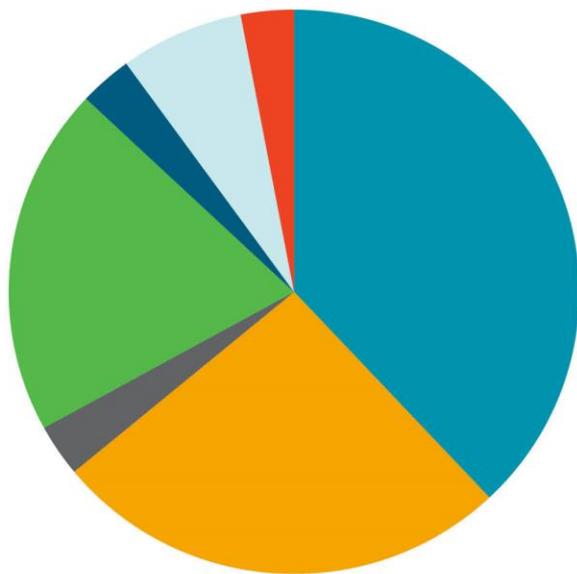


Oklahoma Tobacco Settlement Endowment Trust
Tracey Strader MSW, Executive Director



PROGRAM FUNDING DISTRIBUTION, FY 2016



PROGRAM FUNDING DISTRIBUTION, FISCAL YEAR 2016

- Tobacco Prevention - 38%
 - Obesity Prevention, Physical Activity and Nutrition - 26%
 - Emerging Opportunities - 3%
 - Research - 20%
 - Evaluation - 3%
 - Programs & Grant Management Support - 7%
 - Administration - 3%
-

HOW IS TSET FUNDED

Annual FY2015
Tobacco Industry Payments
to the State of Oklahoma
\$76.9 MILLION

Office of the Attorney General (6.25%):
\$4.8 Million
Allocated to the Evidence Fund.

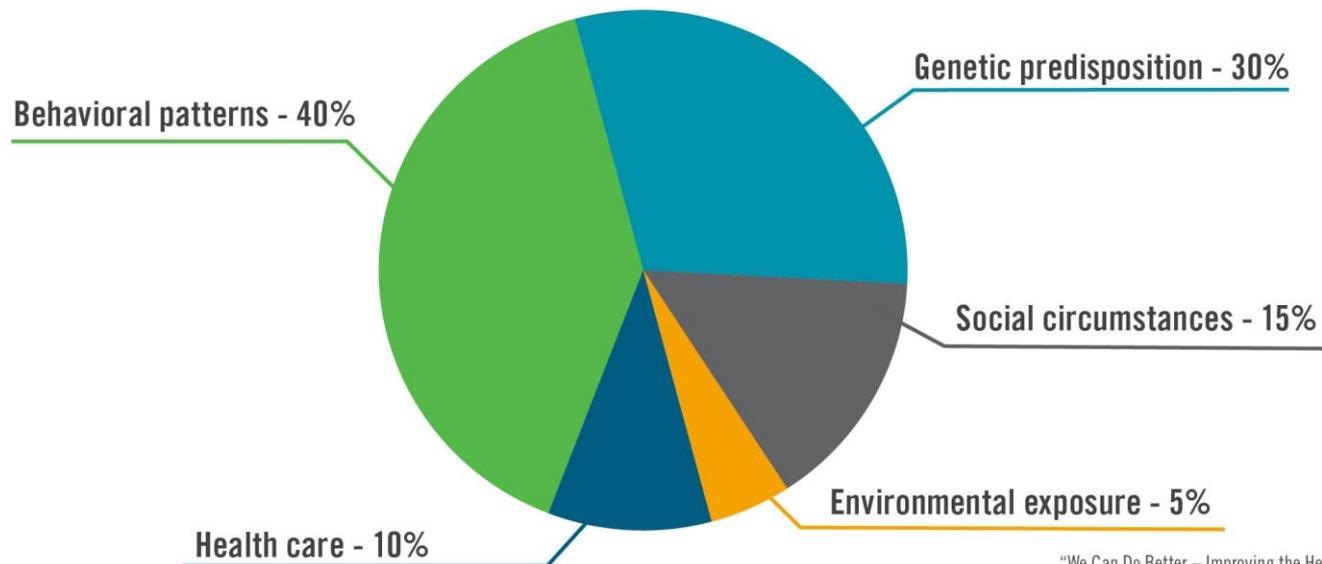
State Legislature's
Tobacco Settlement Fund (18.75%):
\$14.4 Million

Tobacco Settlement
Endowment Trust (75%):
\$57.6 Million
Added to Endowment for Investment.

Endowment Corpus Balance as of
June 30, 2015:
\$999.8 Million

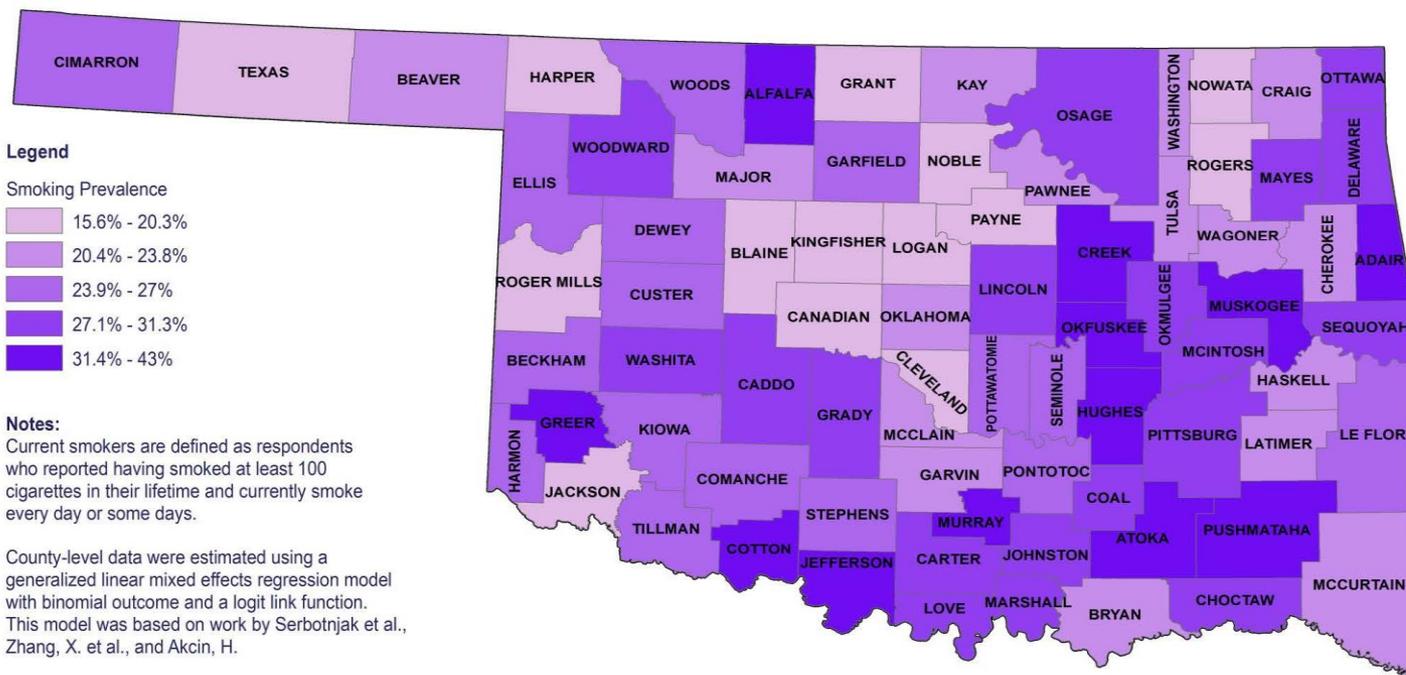
FY2015 Certified Earnings
for TSET's Use:
\$42.8 Million

DETERMINANTS OF HEALTH AND THEIR CONTRIBUTION TO PREMATURE DEATH



"We Can Do Better – Improving the Health of the American People"
By Steven A. Schroeder, M.D.
Shattuck Lecture - New England Journal of Medicine
N Engl J Med 2007; 357:1221-1228

Oklahoma Smoking Prevalence, 2013

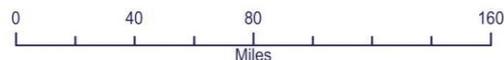


Data Source:

2013 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 05.01.2015

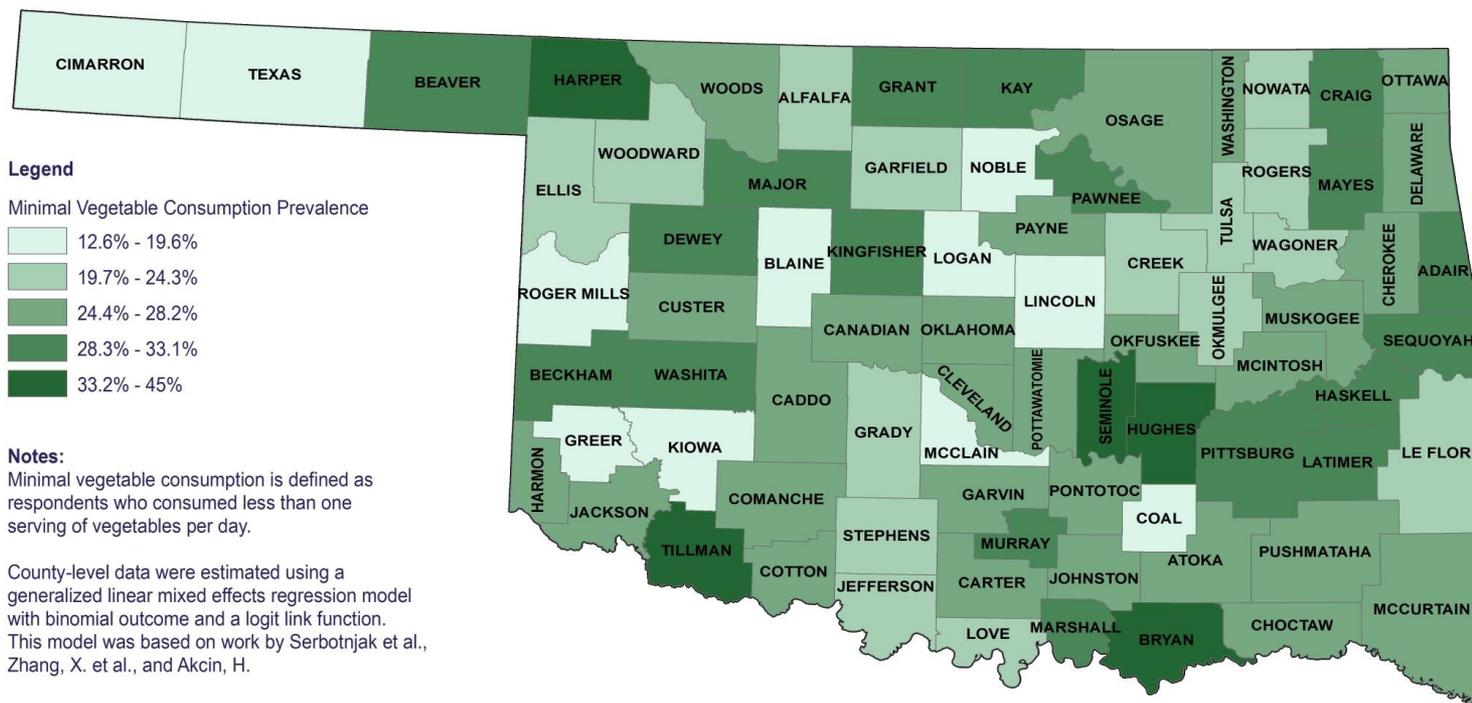


Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



Center for the Advancement of Wellness
 Oklahoma State Department of Health

Oklahoma Minimal Vegetable Consumption Prevalence, 2013

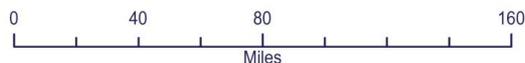


Data Source:

2013 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 05.01.2015

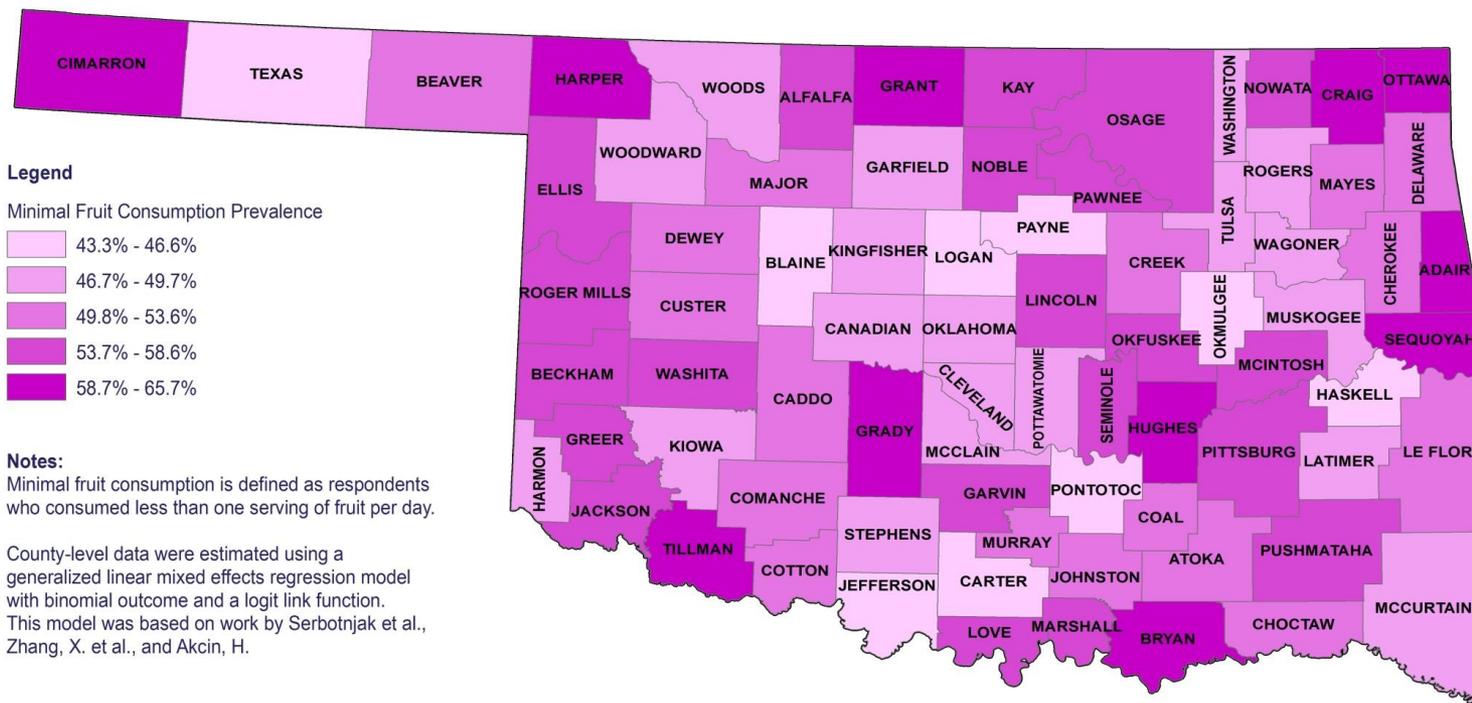


Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



Center for the Advancement of Wellness
 Oklahoma State Department of Health

Oklahoma Minimal Fruit Consumption Prevalence, 2013



Legend

Minimal Fruit Consumption Prevalence

- 43.3% - 46.6%
- 46.7% - 49.7%
- 49.8% - 53.6%
- 53.7% - 58.6%
- 58.7% - 65.7%

Notes:

Minimal fruit consumption is defined as respondents who consumed less than one serving of fruit per day.

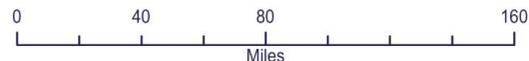
County-level data were estimated using a generalized linear mixed effects regression model with binomial outcome and a logit link function. This model was based on work by Serbotnjak et al., Zhang, X. et al., and Akcin, H.

Data Source:

2013 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 05.01.2015

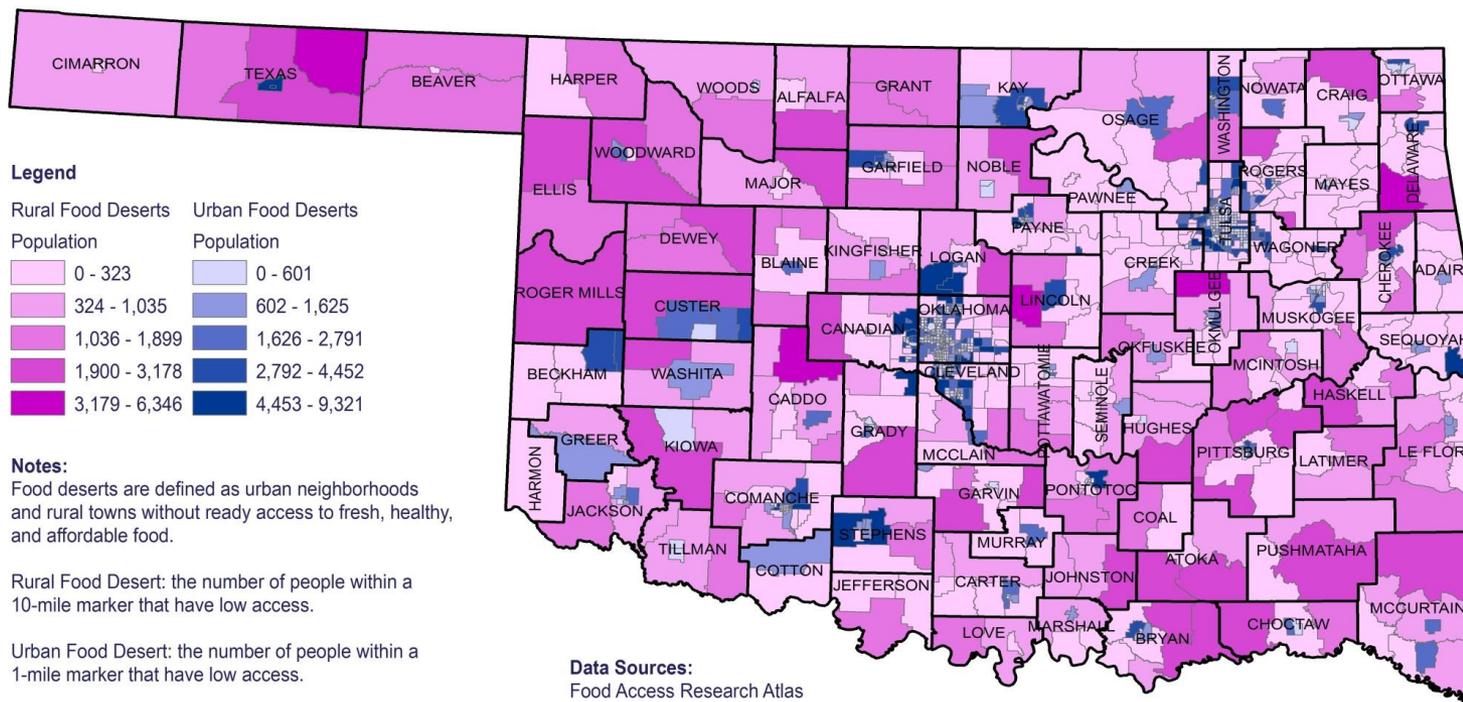


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Center for the Advancement of Wellness
Oklahoma State Department of Health

Oklahoma Rural and Urban Food Deserts



Legend

Rural Food Deserts	Urban Food Deserts
Population	Population
 0 - 323	 0 - 601
 324 - 1,035	 602 - 1,625
 1,036 - 1,899	 1,626 - 2,791
 1,900 - 3,178	 2,792 - 4,452
 3,179 - 6,346	 4,453 - 9,321

Notes:

Food deserts are defined as urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food.

Rural Food Desert: the number of people within a 10-mile marker that have low access.

Urban Food Desert: the number of people within a 1-mile marker that have low access.

Population data are reported at the block level from the 2010 Census of Population and Housing.

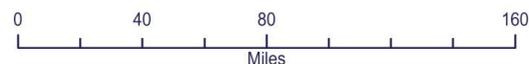
Year of data used: 2010.

Data Sources:

Food Access Research Atlas
 Economic Research Service
 United States Department of Agriculture

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 04.09.2015

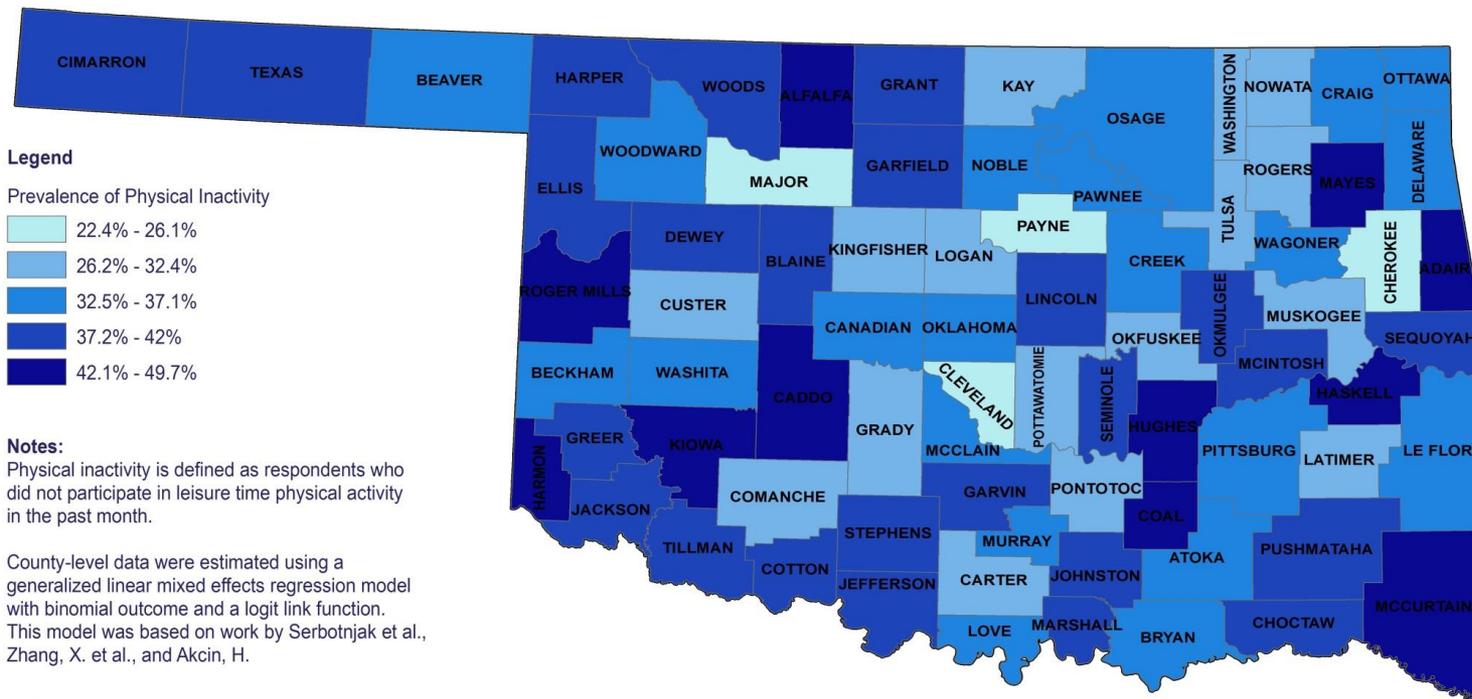


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Center for the Advancement of Wellness
 Oklahoma State Department of Health

Oklahoma Prevalence of Physical Inactivity, 2013



Data Source:

2013 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 05.01.2015

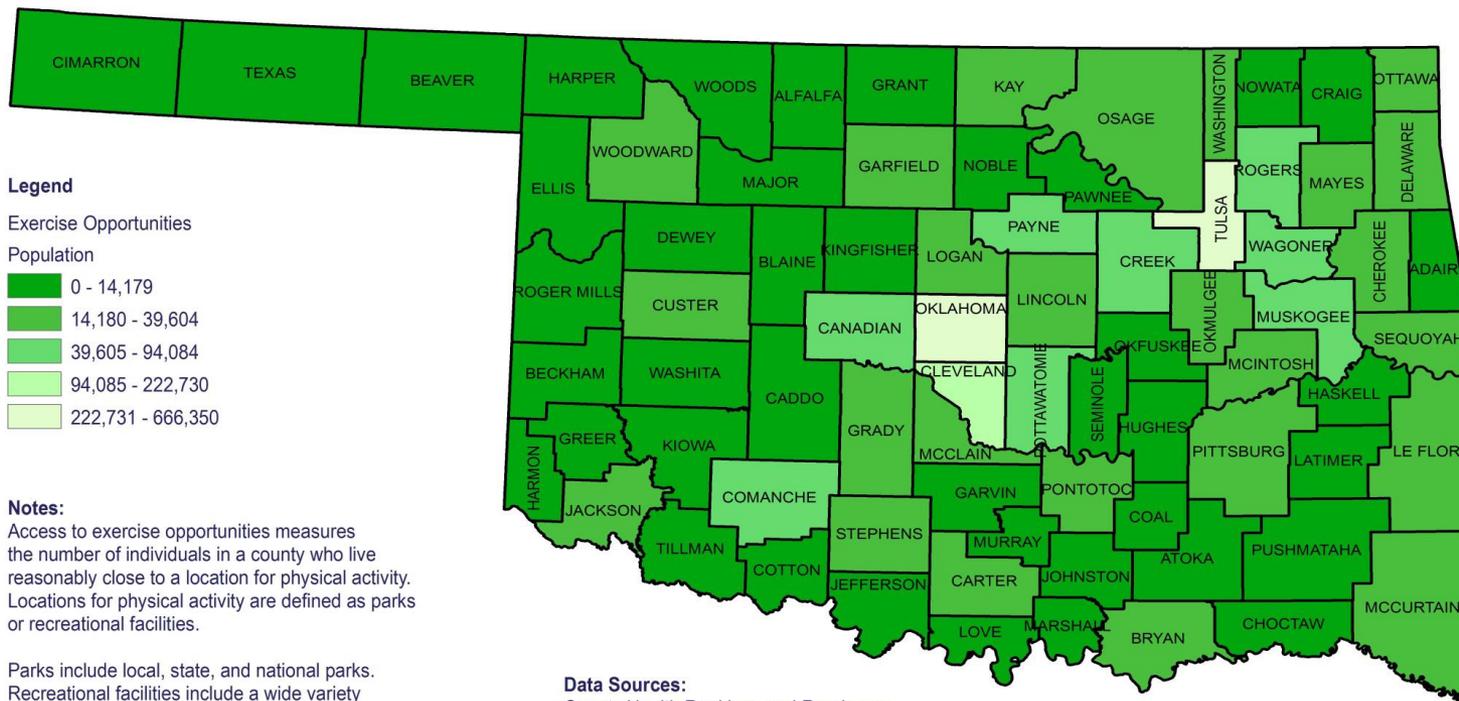


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Center for the Advancement of Wellness
Oklahoma State Department of Health

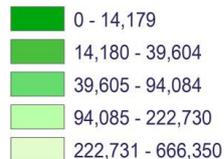
Access to Exercise Opportunities in Oklahoma



Legend

Exercise Opportunities

Population



Notes:

Access to exercise opportunities measures the number of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities.

Parks include local, state, and national parks. Recreational facilities include a wide variety of facilities including gyms, community centers, YMCAs, dance studios and pools.

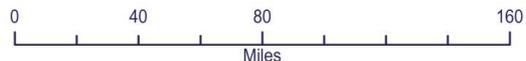
Years of data used: 2010 and 2013

Data Sources:

County Health Rankings and Roadmaps
Robert Wood Johnson Foundation

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 04.09.2015

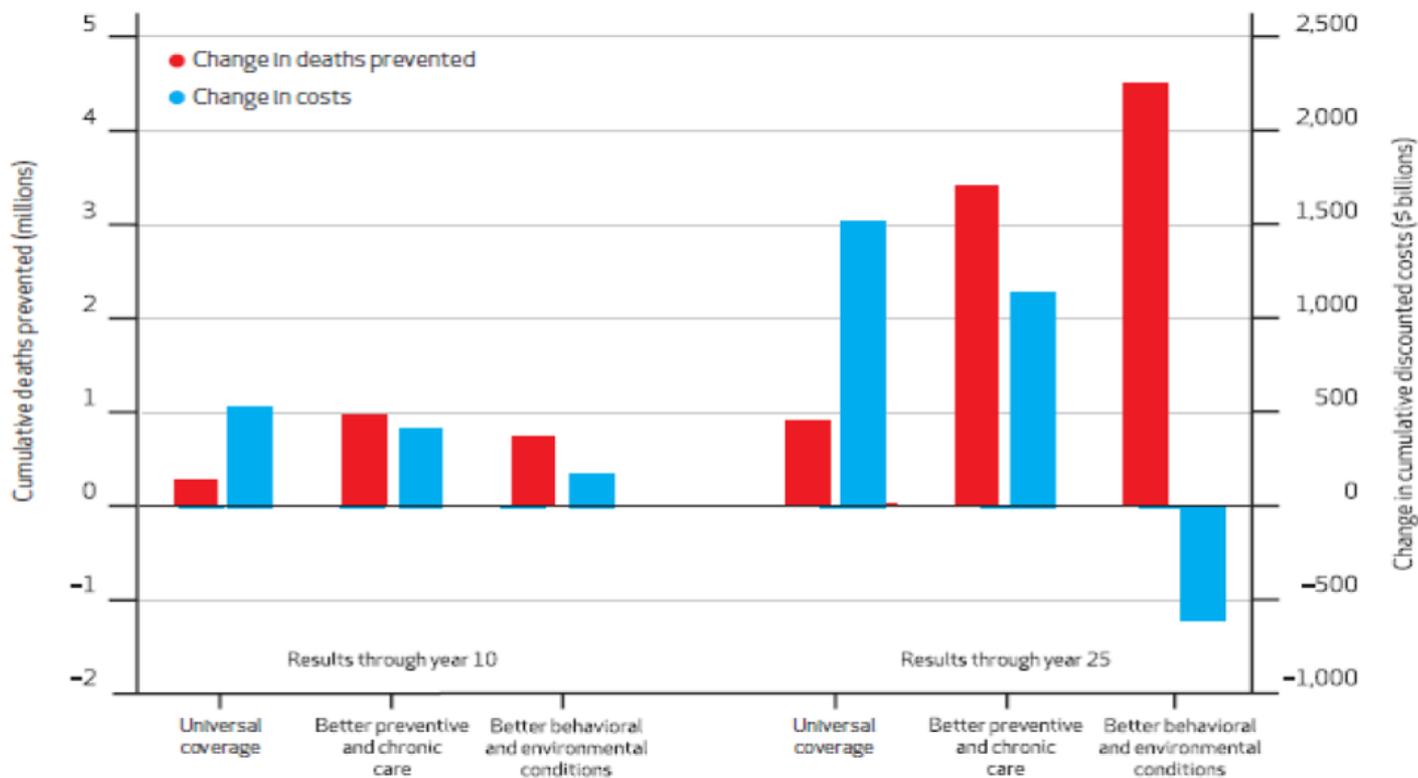


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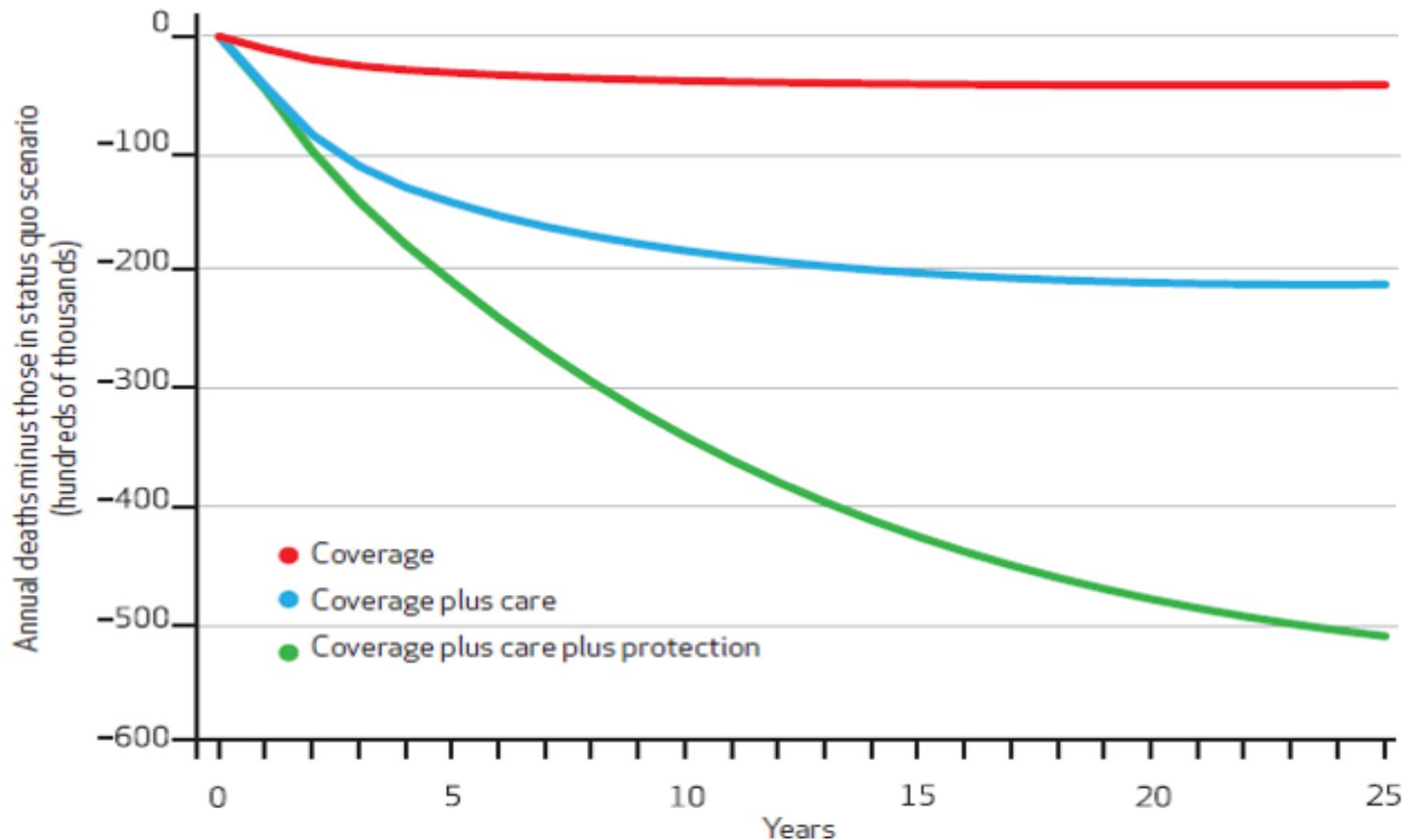
Center for the Advancement of Wellness
Oklahoma State Department of Health

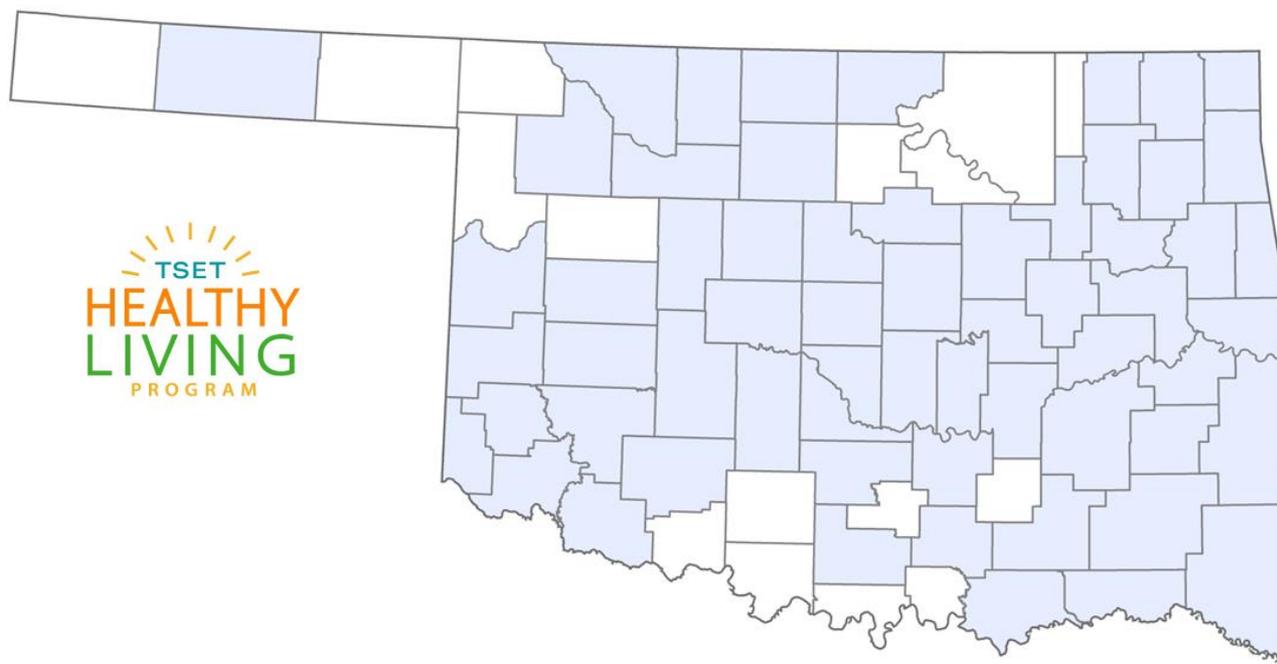
Figure 3. A comparison of changes in deaths prevented and costs associated with expanding health coverage, improving care and investing in community primary prevention.



Milstein et al. (2011) Why Behavioral and Environmental Interventions are needed to Improve Health at Lower Costs. *Health Affairs*. 30, No. 5 (2011): 823-832.

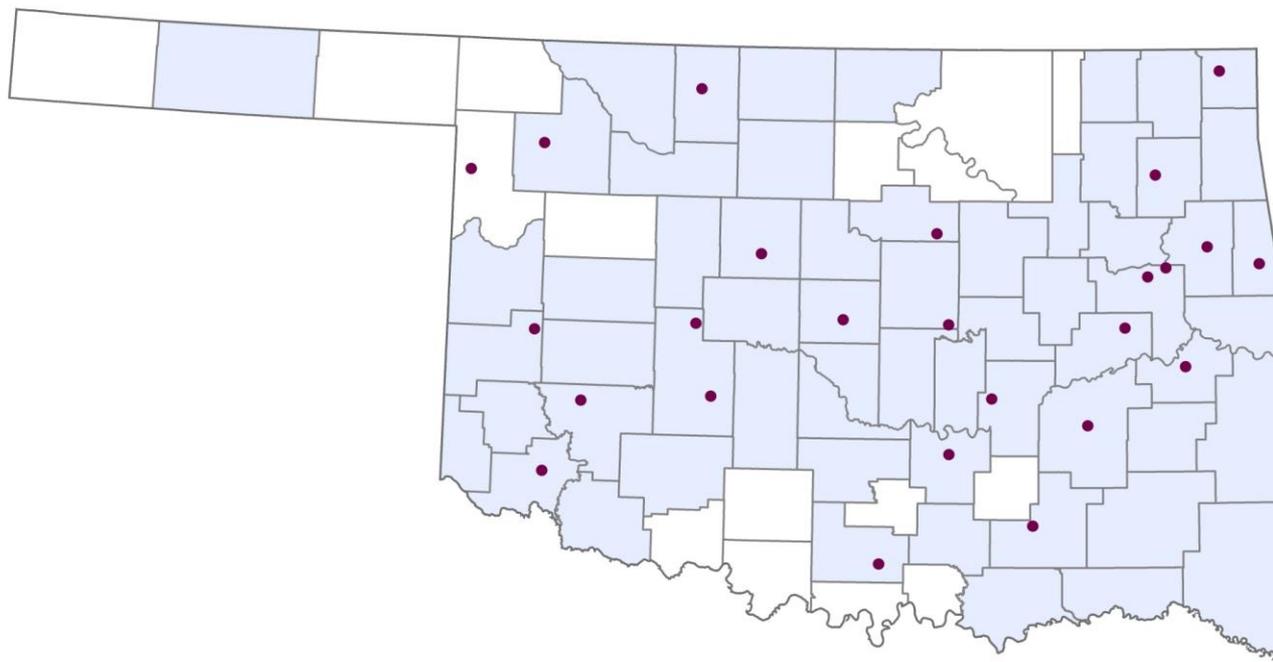
Annual Deaths, Three Layered Intervention Scenarios, Year 0 To Year 25



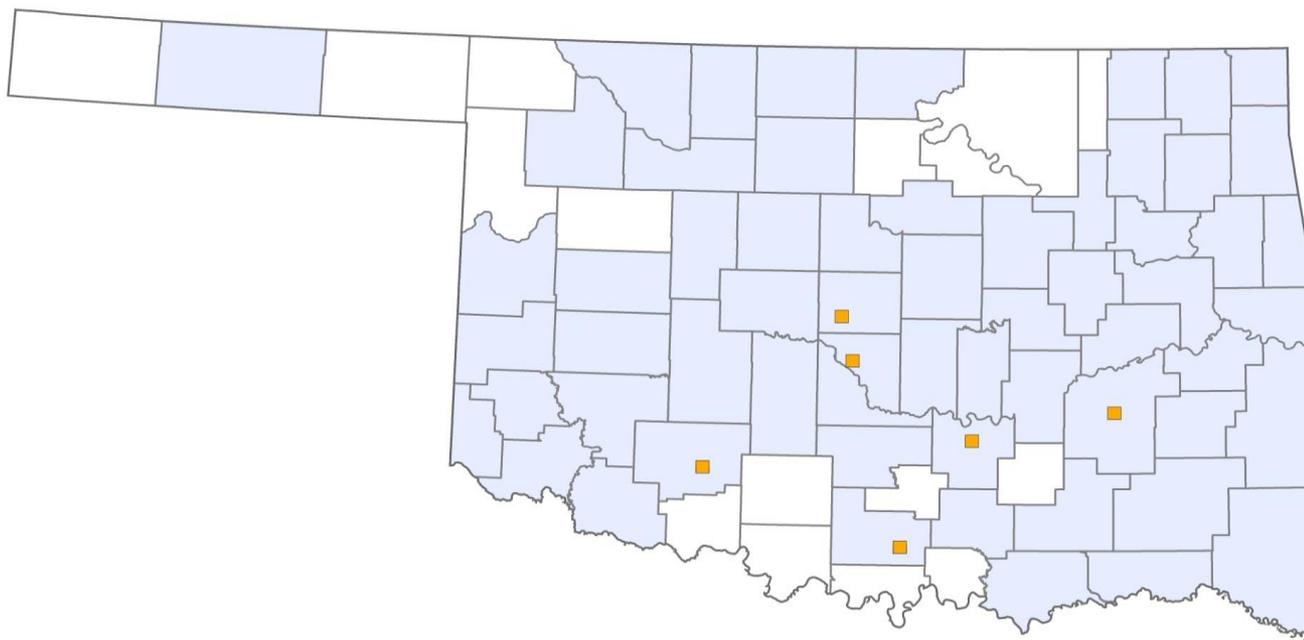


TSET
HEALTHY
LIVING
PROGRAM

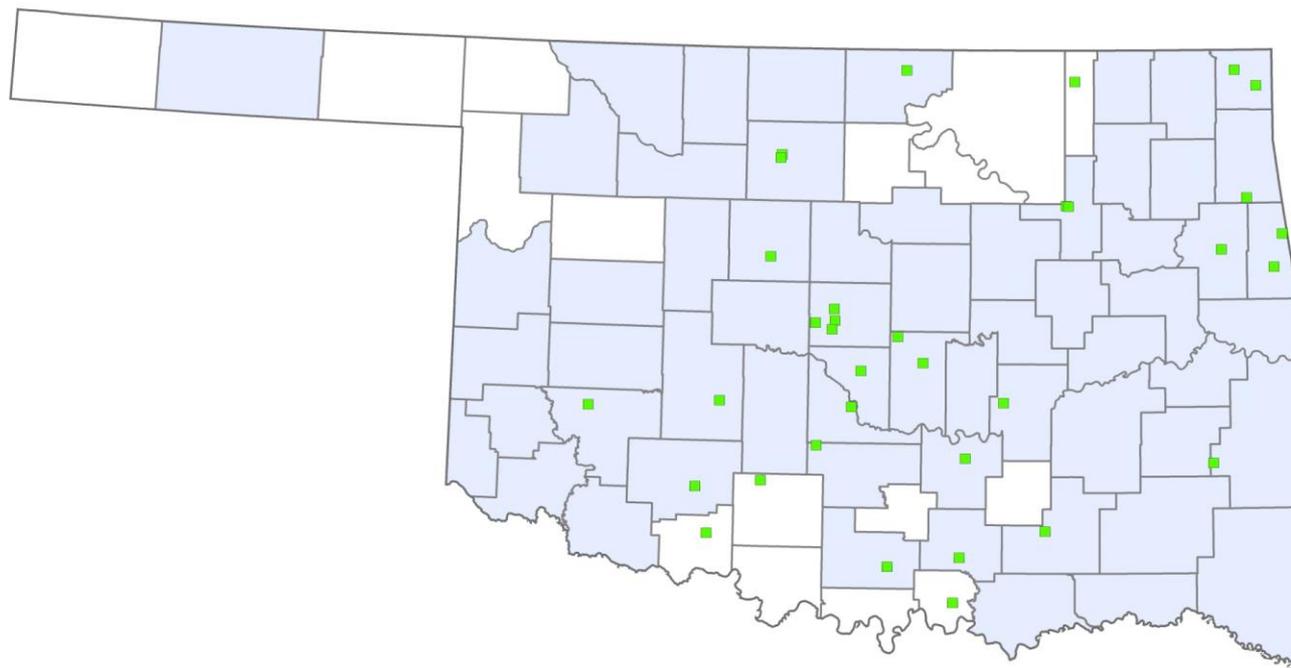
TSET Healthy Living Grant Program and Physicians placed through PMTC



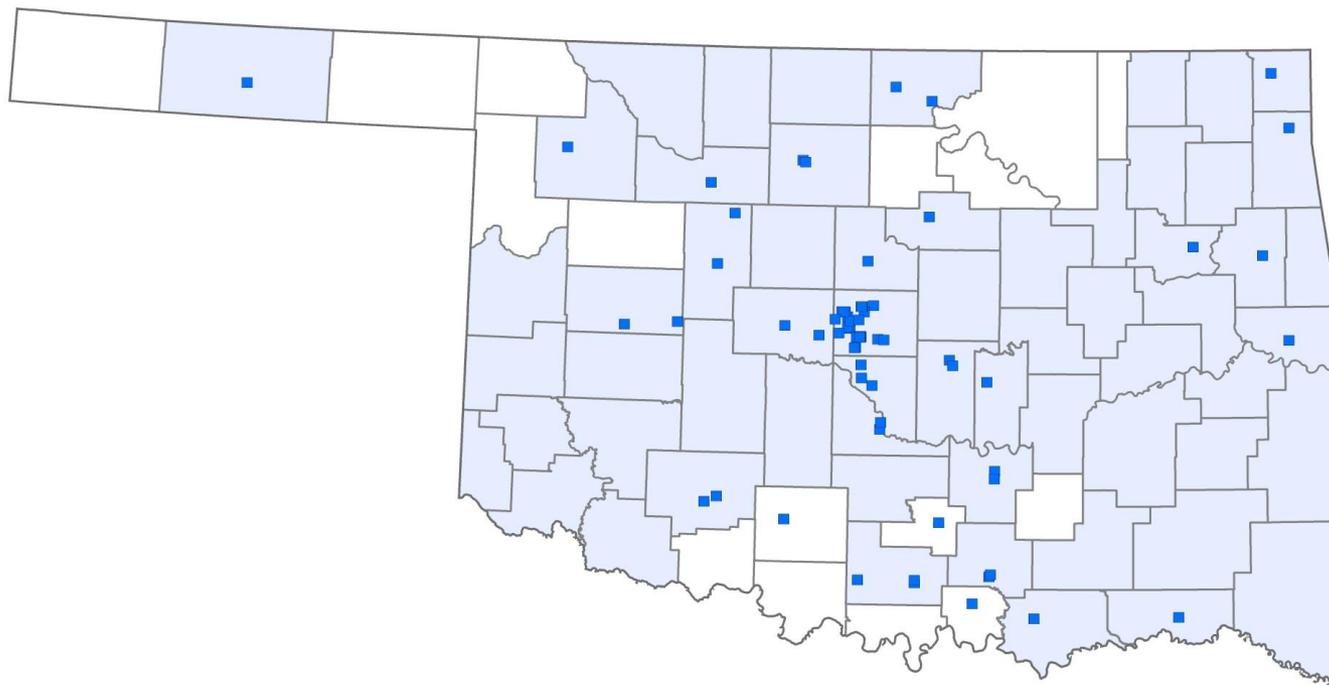
TSET Healthy Living Grant Program and OSU Residency Training sites



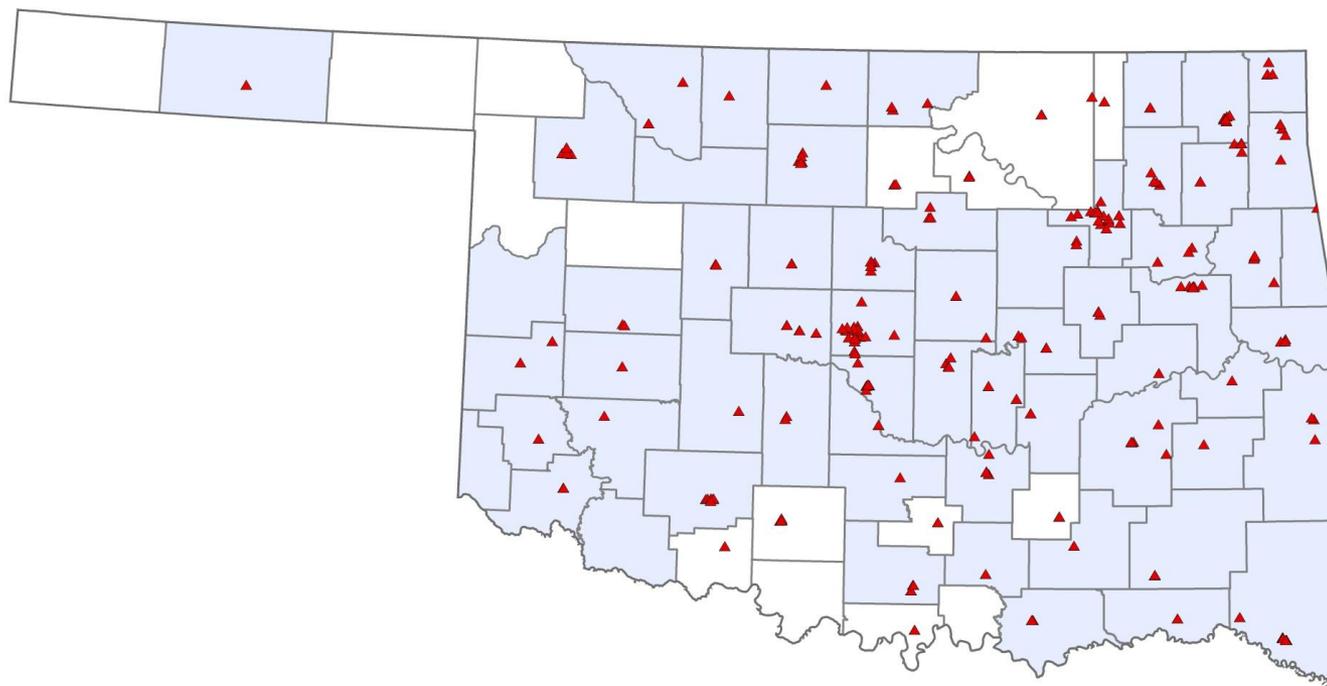
TSET Healthy Living Grant Program and Oklahoma Health Care Authority Grant sites



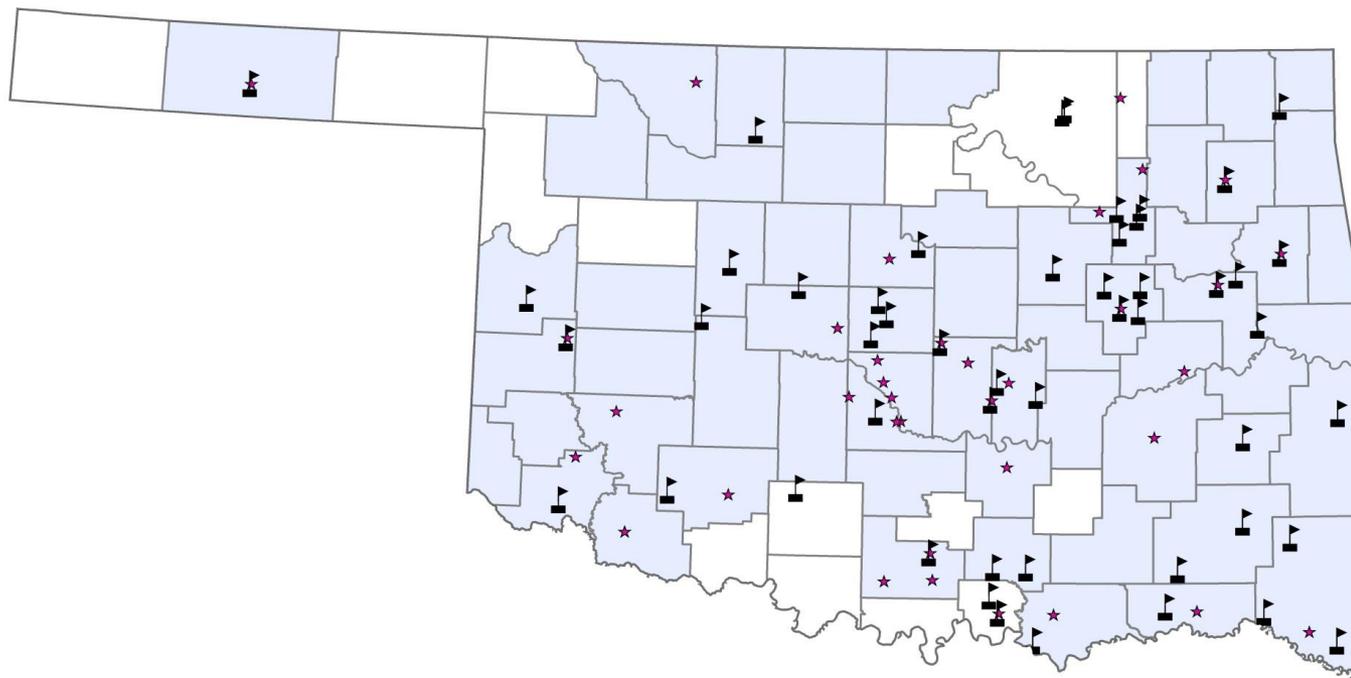
TSET Healthy Living Grant Program and Oklahoma Hospital Association Grant sites



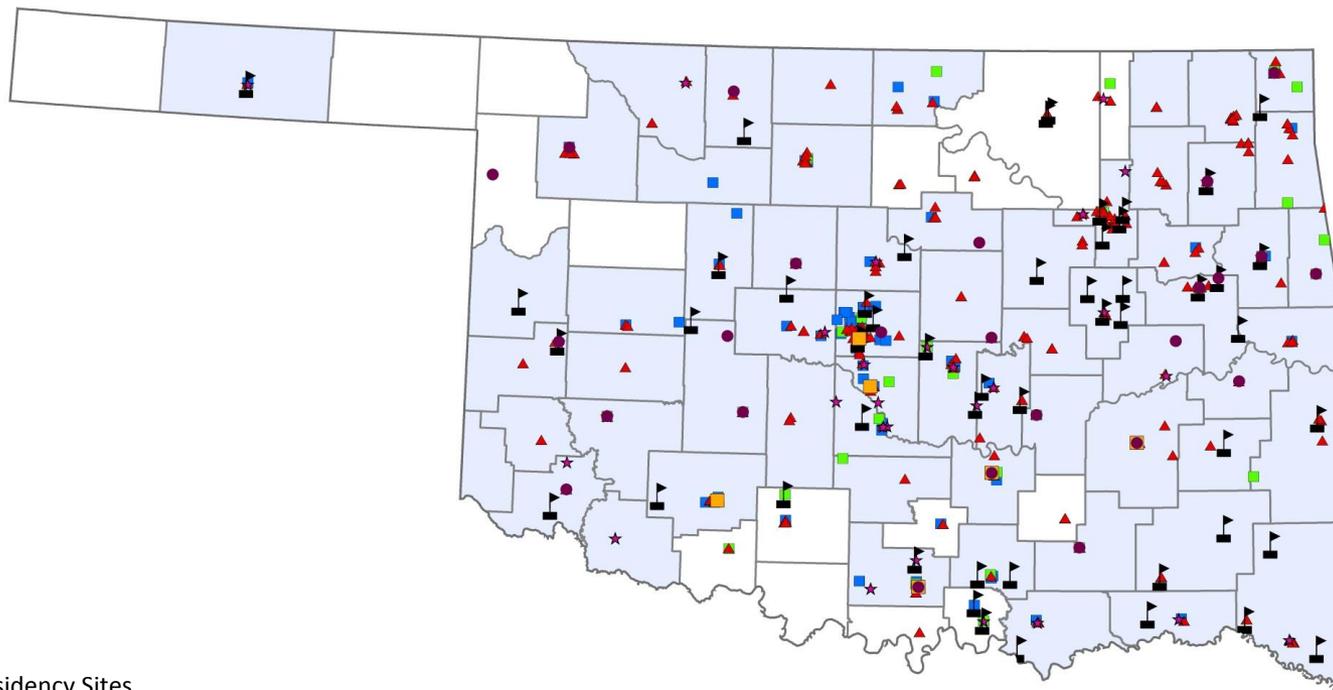
TSET Healthy Living Grant Program and Oklahoma Department of Mental Health and Substance Abuse Services sites



TSET Healthy Living Grant Program and TSET Healthy Schools and Communities Incentive Grants



TSET Statewide Grants



- OSU Residency Sites
- PMTC Grants
- Healthy Communities Incentive Grants
- Healthy Schools Incentive Grants
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Health Care Authority
- Oklahoma Hospital Association

Author: Janis E. Campbell, PhD, GISP, Department of Biostatistics and Epidemiology, College of Public Health, University of Oklahoma Health Sciences Center. *TSET Locations of Service 2013-2015*. Oklahoma City, OK: November 2015. Scale: 1:3,000,000. 2014 TIGER/Line Shapefiles / prepared by the U.S. Census Bureau (<https://www.census.gov/geo/maps-data/data/tiger-geodatabases.html>), 2014. Using: ArcGIS®. Version 10.3. Redlands, CA: Environmental Systems Research Institute, Inc., 2010.



In counties with a TSET Communities of Excellence in Tobacco Control grant:

- Higher rates of Helpline registration
- Greater levels of Helpline awareness
- Higher percentage of smokers making quit attempts
- More smokers with in-home smokefree policies
- Magnitude of change was larger in rural CX counties
- Policy gains: 831 legislated and voluntary policies passed

Source: Rhoades et al (2015), Communities of Excellence in Tobacco Control – Changes in Local Policy and Key Outcomes, *American Journal of Preventative Medicine* 2015, Volume 48, Issue 1, Supplement 1, S21-S28.

Oklahoma Tobacco Helpline Registrations per capita:

