” section to improve public health for all Americans. Among other efforts, this section suggests actions such as creating strategic plans to help communities address the Dietary Guidelines, expanding access to grocery stores, ensuring equal access to healthy foods and physical activity, and developing sustainable agricultural practices. ■



LEARN MORE ONLINE

For more information on the *Dietary Guidelines for Americans, 2010*, visit www.dietaryguidelines.gov.

CDC Estimates That Diabetes Affects 25.8 Million Americans

The prevalence of diabetes increased from 7.8 percent of the population in 2008 to 8.3 percent of the population in 2010, according to the *National Diabetes Fact Sheet, 2011*, released by the Centers for Disease Control and Prevention (CDC). The CDC notes that the 2010 numbers may not be directly comparable to 2008 data because this is the first year in which prevalence calculations included the hemoglobin A_{1c} blood level as a diagnostic test for diabetes. However, the number of Americans estimated to have diabetes continues to rapidly increase and these new prevalence estimates come shortly after 2010 CDC projections that suggest diabetes prevalence may reach at least 21 percent by 2050.

The CDC estimates that nearly 26 million Americans have diabetes, and 7 million of these individuals do not know they have the disease. An additional 79 million adults have pre-diabetes, which increases their risk of type 2 diabetes, heart disease, and stroke.

Several factors contribute to the increasing prevalence of diabetes:

- ▶ More people are developing diabetes (approximately 1.9 million newly diagnosed cases in 2010).
- ▶ The U.S. population is aging, and the risk of diabetes increases with age (half of Americans ages 65 and older have pre-diabetes; nearly 27 percent have diabetes).
- ▶ People with diabetes are living longer, which means the number of new diagnoses is not balanced with the number of people with diabetes who die each year.

The increasing prevalence of diabetes not only affects the long-term health of the United States population but costs \$174 billion annually, including \$116 billion in direct medical costs and \$58 billion in indirect costs, such as disability and loss of work. ■

Article Information

CDC. *National Diabetes Fact Sheet: National Estimates and General Information on Diabetes and Prediabetes in the United States, 2011*. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2011. CS217080A. Fact sheet.

CDC. Number of Americans with diabetes rises to nearly 26 million. CDC Online Newsroom. www.cdc.gov/media/releases/2011/p0126_diabetes.html. Released January 26, 2011. Accessed February 7, 2011. Press release.

Federal Government Helps Consumers Track Health on the Go



The U.S. Government has joined the move to track health on the go with its USA.gov Mobile Apps page (<http://apps.usa.gov>).

By providing mobile apps (short for “applications”), the U.S. Government becomes part of an expanding field known as Mobile Health, or mHealth, which involves using mobile technology for various health purposes. Mobile calorie trackers, phone-based pedometers, and Bluetooth-enabled glucose trackers are only a few of the tools now available for monitoring one’s health while on the go.

Included on the USA.gov Mobile Apps page are two apps that focus on healthy eating and weight control:

- ▶ **My Food-a-Pedia** is a free mobile app from the U.S. Department of Agriculture (USDA). This app allows consumers to search for information on more than 1,000 foods. For each item, the app provides the number of calories, how the food fits into the USDA’s five food groups, and the number of calories from solid fats, added sugars, and alcohol (<http://apps.usa.gov/myfood-a-pedia.shtml>).
- ▶ **BMI Calculator**, a popular tool on the National Heart, Lung, and Blood Institute’s website, is now available as a free iPhone app. Consumers can enter their height and weight to determine their body mass index (BMI), a useful tool for those losing weight as they monitor their progress toward a healthy BMI (<http://apps.usa.gov/bmi-app.shtml>). ■

Web Page Helps Parents To Create a Diabetes Plan for School Children

Diabetes in School, a web page from the Centers for Disease Control and Prevention, helps parents prepare to send a child with type 1 or 2 diabetes to school. The page encourages parents of children with diabetes to prepare a Diabetes Medical Management Plan with doctors and school staff and to provide their children with diabetes supplies on site at the school or in a backpack. ■



LEARN MORE ONLINE

Start your child’s diabetes plan by visiting www.cdc.gov/Features/DiabetesinSchool.

Action for Healthy Kids Helps Schools Promote Wellness

Action for Healthy Kids, a collaboration of more than 70 Government and private organizations, developed Game On! The Ultimate Wellness Challenge to promote physical activity and healthy eating in schools. Game On! is an online toolkit that provides ideas for fitness and healthy eating challenges before, during, and after school. The toolkit is listed in the U.S. Department of Education’s Federal Resources for Excellent Education. ■



LEARN MORE ONLINE

Help your community’s schools encourage fitness and healthy eating by visiting www.actionforhealthykids.org/game-on.

NIDDK Posts *Nutrition Obesity Research Centers Annual Report 2009–2010*

In November 2010, NIDDK completed the Nutrition Obesity Research Centers Annual Report 2009–2010. This document combines individual reports from 12 scientific centers funded by the NIH through the NIDDK to research the development, treatment, and prevention of obesity and the role of diet in disease prevention.



medical specialties—such as internal medicine, pediatrics, and surgery. Because of the interdisciplinary nature of the

The funded centers unite basic science and clinical investigators from many institutions and disciplines—such as biochemistry, molecular biology, genetics, and physiology—and many

centers’ activities, success in achieving goals depends on close interactions among obesity and nutritional science researchers, health services providers, and educators. The Annual Report demonstrates how these close interactions among investigators and health professionals at the various centers have resulted in significant advances in the fields of obesity and nutritional science.

The center reports, available on the NIDDK website, highlight scientific and educational accomplishments; pilot and feasibility studies; and research, publications, and further funding developed from original NIDDK-supported activities. ■

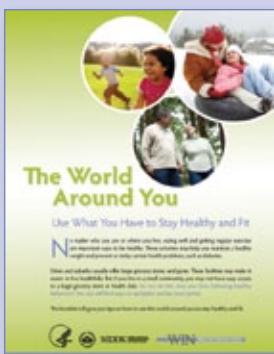


LEARN MORE ONLINE

To review the reports and learn more about research activities at individual centers, visit www3.niddk.nih.gov/centers/norc.shtml.

WIN Releases *The World Around You* for Rural Audiences

The World Around You explains how people in rural communities can use local resources to stay healthy.



Physical Activity Work for You” explains that you are more likely to adopt and maintain an active lifestyle if you enjoy it and involve your family or friends.

The brochure includes a body mass index (BMI) chart (measuring weight in relation to height) and explains how to determine whether your weight and waist size are healthy. The “Physical Activities to Help You Move More” section provides examples of fun activities to promote movement.

“Ways to Use the Foods Around You to Eat Better” explains that healthy eating does not need to be expensive or time-consuming. *The World Around You* ends with “Achieving Your Goals,” which provides strategies for staying on track, as well as references to related publications from WIN and other organizations. ■



LEARN MORE ONLINE

Access *The World Around You* on WIN’s website at <http://win.niddk.nih.gov/publications/way.htm> or call 1-877-946-4627 to request your free copy today.

WIN on the Road

WIN frequently exhibits at professional and community events, and we greatly enjoy these opportunities to speak with both people who already use WIN materials and services and those who may be interested in learning about WIN. Here are some highlights from recent exhibits:

APRIL 7–8, 2011

American Society of Bariatric Physicians; Baltimore, MD

“This information is great! The schools can really benefit from this. I am so glad WIN is here.”

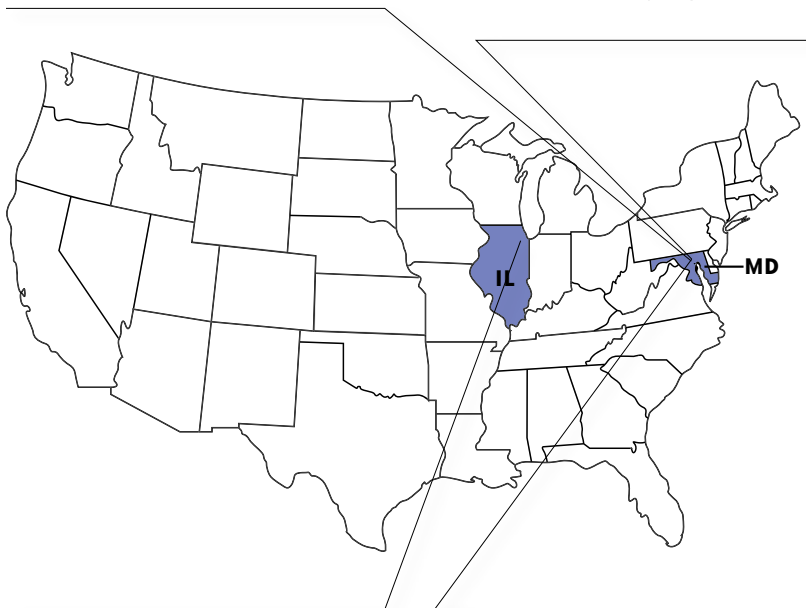
– Marcia Cox
Lake Havasu City, AZ

APRIL 28–29, 2011

Maryland Dietetic Association Annual Meeting; Linthicum Heights, MD

“As a policy person, I enjoy seeing WIN’s materials and am proud to see you here at MDA.”

– Mark Rifkin, M.S., R.D., L.D.N.
State Policy Representative



MAY 8–10, 2011

2011 Digestive Diseases Week Conference; Chicago, IL

“This information is great! This would be good for my patients. I tell them about Weight Watchers because that is what I did. But this would be great since it is non-commercial science-based materials.”

– Stacey Juhnke, Fargo, ND

MAY 15–17, 2011

Bronner Brothers 2011 Mid-Spring International Hair Show; Baltimore, MD

“So true! Sisters need to look good on the inside and out. I make everyone else look good and have no time to be healthy myself.”

– Latonya Thomas

Mark Your Calendars!

Visit our WIN or *Sisters Together* exhibit booth at these upcoming events:

JUNE 29–JULY 3, 2011

National Association of School Nurses 43rd Annual Conference

Marriott Wardman Park
Washington, DC

JULY 23–27, 2011

National Medical Association Annual Convention and Scientific Assembly

Washington Convention Center
Washington, DC

AUGUST 3–5, 2011

American Association of Diabetes Educators 38th Annual Meeting and Exhibition

Mandalay Bay Convention Center
Las Vegas, NV

AUGUST 27, 2011

Columbia Heights Day

Harriet Tubman Elementary School
Washington, DC

SEPTEMBER 11, 2011

Adams Morgan Day Festival

18th Street between Columbia Road and Florida Avenue NW
Washington, DC

We look forward to seeing you there!

WIN Encourages You To Start a *Sisters Together* Program

People around the country are helping their communities move more and eat better by starting *Sisters Together* programs that target Black women ages 18 and older. Esther Sharpe and colleagues at the Women's Health Ministry of the Universal End Time Harvest in Greenville, SC, kicked off their *Sisters Together* program by hosting a Women's Health Conference in November 2010.



You can do the same for your community. Consider organizing a *Sisters Together* program in your area. The following activities from current programs may help you get started:

Sisters on the Move Towards Better Health is organized by Dr. Sandra Holmes, Vice President of the KYANNA Black Nurses Association of Louisville, KY. An early activity of this program was a health fair with demonstrations on cooking

nutritious foods, line dancing, exercise sessions, massage, and tai chi. A health fair or expo is a great way to begin spreading your message. Holmes's program has also included a walking group, recipe-testing events, and participation in community events with other organizations. For example, *Sisters on the Move Towards Better Health* collaborated with Grass Roots for Community Empowerment to host healthy cooking demonstrations called "Tasty Tuesdays."

Sisters Together activities at North Carolina Agricultural and Technical State University are organized by Dr. Patricia Lynch, Assistant Professor of Food & Nutrition. Her program has included monthly meetings on fitness and healthy eating on campuses and in churches, healthy cooking demonstrations and a *Sisters Together* cookbook, and events in honor of national health observances. Many of these activities are quick-and-easy ways to launch your program. ■

STRATEGIC PLAN FOR NIH OBESITY RESEARCH *continued from page 1*

The plan includes the following overarching themes:

- ▶ Discover key processes that regulate body weight and influence behavior.
- ▶ Understand the factors that contribute to obesity and its consequences.
- ▶ Design and test new approaches for achieving and maintaining a healthy weight.
- ▶ Evaluate promising strategies for obesity prevention and treatment in real-world settings and diverse populations.
- ▶ Use technology to advance obesity research and improve health care delivery.

The NIH Obesity Research Task Force is co-chaired by Griffin P. Rodgers, M.D., director of the National Institute of Diabetes and Digestive and Kidney Diseases; Susan B. Shurin, M.D., acting director of the National Heart, Lung, and Blood Institute; and Alan E. Guttmacher, M.D., director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development. These three Institutes led the plan's development together with the National Cancer Institute.

The task force aims to accelerate progress in obesity research across the NIH. Since the release of the first strategic plan in 2004, research produced the following findings:

- ▶ Lifestyle interventions for weight loss reduce risk for heart disease and type 2 diabetes. NIH-funded studies are testing ways to bring these proven strategies to more people.
- ▶ Recent NIH-funded research is identifying new targets and pathways for prevention and treatment of obesity, through novel technologies such as brain imaging studies.
- ▶ When a woman with obesity or diabetes becomes pregnant, her child's chances of developing obesity or diabetes may increase, suggesting a critical period to intervene. Researchers can study approaches to help woman achieve a healthy weight before and during pregnancy. ■



LEARN MORE ONLINE

Visit www.obesityresearch.nih.gov to (1) learn more about obesity research at the NIH, (2) watch a video of Dr. Collins discussing the plan, and (3) view or request a free copy of the summary or complete *Strategic Plan for NIH Obesity Research*.



Tell Us What You Think!

What articles did you enjoy or find most useful in this edition of *WIN Notes*?

What topics would you like to see addressed in *WIN Notes*?

Where do you use or distribute *WIN Notes*? (health clinic, research facility, school, at home for personal information)

Do you have any other comments or questions? Use the space below to let us know.

Please send your responses, questions, or other comments to:

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National Institutes of Health

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The Weight-control Information Network (WIN) is an information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH), which is the Federal Government's lead agency responsible for biomedical research on nutrition and obesity. Authorized by Congress (Public Law 103-43), WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based health information on weight control, obesity, physical activity, and related nutritional issues.

WIN Publications Ordering Information

Visit www.win.niddk.nih.gov to read and download any WIN publication free of charge. To request a copy of a publication to be mailed to you, contact the WIN Information Line at 1-877-946-4627. Be advised that you may order up to 25 publications for free, and fees as explained in the chart apply to orders greater than 25.

The **order limit is 100 total** publications.

The **order fees** are as follows:

Number of Items	Cost
1-25	FREE
26-50	\$20
51-100 (New maximum quantity)	\$30

WIN Notes is Going Green.

Attention, subscribers! NIDDK will soon transition to distributing *WIN Notes* through email and WIN's website. Once the transition is complete, we will no longer mail printed copies of *WIN Notes*. If you already receive *WIN Notes* by email, you do not need to do anything. **If you currently receive WIN Notes by U.S. mail only**, please visit https://service.govdelivery.com/service/multi_subscribe.html?code=USNIDDK, enter your email address, and select "WIN Notes" under the bolded heading "Weight Control and Nutrition" on the subscription page. You will receive an email confirming your subscription.