

### A Frank Statement to Cigarette Smokers

Reports on experiments with mice have given us a strong clue as to why cigarette smoking is the cause of lung cancer in human beings. It is concluded by doctors of professional standing, who are not regarded as prejudiced in the field of risk. However, we do not believe that any serious work, even though its results are interpreted in a doubtful or highly doubtful manner, is in the public interest to call to the attention of the general public to the fact that certain doctors and research scientists have mentioned the claimed significance of these so-called authoritative public reports. The scientific research of recent years indicates many of these reports.

For more than 300 years tobacco has given pleasure and enjoyment to mankind. At one time or another, three great empires have held it responsible for the disease of the human body. One by one these empires have fallen for lack of evidence.

Regardless of the record of the past, the fact remains that smoking today should not be accepted as a safe pleasure in a matter of deep concern to us.

Many people have asked us what we do for the public's concern aroused by the recent report. We reply: We are emphasizing our aid and assistance to the research of the tobacco industry and health. The job will of course be to be added to what is already being done.



Acetophenone  
 acetyldihydrotheaspirine  
 Acetyl-3-Ethylpyrazine  
 2-Acetyl-5-Methylfuran  
 Acetylpyrazine  
 2-Acetylpyridine  
 3-Acetylpyridine  
 2-Acetylthiazole  
 Aconitic Acid  
 dl-Alanine  
 Alfalfa Extract

CONFIDENTIAL  
 J. Osborn  
 May 21, 1975



STATE OF OKLAHOMA  
 Plaintiff,  
 v.  
 TOBACCO INDUSTRY  
 Defendant,  
 Case No. C196-1459



Save It  
 Grow It  
 Spend It On  
 Health



In the hundred years prior to a  
settlement in 1998, tobacco co  
defeated every single lawsuit  
by dying smokers and their fam  
**They were untouchable.**

landmark  
companies  
brought  
families.

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# Honoring Our History

## OUR VISION

Improving the Health of Every Oklahoman

## OUR MISSION

To improve the health and quality of life of all Oklahomans through accountable programs and services that address the hazards of tobacco use and other health issues.

## OUR VALUES & BEHAVIORS

To encourage programs and initiatives that are based on the best research available, follow practices with proven results, and provide the best opportunity for success.

To explore emerging opportunities that encourage creative and innovative approaches.

To work cooperatively with other public and private organizations and funders to support joint efforts that will use funds efficiently, avoid duplication, minimize administrative expense and provide the opportunity for sustained activity.

To plan and encourage community-based comprehensive services for urban and rural areas of Oklahoma.

To make funding decisions based on the best interests of the people of Oklahoma and the merits of the proposals.

To encourage grantees to leverage additional resources through partnerships, grants and other monetary and in-kind contributions.

We are excited to present this FY14 annual report highlighting TSET's work to prevent and reduce the leading causes of death in Oklahoma — cancer and cardiovascular disease. Through a comprehensive prevention strategy, our Board of Directors approves grants and programs that seek to reduce the preventable causes of these diseases—tobacco use, poor nutrition and physical inactivity. This report highlights our work and progress for FY14, which covers July 1, 2013 through June 30, 2014.

During FY14, the nation marked the 15th anniversary of the 1998 Master Settlement Agreement, which laid the foundation and created the funding mechanism for Oklahoma's Tobacco Settlement Endowment Trust.

The landmark Master Settlement Agreement, which ended lawsuits brought by Attorneys General in 46 states against the tobacco industry, was heralded as one of the greatest public health achievements in history. It also marked the first time that states were successful in holding the tobacco industry accountable for the death, suffering, and financial costs caused by tobacco use.

Negotiated by eight Attorneys General from across the country, including former Oklahoma Attorney General Drew Edmondson, the provisions of the Master Settlement Agreement continue to protect children from the pervasive marketing of tobacco by banning the use of cartoons, free product samples and most forms of outdoor advertising.

In anticipation of payments from the tobacco industry, Oklahoma leaders and voters created and approved a constitutional amendment in 2000 to invest the majority of payments in an endowment, in which only the earnings would be used for health.

Our work, in partnership with a variety of state and local groups, is having an impact. Since TSET began funding grants, smoking among youth has been cut in half and nearly 86 percent of Oklahoma public school students attend a school that is tobacco free, 24 hours a day, 7 days a week. Adult smoking has also reached a historic low.

... that there are harmful  
... lip Morris, 1964

Funding from the endowment trust supports tobacco prevention and cessation through community-based grants across the state, statewide grants to promote wellness within hospitals, mental health and substance abuse programs, and programs working with Oklahoma Medicaid members. The earnings also fund the Oklahoma Tobacco Helpline, (1-800-QUIT-NOW), award-winning public education campaigns, and incentive grants for cities and schools.

In addition, TSET funds programs and grants to prevent and reduce obesity by making the healthy choice the easy choice. TSET supports communities, schools and other organizations in promoting strategies and policies that help people to eat better, move more and be tobacco free where they live, work, learn, and play.

Research in cancer and other tobacco-related diseases is also a priority for TSET. The Board of Directors has funded three research centers—the Stephenson Cancer Center, the Oklahoma Center for Adult Stem Cell Research, and the Oklahoma Tobacco Research Center—to support the latest breakthroughs in cancer treatment, regenerative medicine and emerging trends and topics in reducing nicotine addiction.

Together we'll create better lives through better health and a brighter future for Oklahoma.



*Tracey Strader*

Tracey Strader, MSW, Executive Director



*Casey Killblane*

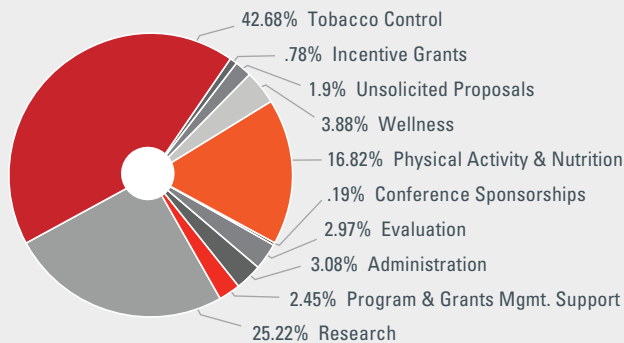
Casey Killblane, Chair, Board of Directors

### FY14 BUDGET ALLOCATIONS

The TSET Board of Directors oversees the expenditures of funds for TSET. Only the earnings from the endowment are used to fund grants and programs that seek to reduce the leading causes of death in Oklahoma — cancer and cardiovascular disease. Grants and programs encourage Oklahomans to eat better, move more, and be tobacco free. The board also funds cutting-edge research in cancer and other tobacco-related diseases, bringing world-class partnerships to Oklahoma. For every \$1 TSET invests, researchers are able to attract another \$3 in outside support for scientific research.

**\$38,530,989**

Funded by FY13 Earnings



Earnings certified in FY2013 are available for use in FY14 and beyond.

# Overview

Oklahoma is the first state in the nation to constitutionally protect the majority of the Master Settlement Agreement funds in an endowment. This ensures a growing revenue source dedicated to improving health for generations to come.

The Endowment is a long-term strategy. Earnings have gradually increased each year from a low of \$650,000 in FY03 to a high of \$39 million certified for use from FY13 investments.

Only the investment earnings may be expended on the following programs to improve health:

- Clinical and basic research and treatment efforts in Oklahoma for the purpose of enhancing efforts to prevent and combat cancer and other tobacco-related diseases.
- Cost-effective tobacco prevention and cessation programs.
- Programs designed to maintain or improve the health of Oklahomans or to enhance the provision of health care services to Oklahomans, with particular emphasis on programs for children.
- Programs and services for the benefit of the children of Oklahoma, with particular emphasis on common and higher education, before- and after-school and pre-school programs,



circumference non-menthol  
 hunger adult male smoker  
 smokers). - RJR, 1987

substance abuse prevention and treatment programs and other programs and services designed to improve the health and quality of life of children.

- Programs designed to enhance the health and well-being of senior adults.

The TSET Board of Directors engages in regular strategic planning processes involving a review of research and input from key stakeholders including elected officials, private funders, state agency leadership, voluntary organizations, and health advocates from across the state. Stakeholders have overwhelmingly agreed that the board is on track with its mission to improve the health of every Oklahoman by reducing the leading causes of death.

- Oklahoma ranks 48th among states in cardiovascular disease deaths.
- Cancer is the second-leading cause of death, affecting one out of three Oklahomans.
- Tobacco use, physical inactivity, and poor nutrition are the leading preventable causes of cardiovascular disease and cancer.
- These preventable causes of death cost the state billions of dollars each year.

TSET-funded programs are based on strong evidence of effectiveness and are rigorously evaluated. In the early years of the endowment, program funding was focused solely on supporting the *Oklahoma State Plan for Tobacco Use Prevention and Cessation*. The current strategic plan maintains a primary focus on reducing tobacco use while also funding programs that help fulfill the *Oklahoma Physical Activity & Nutrition State Plan* and the *Oklahoma Health Improvement Plan*.

In each case, a statewide, comprehensive program is required to stem the tide of preventable disease, disability, and death. In addition, the board has funded research in tobacco control, cancer prevention and treatment and adult stem cell research in an effort to advance the prevention and treatment of cancer and other tobacco-related diseases.

Unsolicited proposals are also accepted to respond to emerging opportunities to improve health in our state.

**STRATEGIC PLAN**

The Board of Director’s strategic plan prioritizes grants and programs that work to reduce the leading causes of death in Oklahoma — cardiovascular disease and cancer. Tobacco use, poor nutrition and physical inactivity contribute to both diseases.



# Measures of Progress

TSET works with numerous partners and grantees to meet the objectives of the *Oklahoma State Plan for Tobacco Use Prevention and Cessation*, the *Oklahoma Physical Activity and Nutrition State Plan*, and the *Oklahoma Health Improvement Plan*.

The following accomplishments have been realized as a result of TSET funded programs and partnerships with the Oklahoma State Department of Health, other state agencies, businesses, communities, and tribal nations, as well as the public policies enacted by the State Legislature and Oklahoma voters.

## Outcome Measures

- **23.1%** adult smoking prevalence in 2011. In 2001, adult smoking prevalence was 28.7%.
- **61.5%** of smokers indicated a willingness to quit smoking. In 2001, 48.1% of smokers indicated a willingness to quit smoking. Quit attempts are at an all-time high.
- **67.2** packs per capita sold in Oklahoma. In 2001, 108.1 packs were sold, per capita.
- **80.4%** of Oklahoma households reported having a smokefree home policy in 2013.
- **40.7%** of Oklahoma youth identified as “committed nonsmokers.” In 1999, only 25.5% of Oklahoma high school youth were “committed nonsmokers.”
- **64.8%** of Oklahoma middle school youth identified as “committed nonsmokers.” In 1999, 41.4% of middle school youth identified as “committed nonsmokers.”
- **49.2%** of high school youth who participate in 60 minutes of activity, 5 days a week. In 2009, 52.6% of high school youth participated in 60 minutes of activity, 5 days a week.
- **70.1%** of adults reported that they participated in any physical activity. In 2009, 68.5% participated in any physical activity.

## Public Policies

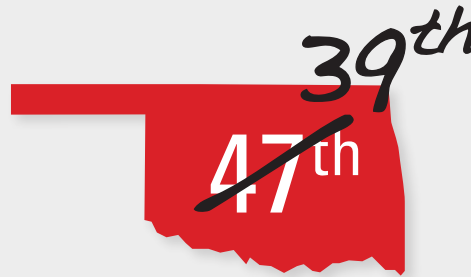
- In 2003, the State Legislature amended the *Smoking in Public Places and Indoor Workplaces Act* which made most workplaces smokefree. Free standing bars are exempted in the Act.
- In 2004, Oklahoma voters approved a tobacco excise tax increase—an effective means of reducing youth smoking. The legislature strengthened the *Prevention of Youth Access to Tobacco Act*.
- In 2009, the *Clean Air in Restaurants Act* established a rebate program to incentivize restaurants to close smoking rooms and become smokefree. The bill also created the *Oklahoma Certified Healthy Communities Act* and *Oklahoma Certified Healthy Schools Act* establishing advisory committees to develop criteria by which communities and schools may be certified.
- In 2012, Gov. Mary Fallin signed an executive order that makes all state properties, including universities, tobacco free.
- In 2013, Gov. Mary Fallin closed the smoking room at the Capitol and opened a fitness center.
- In 2014, Gov. Mary Fallin signed an executive order prohibiting the use of e-cigarettes and vapor products on all state properties.
- In 2014, a state law passed prohibiting the sale of liquid nicotine and electronic smoking devices to minors.



dictive contradict common  
ismoking rhetoric... without  
ion. - Tobacco Institute, 1988

## Community-Based Programs

- 85% of Oklahomans live in a community covered by a *TSET Communities of Excellence in Tobacco Control* grant; 33 coalitions implement programs in 50 counties and 1 tribal nation.
- 55% of Oklahomans live in a community covered by a *TSET Communities of Excellence Physical Activity and Nutrition* grant; 15 coalitions encourage their communities to eat better, move more and be tobacco free.
- 181 *Students Working Against Tobacco (SWAT)* teams work to promote tobacco free policies, expose tobacco industry marketing practices, and prevent youth from using tobacco.
- More than 274 public school districts have *24/7 Tobacco-Free Property* policies.
- 42 school districts approved *24/7 Tobacco-free Property* policies in FY14. Thirteen districts included e-cigarettes in their policies.
- In FY14, communities passed 13 Youth Access and 20 Clean Indoor ordinances.
- 96 Oklahoma City and Tulsa area hospitals and 23 rural hospitals are tobacco-free.
- At least a dozen communities have passed ordinances making their parks tobacco-free.
- 3 tribal nations adopted tobacco-free policies for government-owned property, excluding casinos.
- 138 tobacco-free worksite policies were passed in FY14.
- In FY14, 1,141 communities, businesses, schools, campuses, and restaurants met the requirements of *Certified Healthy Oklahoma*, a program started by the Oklahoma Academy for State Goals, the Oklahoma Turning Point Council, the State Chamber, and the Oklahoma State Department of Health.



### ADULT SMOKING HITS HISTORIC LOW

In FY14, the rate of adult smoking was at a historic low. For the first time ever, Oklahoma ranked 39th among all states for adult smoking, according to the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). In 2013, Oklahoma was ranked as 47th.

This improved ranking is a result of Oklahoma's smoking percentage dropping from 26.1 percent in 2011 to 23.3 percent in 2012, a new historic low rate for Oklahoma. There were an estimated 75,000 fewer adult smokers.

The percent of "never smokers" increased from 49.2 percent in 2011 to 52.4 percent in 2012, which is estimated to be about 100,000 more Oklahomans who have never smoked.

The percent of Oklahomans who smoke every day decreased from 19.9 percent in 2011 to 17 percent in 2012.

Overall, the purchase of cigarettes in Oklahoma has also decreased. The most recent fiscal year saw more than 14 million fewer cigarette tax stamps sold by the Oklahoma Tax Commission, which equals a 5.2 percent drop in cigarette packs sold. In the past decade, the number of cigarette tax stamps sold has decreased by 100 million overall.

# A Landmark Settlement

In 1998, the Master Settlement Agreement (MSA) between the major tobacco companies, 46 US states, the District of Columbia and five US territories helped change the face of tobacco control. The largest civil litigation settlement in US history, one of the MSA's central purposes was to reduce smoking—and particularly youth smoking—in the United States.

Each of the participating states and territories gave up any future legal claims they might have based on the companies' actions at issue in these cases. This did not include individual claims their citizens may have. In exchange, the tobacco companies agreed to pay the states and territories billions of dollars in yearly installments to compensate them for taxpayer money that had been spent in connection with tobacco-related diseases.

- The MSA resolved litigation brought by 46 states, the District of Columbia and five US territories in the mid-1990s against major US cigarette manufacturers, Philip Morris, R.J. Reynolds, Brown & Williamson and Lorillard, plus the tobacco industry's trade associations.

- It settled the state lawsuits that sought billions of dollars in costs associated with treating smoking-related illnesses.
- Since the MSA was signed in November 1998, about 40 other tobacco companies have signed onto the agreement and are also bound by its terms.
- Millions of tobacco company documents were made available to the public.

## New Marketing Restrictions

The MSA created new limits for the advertising, marketing and promotion of cigarettes:

- Tobacco advertising that targets people younger than 18 was prohibited.
- Cartoons in cigarette advertising were eliminated.
- Outdoor, billboard and public transit advertising of cigarettes was eliminated.
- Cigarette brand names can no longer be used on merchandise.

Source: Legacy

1931



The Journal of the American Medical Association (JAMA) writes "... the inhaling of tobacco smoke should be prohibited as an incontestable dangerous practice."

1937



"Cancer of the lung seems unmistakably to be steadily increasing in frequency," notes the American Medical Association.

1940



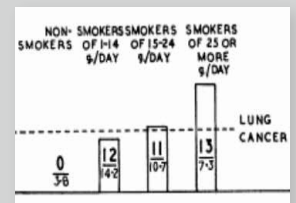
7,121 cases of lung cancer reported in the U.S.

1940s



Name brand cigarettes were included in GI rations during World War II. Smoking rates increase in the 1940s.

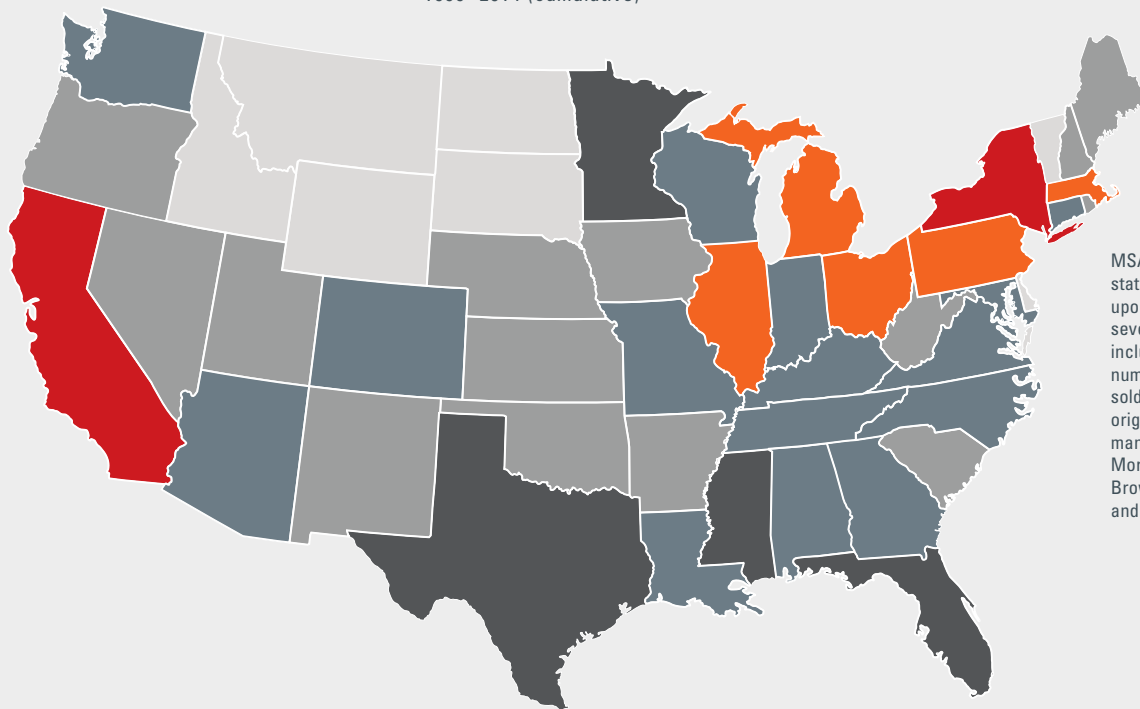
1950



A study published in JAMA shows that smokers are twice as likely to develop lung cancer as non-smokers.

of substantial evidence and lung cancer. - RJR, 1954

**\$99.45 Billion**  
**MSA Payment Distributions**  
 1999 - 2014 (cumulative)



MSA payments to states are based on upon a formula with several variables including the annual number of cigarettes sold nationally by the original participating manufacturers: Phillip Morris; RJR Tobacco; Brown and Williamson and Lorillard.

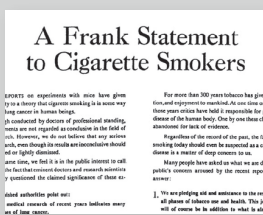
■ .28% - .50% ■ .51% - 1.19% ■ 1.42% - 2.42% ■ 3.95% - 5.34% ■ 12.17% - 12.71% ■ Non-MSA\*

Not shown: Alaska (.41%), Hawaii (.68%), DC (.63%), and Puerto Rico (1.13%).

\*States that settled independently

Source: National Association of Attorneys General

1954



Big Tobacco publishes A Frank Statement: "We accept an interest in people's health as a basic responsibility, paramount to every other consideration of our business."

1964



Surgeon General Luther Terry issues the first report linking smoking and lung cancer.

1966



Health warnings on cigarette packs begin.

1968



Philip Morris introduces the Virginia Slims brand, aimed at women.

1970



President Nixon signs a measure banning cigarette advertising on radio and television, to take effect after Jan. 1, 1971.

We do not increase the  
of our products to 'addi

# Oklahoma's Vision

When Oklahoma joined other states in litigation against the tobacco industry in 1996, at least one in four Oklahoma adults were smokers and youth tobacco use was as high as 42 percent.



“Internal tobacco industry documents described our children as ‘replacement smokers’” said former Attorney General Drew Edmondson. “The tobacco industry had never lost a lawsuit, and had not paid a dime for the billions of dollars tobacco use had cost the state. To me, this was a righteous lawsuit.”

When the Master Settlement Agreement was finalized in 1998, there was much debate about how Oklahoma should use its lawsuit settlement payments. Payments from the Master Settlement Agreement will continue to come to Oklahoma as long as cigarettes are sold nationally.

While many states were tempted to securitize their payments for a large up-front payout, or use the money for immediate needs

like roads, bridges or jails, Oklahoma took a different route. After two attempts to create a statutory trust, state leaders sent the question to the voters who overwhelmingly approved a constitutional trust — TSET — to safeguard Master Settlement Agreement dollars for health.

The amendment also created a Board of Investors to invest the funds, and a Board of Directors to allocate the funds for grants and programs to improve the health of Oklahomans.

Today, youth smoking has been cut in half, adult smoking has reached a historic low and provisions and payments from the Master Settlement Agreement work to create a healthier generation of Oklahomans.

Oklahoma is a model for protecting the settlement payments in an endowment trust and using only the earnings to reduce tobacco use and improve health. This approach ensures an ongoing source of revenue for programs and grants to improve the health of Oklahomans for generations to come.

1982



Surgeon General C. Everett Koop finds that secondhand smoke may cause lung cancer.

1988



The “Joe Camel” ad campaign begins and runs until 1997. The CDC reported that between 1988 and 1996, teens 18 or younger who smoked daily jumped 73 percent.

1992



“Marlboro Man” ad icon Wayne McLaren, 51, dies of lung cancer.

1993



Mississippi Attorney General Mike Moore and attorney Mike Lewis research whether the state could sue the tobacco industry to recover Medicaid funds spent to treat tobacco-related illnesses.

1994



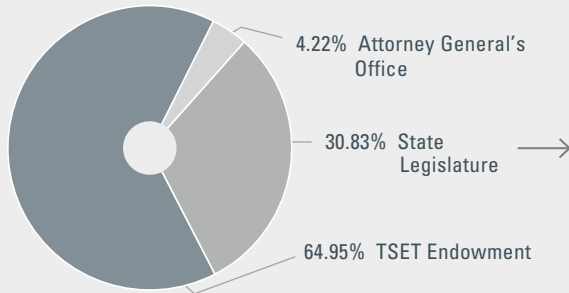
Tobacco industry releases “The List” of 599 cigarette additives.

level of nicotine in any  
 ct' smokers. - RJR, 1998

**\$1,168,964,551**

**MSA Payment Distributions**

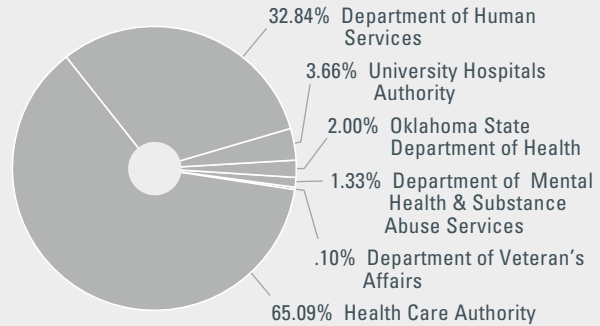
FY00-FY14 (cumulative)



**\$337,494,081**

**State Legislature Appropriations**

FY01-FY14 (cumulative)



**\$962,732,373**

**TSET Endowment Balance (Invested)**

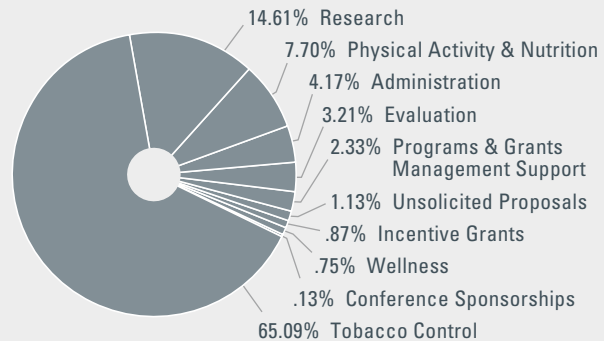
FY01-FY14 (cumulative)



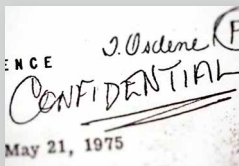
**\$205,152,982**

**TSET Budget Allocations (from Certified Earnings)**

FY03-FY14 (cumulative)



1994-96



Armed with documents from tobacco industry whistleblowers, Attorney General Moore files a lawsuit on behalf of the State of Mississippi against the industry.



CEOs of 7 tobacco companies testify at a congressional hearing that they "do not believe nicotine is addictive."

STATE OF OKLAHOMA  
 Plaintiff,  
 v.  
 TOBACCO INDUSTRY  
 Defendant,  
 Case No. C196-1459

As attorneys general from across the country learn of the internal industry documents and Mississippi's strategy, other states, including Oklahoma, file lawsuits against the tobacco industry.

1998



After settling in four states, the four largest cigarette manufacturers agree to a Master Settlement Agreement (MSA) requiring them to pay 46 states for as long as cigarettes are sold.

2000

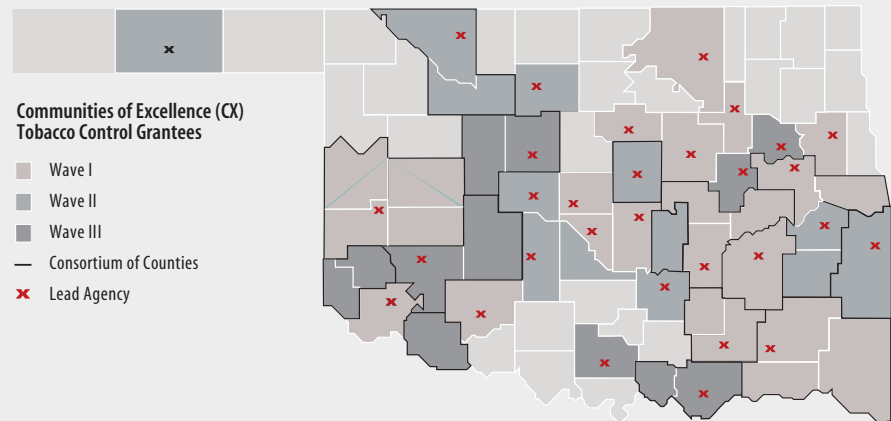


To safeguard the MSA dollars for health, Oklahoma voters approve a constitutional amendment that creates the Tobacco Settlement Endowment Trust (TSET).

# Grants & Programs

## Communities of Excellence in Tobacco Control

Thirty-three community coalitions have been funded to implement comprehensive tobacco control programs in 50 counties and one tribal nation, serving 85 percent of the state's population. Community grantees work with schools, businesses, health care providers, community leaders, and other partners to promote effective policies and programs to reduce tobacco use at the local level. In addition to the tremendous work adult volunteers do in communities across the state, *Students Working Against Tobacco (SWAT)* youth teams are vital advocates for youth access ordinances and tobacco-free 24/7 school policies as well as exposing big tobacco's marketing practices which attract our youth as "replacement smokers" for those who have quit or died as a result of a tobacco caused disease. The FY14 budget was \$6.6 million.



## GOVERNOR BANS USE OF ELECTRONIC CIGARETTES ON STATE PROPERTY

As the use of e-cigarettes and vapor products increased in 2014, Gov. Mary Fallin issued an executive order banning their use on state-owned or state-leased property. This executive order came two years

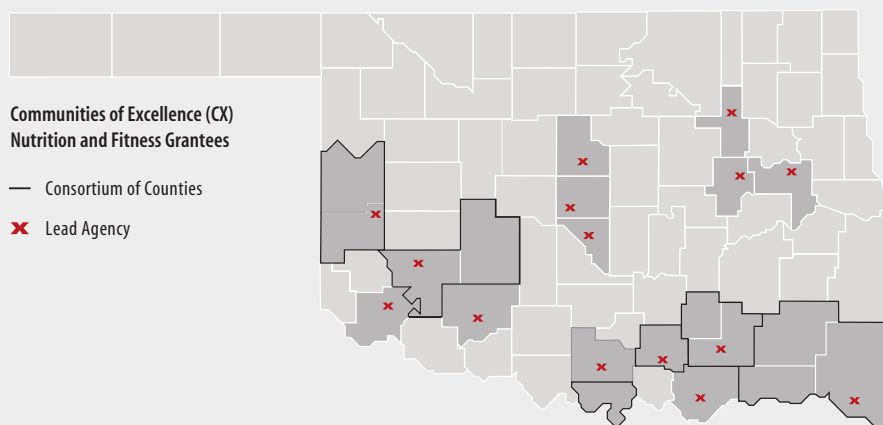
after Fallin banned the use of tobacco products on state owned or state-leased properties. A public health advisory was issued in December by the Oklahoma State Department of Health encouraging caution in using e-cigarettes and other vapor products. The advisory warned that many vapor products contain nicotine which is toxic and highly addictive. In FY14, more than 300 stores sold vapor products in Oklahoma.



a symbolic act - I am no longer  
I am not square... As the force  
subsidies, the pharmacological  
habit. - Philip Morris, 1969

## Communities of Excellence in Physical Activity & Nutrition

The Communities of Excellence in Physical Activity and Nutrition was TSET's pilot program to address obesity prevention at the local level. In FY14, 33 community coalitions serve 21 counties or 55 percent of the state's population. They work on ways to help their communities improve health by eating better, moving more and being tobacco free. Grantees also focused on educating communities leaders on strategies to help promote health in businesses, communities and schools. The FY14 budget was \$2.8 million.



### SHAPE YOUR MENU

The TSET grantee in Carter County partnered to create the "Shape Your Menu" training program for school cafeteria staff in Carter, Marshall and Johnston counties to help ensure children have access to healthy options in schools.

Kristi Combes, Community of Excellence Physical Activity and Nutrition Program Coordinator for Carter County Health Department, wanted to help local school cafeteria staff meet federal standards implemented in 2013.

Combes worked with Charles Spencer, Director of Guest Services and Executive

Chef for Mercy Hospital Ardmore. The workshop trains cafeteria staff on school nutrition guidelines, menu planning, food safety, childhood obesity, cafeteria atmosphere, and student customer service.





## Oklahoma Tobacco Helpline

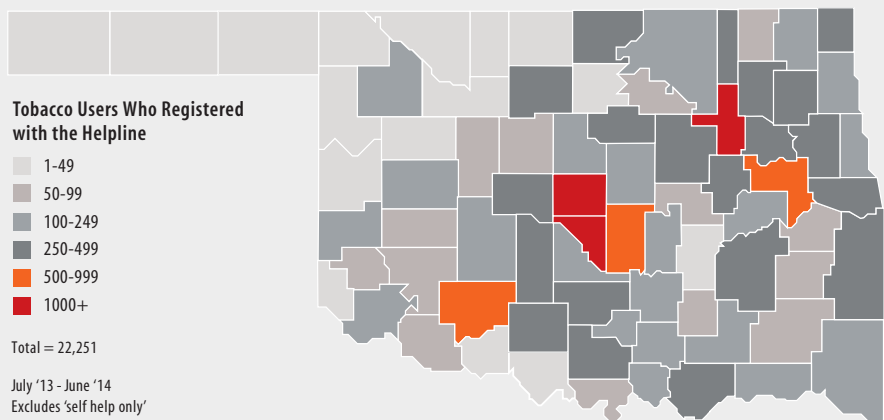
Launched in August 2003, the Oklahoma Tobacco Helpline provides free telephone-based tobacco cessation “coaching” sessions and free nicotine patches, gum or lozenges. As funds have become available, the budget has increased each year to meet the growing demand.

The FY14 Helpline budget of \$4 million utilized a combination of \$3.03 million in TSET funds, \$750,000 from the Oklahoma State Department of Health, \$130,000 from Employees Group Insurance Division and \$286,000 from the Oklahoma Health Care Authority.

In FY14, the Oklahoma Tobacco Helpline was recognized as the top quitline in the country for its efforts to reach tobacco users seeking treatment by the North American Quitline Consortium. Since the Oklahoma Tobacco Helpline began in 2003, more than 275,000 Oklahomans have used its services.

In FY14, 23,641 Oklahoma tobacco users from across the state registered for services.

In FY14, an additional random survey of Oklahoma Tobacco Helpline users at 13 months found that nearly a third had not used tobacco in the past 30 days. This rate far exceeds the quit rate of 5 percent for those who go “cold turkey.” Satisfaction with Helpline services remains high across all tobacco users who received either the single or multiple call interventions at 94 percent.





## Public Education Health Communication

Health Communication at TSET includes mass media campaigns — *Shape Your Future*, *Tobacco Stops With Me* and the *Oklahoma Tobacco Helpline*. Each campaign utilizes communication strategies grounded in the best available science, using a multi-media approach of paid (TV, radio, print, online, social media, sponsorships and outdoor advertising, etc.) and earned (news releases, etc.) media to deliver information to the public on topics that affect the health of Oklahomans.

These campaigns are based on a robust body of evidence, known as “Best Practice,” that supports the use of mass media campaigns to prevent and reduce tobacco use, as well as, influence positive behavior change in “small steps” to create a culture of wellness. TSET conducts multiple rounds of research, message development and copy testing to ensure that our campaigns are effective. Each campaign is evaluated to measure its effectiveness in changing relevant knowledge, attitudes, beliefs, and behaviors for tobacco and physical activity and nutrition among our target audiences. These campaigns are developed in partnership with TSET and the Oklahoma State Department of Health with additional consultation provided by the University of Oklahoma and Oklahoma State University. Campaigns are carried out by TSET’s contract media firm, VI Marketing and Branding. Communication staff also partner with state agencies to leverage resources and positive health outcomes for targeted audiences. Each step brings valuable information allowing us to ensure the messages are helping Oklahomans, and their families, live healthier lives.

The FY14 budget was \$9.1 million.



**TOBACCO STOPS WITH ME.**  
StopsWithMe.com



### CAPPS' STORY PROMOTES HELPLINE

In a testimonial for StopsWithMe.com, James Capps, an Atoka resident and tobacco-caused cancer survivor, talked about his battle with oral cancer after using spit tobacco. The popularity of his story led to television ads, print ads, radio, billboard and social media postings.

Within the first two weeks of launching the campaign, calls to the Oklahoma Tobacco Helpline increased by 265 percent for smokeless users and by 51 percent for smokers.

Capps' story centers on his decades-long use of spit tobacco while living the “cowboy” lifestyle. Capps said he understood the risks, but chewing tobacco was just “what every good Oklahoma cowboy did.”

“I believe everybody knows there’s a chance (of getting cancer), but the key thing is: It will never happen to me. Now, I know that cowboys get cancer too.”

Capps received the *Cliff Niles Creative Media Award*. The campaign also won a *Bronze Quill Award of Excellence* from the International Asson of Business Communicators and *Silver Addy* for public service broadcasting electronic campaign and public service-single medium campaign.

## Program Evaluation & Technical Assistance

Evaluating our work is an integral part of making sure programs and grants are meeting the mark. Rigorous evaluation plays a critical role in program refinement and assessment. Evaluation reports are published on the TSET website and available to the public.

- *Tobacco Control* - An external evaluation of TSET-funded tobacco control programs is conducted by the Oklahoma Tobacco Research Center. The FY14 budget was \$563,247.
- *Physical Activity* - An external evaluation of TSET-funded physical activity and nutrition programs is conducted by Oklahoma State University Department of Nutritional Services or Sciences. The FY14 budget was \$237,287.
- *Technical Assistance & Training* - To leverage federal and state resources, avoid duplication, and promote progress toward objectives, TSET has partnered with the Center for Advancement of Wellness at Oklahoma State Department of Health, to provide coordination, training and technical assistance for tobacco prevention and physical activity and nutrition grantees. The FY14 budget was \$1.14 million.

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### GRANT FUNDS HELP KEEP KIDS ACTIVE

Students at Olustee Public Schools have more ways to be physically active thanks to a \$1,000 grant through the Healthy Schools Incentive Grant program. The school used the grant funds to purchase gym scooters, four square balls, basketballs, and a parachute.

“Physical activity is important because it gives them a chance to burn more energy before they get to class. This has shown an improvement academically,” said Melvin Hazel, Olustee Elementary School principal. “It is important for them to learn to have a healthy lifestyle, and physical activity makes them feel good.”

Evidence shows that physical activity can help improve academic achievement, according to the Centers for Disease Control and Prevention.



“Having the new equipment allows students to remain active indoors during cold weather or rainy days, and it has made it easier for me to plan activities,” Hazel said.

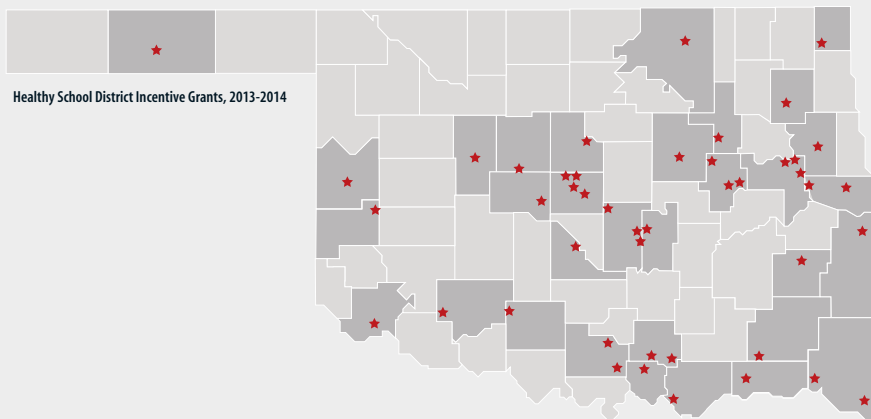
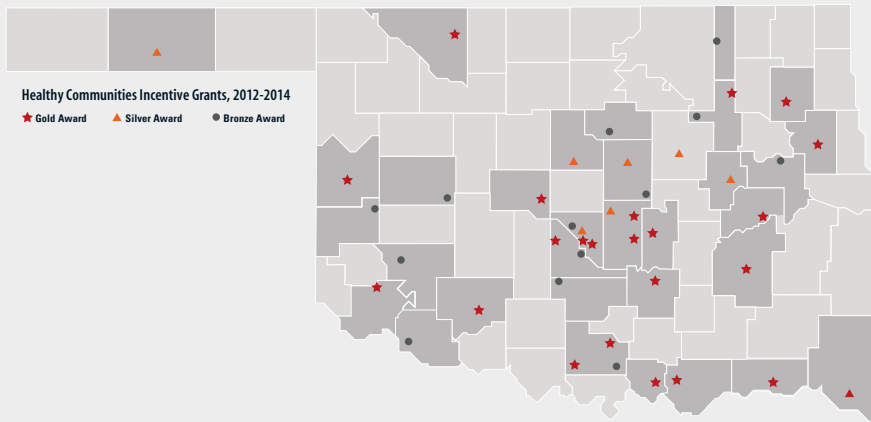
The Healthy Schools Incentive Grants program offers grants to school districts and individual schools that adopt policies and programs to encourage students, faculty and staff to eat better, move more, and be tobacco free. Schools must be Certified Healthy and meet grant criteria to be eligible to apply for a grant.

## Healthy Communities & Healthy Schools Incentive Grants

TSET's incentive grant programs encourage schools and communities to adopt strategies that promote health and encourage Oklahomans to eat better, move more and be tobacco free.

Communities and school districts that meet specific criteria and become certified through the Certified Healthy Oklahoma program, administered by the Oklahoma State Department of Health, become eligible to apply for an incentive grant through TSET. In FY14, the grant application period was extended to a year-round application process.

Grant funds could be applied to a variety of projects to promote health including sidewalk improvements, purchasing physical education equipment and community gardens. The FY14 budget was \$300,000.





An Oklahoma Hospital Association (OHA) initiative, WorkHealthy Hospitals, received the National Strategic Alliance – Prevention Excellence Award from Prevention Partners in FY14 for engaging 35 Oklahoma hospitals in a comprehensive approach to support their employees, patients, and guests in health improvement.

WorkHealthy Hospitals helps hospital leadership make permanent improvements in their policies, environment and benefits to support employees' health and set an example for their community.

WorkHealthy Hospitals is based on Work Healthy America, developed by Prevention Partners and endorsed and supported by the Centers for Disease Control and Prevention (CDC). Prevention Partners works closely with state hospital associations, community coalitions, the national Children's Hospital Association and the Department of Defense to help workplaces, schools, hospitals and clinics build healthy workplaces.

Prevention Partners called OHA efforts "a record start-up achievement." OHA met their first year engagement numbers within the first five months of implementation.

## Health Systems Initiatives

The Oklahoma Hospital Association, Oklahoma Department of Mental Health and Substance Abuse Services, and Oklahoma Health Care Authority continued their work to establish tobacco cessation systems through hospitals and health systems, integrate tobacco dependence treatment within mental health and substance abuse programs, and within health care settings serving pregnant women.

- The *Oklahoma Hospital Association* works with health care providers to educate about cessation services available to patients. Changes in paper and electronic medical record systems now prompt physicians to ask if a patient uses tobacco and easily refer them to the Oklahoma Tobacco Helpline. Nearly 25 hospitals have implemented significant changes and referred over 7,000 patients, family members and employees to the Oklahoma Tobacco Helpline.
- The *Oklahoma Department of Mental Health and Substance Abuse Services* has worked with contract providers of behavioral health services to make facilities tobacco free. Through the grant, tobacco cessation training has also been incorporated into addiction and mental health counseling. Patients are much more likely to be successful in recovery when they stop using tobacco too.
- Through the Sooner Quit for Women campaign, the *Oklahoma Health Care Authority* has increased the number of women of child-bearing age utilizing the Oklahoma Tobacco Helpline. Partnering to use TSET funds and matching federal dollars, outreach efforts were successful in increasing calls to the Helpline among pregnant women. Grant efforts also include trainings for health care providers on the resources for SoonerCare tobacco cessation counseling and pharmacotherapy benefits, a best practice cessation methodology, SoonerCare reimbursement and documentation.

The FY14 budget was \$1.1 million.

## Conference Sponsorships

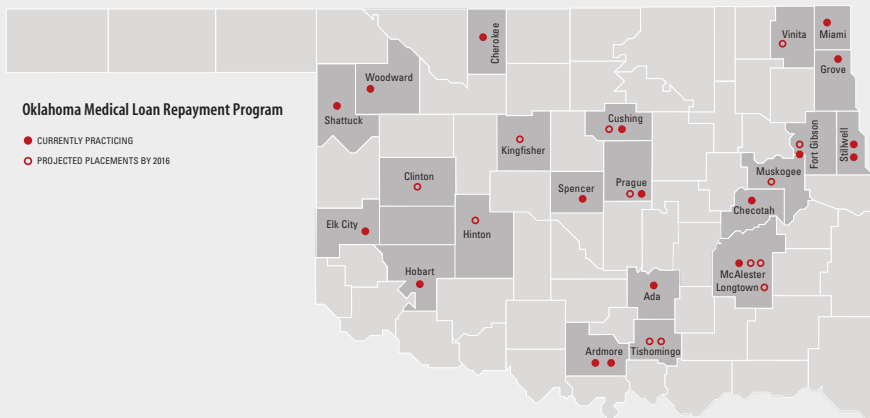
Conference sponsorships are available for statewide training events to educate on improving the health of Oklahomans, enhancing access or provision of health care, improving the quality of life for children, enhancing the health and wellbeing of senior adults.

The FY14 budget was \$75,000.

## Unsolicited Proposals

To address emerging opportunities to promote health in Oklahoma, TSET has initiated a process for accepting unsolicited proposals related to any of the purposes identified in the Constitutional amendment. In FY2013, grants to the Physician Manpower Training Commission, Oklahoma State University Dining Services, Oklahoma Childcare Association and Oklahoma Afterschool Network were funded through the unsolicited proposal process.

- The *OSU Dining Services* grant seeks to provide menu labeling and involve students in improving the nutritional offerings at the university.
- The *Oklahoma Childcare Association* grant seeks to prevent and reduce tobacco use, and improve physical activity and nutrition among children, families, and staff in child care setting.
- The *Oklahoma Afterschool Network* grant seeks to establish standards for afterschool programs to address tobacco use prevention, physical activity and nutrition.
- Under the *Physician Manpower Training Commission* grant in partnership with the Oklahoma Health Care Authority, doctors who establish a practice in rural underserved areas for four years and serve Medicaid patients may receive up to \$160,000 in funding to help pay off their student loans.





## Oklahoma Tobacco Research Center

Created in 2008, the *Oklahoma Tobacco Research Center (OTRC)* provides research to identify, evaluate and disseminate best practices in tobacco control and translate research into practice. The OTRC also serves as the evaluator for TSET’s Communities of Excellence Tobacco Control program and several media campaigns. In FY14, OTRC awarded grants to four research scholars and the budget was \$1.4 million.

### TED WAGENER, PhD

Ted Wagener, PhD, is a clinical psychologist and tobacco researcher. Wagener is Co-Director of Research Development at the OTRC. His research focuses on developing and evaluating behavioral interventions to address a wide variety of risk factors affecting adolescent health, including second-hand smoke exposure (from parents or caregivers), modified risk tobacco products, and the use of e-cigarettes. Wagener has a particular interest in using *motivational interviewing*—an innovative method for prompting behavior change — as part of his intervention.



## Oklahoma Center for Adult Stem Cell Research

Created in 2010, the *Oklahoma Center for Adult Stem Cell Research (OCASCR)* began with a \$1 million annual investment from TSET. OCASCR is collaboratively governed by the Oklahoma Medical Research Foundation, University of Oklahoma, and Oklahoma State University. OCASCR focuses on regenerative medicine that may someday provide new treatment options for many diseases. In FY14, OCASCR awarded grants to 12 researchers and the budget was increased to \$2 million.

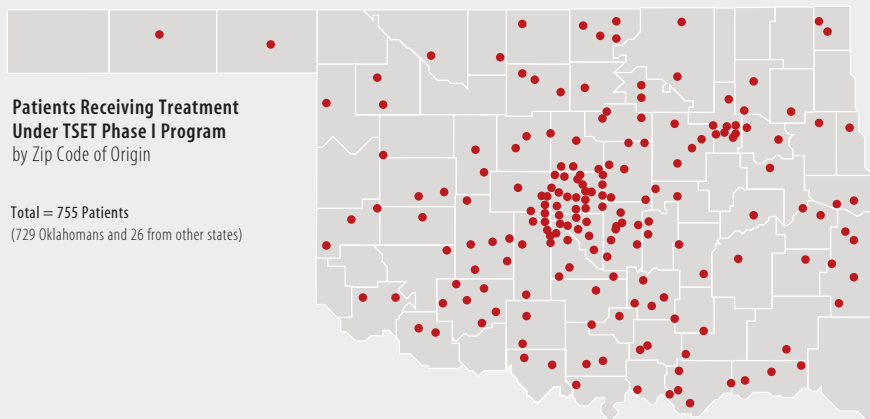
### PAUL KINCADE, PhD

Paul Kincade, PhD, is the Scientific Director of the OCASCR. Kincade’s research focuses on stem cells taken from bone marrow or other sources and determines their patterns and behaviors in hopes of one day being able to “turn certain cells off” and repair tissues damaged by tobacco use. Kincade works with a board of advisors from Oklahoma State University, Oklahoma Medical Research Foundation, and University of Oklahoma. The board makes grants to encourage and support scientists in the earliest stages of their research.



## Oklahoma TSET Cancer Research Program

The *Oklahoma TSET Cancer Research Program (TCRP)* at the Stephenson Cancer Center was created in January 2012 with TSET funding of \$30.2 million over five years. The mission of the program is to decrease the burden of cancer in Oklahoma and nationally through promoting, coordinating and supporting innovative cancer research. TCRP supports a Phase I Clinical Trials Program, recruits scientists to Oklahoma, awards research grants to Oklahoma scientists in a variety of institutions, and leverages funds to advance cancer research in Oklahoma. These investments move the Cancer Center closer to earning a “comprehensive cancer center” designation from the National Cancer Institute and opening the door to significant external resources to support cancer research. Cancer researchers supported by TSET have received \$34.5 million in new sponsored research funding since Jan. 1, 2012. In FY14, SCC recruited four scientists to Oklahoma and TSET’s support of the SCC was \$6.1 million.



### GRANT SKREPNECK, PHD, RPH

Grant Skrepneck, PhD, RPh, comes to the SCC from the College of Pharmacy at the University of Arizona Health Sciences Center where he served as faculty. Skrepnek concentrates on health economics, policy, and outcomes research involving large-scale database investigations, decision analyses, clinical trials, and survey research. Skrepnek focuses on studying cost, quality, and access to care across various healthcare settings concerning oncology, cardio-pulmonary disease, rare conditions, and co-morbidities.



# FY14 Financials

To the People of Oklahoma,

I am happy to report that Fiscal Year 2014 was another record year for earnings on the investment of the Oklahoma Tobacco Settlement Endowment Trust Fund. In November, the Board of Investors certified \$53.4 million in annual earnings for use in FY15.

These earnings reflect an increase of more than \$14 million or 35 percent over the funds made available last year from investment of Oklahoma's share of the tobacco settlement.

The endowment is a strong, ongoing source of funding to improve the health and lives of Oklahomans with 75 percent of Oklahoma's share of the national Master Settlement Agreement deposited for investment each year.

At fiscal year end, the fund contained almost \$963 million and had generated more than \$242 million in cumulative earnings to fund the beneficial programs administered by the board of directors. The fact that the fund balance will soon top \$1 billion is testament to the foresight of our leaders and the wisdom of the people in establishing this constitutionally-protected fund.

I look forward to continued success in the years to come.

Warmest regards,



A handwritten signature in black ink that reads "Ken Miller". The signature is written in a cursive, flowing style.

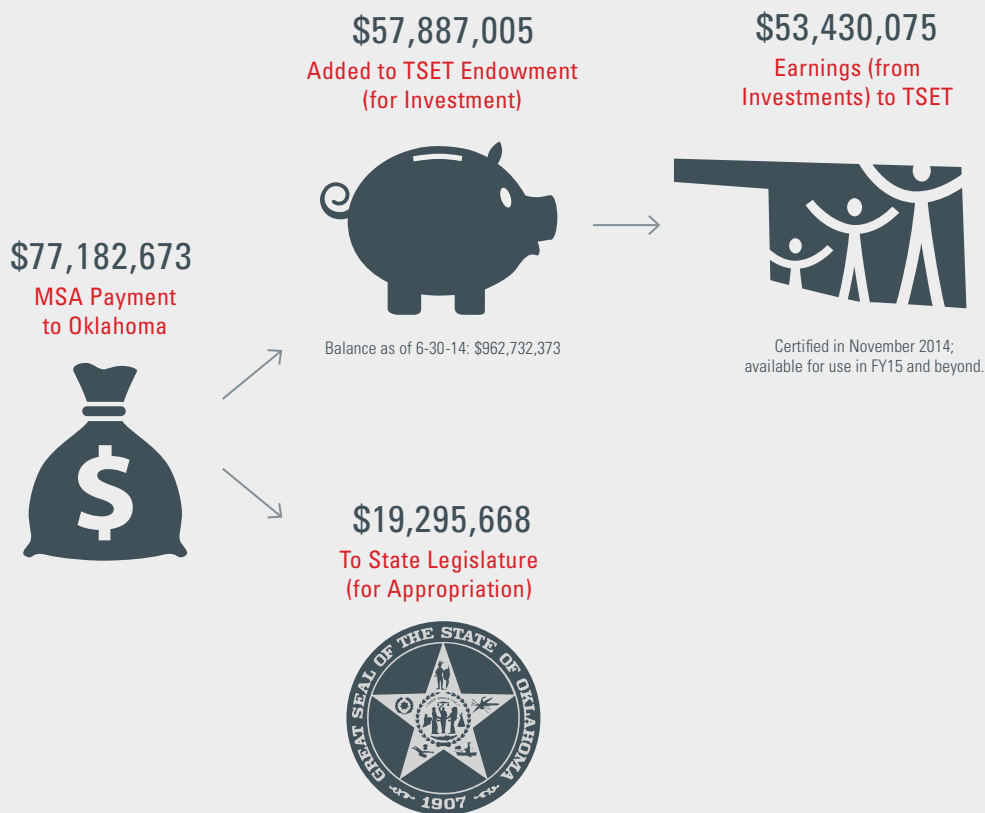
Ken Miller, Oklahoma State Treasurer  
Chair, Board of Directors



La Slims, a cigarette targeted the slogan: "You Have Come a ars of the launch, the percent d nearly doubled. - 1968

Grants and programs supported by the Tobacco Settlement Endowment Trust (TSET) are funded by earnings from investments of payments from the 1998 Master Settlement Agreement (MSA) between 46 states and the tobacco industry. MSA payments to the state are divided — TSET receives 75 percent, the State Legislature receives 18.75 percent, and the Attorney General’s Office receives 6.25 percent.

TSET’s Endowment Fund is constitutionally protected to ensure a growing revenue source dedicated to improving the health of Oklahomans for generations to come. Only earnings from TSET investments may be spent.



# FY14 Grants

## Research

- \$1,440,000 Oklahoma Tobacco Research Center (OTRC)
- \$2,170,600 Oklahoma Center for Adult Stem Cell Research (OCASCR)
- \$6,107,581 Stephenson Cancer Research Center (SCC)

## Communities of Excellence Tobacco Control

- \$154,000 Atoka County Health Department (Atoka) · Coalition: Atoka/Coal Partnership for Change; serving Atoka and Coal Counties.
- \$191,000 Cherokee County Health Services (Tahlequah) · Coalition: Community Health Coalition of Cherokee County; serving Cherokee County.
- \$186,000 City of Elk City (Elk City) · Coalition: Western Oklahoma Tobacco Control Coalition; serving Beckham, Roger Mills, Washita, and Custer counties.
- \$207,000 Comanche County Memorial Hospital (Lawton) · Coalition: Southwest Tobacco Free Oklahoma Coalition; serving Comanche County.
- \$195,000 Community Children’s Shelter & Family Service Center, Inc (Ardmore) · Coalition: Carter County Turning Point; serving Carter County.
- 226,000 Gateway to Prevention and Recovery (Shawnee) · Coalition: Pottawatomie Alliance Toward Community Health; serving Pottawatomie County.

- \$188,000 Gateway to Prevention and Recovery (Wetumka) · Coalition: Tri-County Tobacco Prevention; serving Hughes, McIntosh, and Okfuskee counties.
- \$320,000 Muskogee County Health Department (Muskogee) · Coalition: Muskogee Turning Point and Sequoyah Turning Point; serving Muskogee and Sequoyah counties.
- \$340,000 Norman Regional Health Systems (Norman) · Coalition: Cleveland County Turning Point; serving Cleveland County.
- \$431,000 Oklahoma City-County Health Department (Oklahoma City) · Coalition: Central Oklahoma Turning Point, Oklahoma County Tobacco Use Prevention Coalition; serving Oklahoma County.



- \$201,000 Osage Nation (Pawhuska) · Coalition: Osage Nation / Osage County Community Partnership Board; Serving Osage County and Osage Tribe.
- \$248,000 Oklahoma State University-Seretean Wellness Center · Coalition: Payne County Breathe Easy Coalition; serving Payne County.

- \$190,000 Pittsburg County Health Department (McAlester) · Coalition: SouthEast Tobacco-Free Oklahoma Coalition; serving Pittsburg County.
- \$220,000 Pushmataha County Health Department (Antlers) · Coalition: Project S.P.I.T. Consortium of Pushmataha County Turning Point Coalition and Choctaw County Coalition for Change; serving Pushmataha, Choctaw, and McCurtain counties.
- \$160,000 Jackson County Health Department (Altus) · Coalition: Jackson County Community Health Action Team; serving Jackson County.
- \$375,000 Tulsa County Health Department · Coalition: Tobacco Free Coalition for Tulsa County; serving Tulsa County.
- \$210,000 Oklahoma State University - Seretean Wellness Center: Child Abuse Prevention Task Force District XI; serving Creek County
- \$185,000 Bryan County Health Department (Durant) · Coalition: U Turn Consortium; serving Bryan and Marshall Counties.
- \$178,000 Great Plains Youth and Family Services (Hobart) · Coalition: Caddo Kiowa Consortium; serving Caddo and Kiowa Counties.
- \$169,000 Kingfisher County Health Department (Kingfisher) · Coalition: Blaine-Kingfisher Tobacco Education Consortium; serving Blaine and Kingfisher Counties.

Which company gets the biggest  
to do with persuading young  
Manufacturers Association, 1997

\$146,000 Southwest Oklahoma Community Action Group, Inc. (Altus) - Coalition: Red River Tobacco Education Consortium; serving Greer, Harmon and Tillman counties.



\$164,000 Canadian County Health Department Coalition: Canadian County for Children and Families; serving Canadian County.

\$125,000 Rural Health Projects Inc. - Coalition: Enid Metropolitan Health Planning Committee, Garfield County Tobacco Free Coalition; serving Garfield County.

\$130,000 Pontotoc County Health Department Coalition: Pontotoc County Turning Point/Systems of Care Coalition; serving Pontotoc County.

\$138,000 LeFlore County Youth Services, Inc. Coalition: LeFlore County Coalition for Healthy Living; serving LeFlore County.

\$154,000 Texas County Health Department Coalition: Texas County Coalition; serving Texas County.

\$144,000 Northwest Family Services Inc. Coalition: Woods County and Major County Coalitions; serving Woods and Major counties.

**Communities of Excellence -  
Physical Activity & Nutrition**

\$140,000 Bryan County Health Department (Durant) - Coalition: Bryan County Turning Point; serving Bryan County

\$146,000 Carter County Health Department (Ardmore) - Coalition: Carter County Turning Point.

\$104,000 City of Elk City Youth and Family Programs - Coalition: Oklahoma Unified Resources (OUR) Turning Point Coalition.

\$196,000 Comanche County Health Department (Lawton) - Coalition: Fit Kids of Southwest Oklahoma; serving Comanche County

\$168,000 Great Plains Youth and Family Services (Hobart) - Coalition: Kiowa Coalition & Caddo County Interagency Coalition; serving Kiowa and Caddo Counties.

\$119,000 INCA Community Services, Inc. (Atoka) Coalition: Atoka/Coal Partnership for Change; serving Atoka and Coal counties.

\$152,000 Jackson County Health Department (Altus) - Coalition: Jackson County Community Health Action Team; serving Jackson County.

\$152,000 Johnston County Health Department (Tishomingo) - Coalition: Fit Communities, Love and Johnston Consortium; serving Johnston and Love Counties.



\$179,000 Oklahoma State University - Seretean Wellness Center (Okmulgee): Okmulgee County Wellness Coalition; serving Okmulgee County.

\$176,000 Wagoner County Health Department (Wagoner) - Coalition: Wagoner County Family Resource Council; serving Wagoner County.

\$205,000 Gateway to Prevention and Recovery Coalition: Prague Turning Point Coalition; serving Lincoln and Seminole counties.

\$157,000 Ki Bois Community Action Foundation Coalition: Haskell County Coalition and Living in Latimer Coalition; serving Haskell and Latimer counties.

\$125,000 Norman Regional Health Systems Coalition: Interagency and Community Coalition of Grady County; serving Grady County.

\$165,000 Norman Regional Health Systems Coalition: Community Alliance of Resources for Everyone; serving McClain County.

\$176,000 Logan County Health Department (Guthrie) - Coalition: Logan County Partnership; serving Logan County.

\$220,000 McCurtain County Health Department (Idabel) - Coalition: Tri-County Consortium; serving McCurtain, Pushmataha, and Choctaw Counties.

\$181,000 Muskogee County Health Department (Muskogee) · Coalition: Muskogee County Turning Point.

\$172,000 Norman Regional Health Systems Inc. · Coalition: Cleveland County Turning Point; serving Cleveland County.

\$332,000 Oklahoma City-County Health Department · Coalition: Wellness Now Coalition; serving Oklahoma County.

\$135,000 Okmulgee County Health Department (Okmulgee) · Coalition: Okmulgee County Wellness Coalition; serving Okmulgee County.

\$365,000 Tulsa County Health Department (Tulsa) · Coalition: Family Health Coalition; serving Tulsa County.

**Healthy Schools Incentive Grants**

- \$3,000 Afton School District
- \$5,000 Antlers School District
- \$3,000 Central High School
- \$3,000 Colbert School District
- \$10,000 Jenks School District
- \$3,000 Maud Public Schools
- \$5,000 McLoud Public Schools
- \$3,000 Milburn Public Schools
- \$5,000 Milwood Public Schools
- \$3,000 Pawhuska Public Schools
- \$1,500 Pleasant Grove

**Health Systems Initiatives**

\$671,643 Oklahoma Hospital Association

\$380,600 Oklahoma Department of Mental Health and Substance Abuse Services

\$49,143 Oklahoma Health Care Authority



**Unsolicited Proposals**

\$120,250 Oklahoma Childcare Association - working with childcare center owners to promote tobacco-free facilities, healthy policies and curriculum for children.

\$15,425 Oklahoma State University Dining Services - to promote healthy dining options to students and the university community.

\$91,471 Oklahoma Afterschool Network - to develop standards for nutrition and physical activity in afterschool programs.

\$28,000 Physician Manpower Training Commission - to increase the number of physicians working in rural areas of Oklahoma.

**Public Education Health Communications**

\$9,114,000 VI Marketing & Branding (Oklahoma City) · TSET, in partnership with the Center for Advancement of Wellness at the Oklahoma State Department of Health, coordinates public education health communications campaigns to achieve the goals to reduce tobacco use and obesity.

**Oklahoma Tobacco Helpline Program**

\$3,200,000 Alere Wellbeing (Seattle, WA) · Provides a telephone-based tobacco cessation service at no charge to all Oklahomans who are ready to quit tobacco use. Also provides consultation to Oklahoma health care professionals regarding effective tobacco dependence treatment.

**Program Evaluation**

\$563,247 Oklahoma Tobacco Research Center · Evaluates the effectiveness of the Oklahoma Tobacco Helpline, Community-based Tobacco Control grants, and Public Health Communication Interventions.

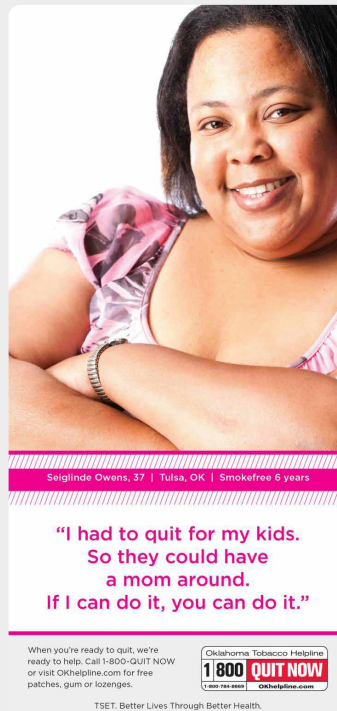
\$237,287 Oklahoma State University · Evaluates the effectiveness of the physical activity and nutrition program.

**Program Support, Training  
And Technical Assistance**

\$1,146,199 Center for Advancement of Wellness, Oklahoma State Department of Health · Provides coordination, technical assistance and training to TSET-funded grantees. OSDH facilitates grantee progress toward outcomes and leverages additional services which are provided in-kind by staff funded by the CDC.

**Conference Sponsorships**

- \$2,500 Alzheimer’s Association Caregiver Education Conference
- \$5,000 BIO 2014 International Convention
- \$5,000 Certified Healthy Oklahoma Awards
- \$2,500 Champions of Health Gala
- \$5,000 OUHSC Center on Child Abuse and Neglect
- \$5,000 Oklahoma Academy of Family Physicians
- \$5,000 Oklahoma Institute for Child Advocacy
- \$5,000 Oklahoma Municipal League, Inc.
- \$5,000 Oklahoma PTA
- \$5,000 Oklahoma Public Health Association Conference
- \$5,000 Oklahoma State School Board Association
- \$5,000 Oklahoma Turning Point Conference
- \$3,600 Rural Health Association of Oklahoma



**SOONER QUIT FOR WOMEN**

Through the Sooner Quit for Women campaign, the Oklahoma Healthcare Authority has increased the numbers of pregnant women using the Oklahoma Tobacco Helpline. The Association of State and Territorial Health Officials (ASTHO) recently highlighted the work of the Sooner Quit Tobacco Cessation Initiative in a published report, “Prenatal Smoking Cessation in Oklahoma.” Sooner Quit Prenatal aided obstetric care providers with the education and tools necessary to help pregnant patients quit smoking. A total of 48 health care providers were trained during this effort. This initiative emphasized the importance of hands-on assistance and education for an extended period of time. Furthermore, it provided training on resources for cessation counseling and pharmacotherapy benefits. By the end of the initiative, the staff was effectively trained how to incorporate tobacco cessation into their normal routine of patient care.

In 2012, the campaign ended, but its impact has become a model for future public health initiatives seeking to create a lasting impact. Results included boosting the providers’ confidence when providing effective tobacco cessation to their patients, 68 percent of providers now offer Five As counseling, and 93 percent manage pregnant patients more effectively by asking about tobacco use during their first prenatal check-up. Overall, 73 percent of providers who participated in the campaign reported referring their patients to the helpline.

Lucky Strike advertisements have confirmed that Lucky Str the throat than other cigare athletes smoke Luckies all to wind or physical conditio



**Casey Killblane**  
Appointed by the  
State Superintendent  
of Public Instruction  
*Chair*



**Jim Gebhart, FACHE**  
Appointed by the  
Attorney General  
*Vice Chair*



**George E. Foster, OD**  
Appointed by the  
Speaker of the House



**Curtis Knoles, MD**  
Appointed by the  
State Auditor & Inspector



**Don Millican**  
Appointed by the  
State Treasurer



**Lisa Nowlin**  
Appointed by  
the Governor



**Kenneth D. Rowe**  
Appointed by the  
President Pro Tempore  
of the Senate

## Board of Directors

The seven-member board of directors is responsible for directing the earnings from the Endowment trust to fund programs to improve the health and wellbeing of all Oklahomans.

Initial appointed members served staggered terms of office, and subsequent appointed members serve seven-year terms. As specified in the Constitution, at least one appointee must be appointed from each Congressional district, and not more than two appointees may be appointed from any single Congressional district.

In addition, not more than four appointees may be from any one political party. All appointees must have demonstrated expertise in public or private health care or programs related to or for the benefit of children or senior adults.

Full biographies of board members can be found at [www.tset.ok.gov](http://www.tset.ok.gov).

# Board of Investors

The five-member board of investors is responsible for safely and effectively investing the money entrusted to the trust fund to ensure a steady and growing flow of earnings to fund the programs initiated by the board of directors.

Initial appointed members served staggered terms of office, and subsequent appointed members serve four-year terms.

As specified in the Constitution, no more than two appointees may be appointed from any single Congressional district. All appointees must have demonstrated expertise in public or private investment funds management. The constitutional amendment approved by Oklahoma voters establishes the State Treasurer as the chair of the board of investors.

Full biographies of board members can be found at [www.tset.ok.gov](http://www.tset.ok.gov).



**Ken Miller**  
State Treasurer  
*Chair*



**R. Scott Vaughn, CPA**  
Appointed by the  
Speaker of the House  
*Vice Chair*



**Mike Mayhall, CPA**  
Appointed by the  
Governor



**Donald Pape**  
Appointed by the  
Senate President  
Pro Tempore



**Brenda Bolander, CPA**  
Appointed by the State  
Auditor & Inspector

# Staff

As we hope this annual report conveys, we at the Oklahoma Tobacco Settlement Endowment Trust are committed to a healthier Oklahoma. We are also committed to identifying the best opportunities to fulfill our mission through partnerships that support our grantmaking values and behaviors.

A meaningful exchange of information is often the first step toward real change, so we invite your inquiries, questions, and suggestions at any time.

We look forward to working with our current and future partners in preventing and reducing tobacco use and addiction, promoting fitness and nutrition, advancing cutting-edge research, and addressing emerging opportunities that will promote a healthy and prosperous Oklahoma.

## ROW 1

**Tracey Strader, MSW**  
Executive Director

**Jonás Osio Mata, MSW**  
Director of Programs

**Sjonna Paulson, APR**  
Director of Health Communication

**Kim McCoy**  
Director of Grants Management

**Julie Bisbee**  
Public Information and Outreach Officer

**Jennifer Treadwell**  
Business Analyst

**Janet Love**  
Assistant to the Executive Director

## ROW 2

**Jessica Davis**  
Program Officer

**Sharon Howard**  
Program Manager, Healthy Schools Incentive Grants

**Elyse Maxwell**  
Health Communication Manager

**Samuel McClendon**  
Program Officer

**Sharon Neal**  
Senior Program Officer

**Lisa Taylor**  
Program Officer

**J. Lance Thomas**  
Senior Health Communication Consultant

## ROW 3

**Connie Befort**  
Program Manager, Healthy Communities Incentive Grants

**James Tyree**  
Health Communication Consultant

**LeaAnn Williams**  
Program Officer

**Jennifer Wilson**  
Grants Manager

**Dorothy Antwine**  
Office Manager

**Denice Yardley**  
Administrative Assistant

**Dianne McGarry**  
Administrative Assistant





was 21% of the population;  
y mature, will account for  
5 years... We will direct  
young adult group. - RJR, 1974



Oklahoma Tobacco Settlement  
Endowment Trust

3800 N Classen Blvd, STE 200  
Oklahoma City, OK 73118

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866-530-TSET (8738)

[www.tset.ok.gov](http://www.tset.ok.gov)

This publication was issued by the  
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Endowment Trust as authorized by  
Tracey Strader, Executive Director,  
and Casey Killblane, Board Chair.  
No copies were printed of this report.

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[www.linkedin.com/in/shaunaschroder](http://www.linkedin.com/in/shaunaschroder)