

## TSET Better Health Podcast Transcript

### Episode 8: TSET Research Impact

October 22, 2020

Summary: In addition to funding grants that transform schools and communities, TSET plays a big role in advancing cutting-edge scientific research in Oklahoma. Directors from Stephenson Cancer Center, Health Promotion Research Center and Oklahoma Center for Adult Stem Cell Research share the work they do to save lives and improve health statewide.

[Theme music]

**[0:15]**

James Tyree: Hello, this is James Tyree, health communication consultant at TSET.

Cate Howell: And this is Cate Howell, producer and co-host of the TSET Better Health Podcast, and welcome to our eighth episode. In this episode, we're going to explore TSET research grant funding and the wide impact it makes throughout Oklahoma by hearing from the directors of three major research centers that TSET supports.

J. Tyree: Yes, Cate. You know, we had the opportunities to visit with Dr. Robert Mannel, Director of Research at the Stephenson Cancer Center, Dr. Darla Kendzor, Co-director of the TSET Health Promotion Research Center, formerly the Oklahoma Tobacco Research Center, and Dr. Courtney Griffin, Director of the Oklahoma Center for Adult Stem Cell Research. They shared with us, and now with you, the types of research and programs their respective facilities conduct and provide and the life-saving impacts they have on Oklahomans like you and me throughout the state.

C. Howell: I think it's really great that we're hearing from the right now because some may know TSET through the Oklahoma Tobacco Helpline or commercials and messaging like Tobacco Stops With Me and Shape Your Future or our community-based programs like the TSET Healthy Living Program, but people may not be as aware of the major funding support that TSET provides for research and treatments for fighting cancer and cardiovascular disease.

J. Tyree: That's true. So let's begin with Dr. Robert Mannel of the Stephenson Cancer Center on the University of Oklahoma Health Sciences Center campus. The breadth and the depth of Stephenson's cancer research and treatment really is amazing, so let's listen and learn about it now.

**[2:11]**

J. Tyree: We are here now with Dr. Robert Mannel, and we very much welcome you to the podcast and thank you for your time.

Dr. Robert Mannel: Thank you.

J. Tyree: Absolutely. You know, a lot can be said about the Stephenson Cancer Center. It's so vast and great, but can you somehow squeeze into a brief snapshot what the center is and what makes it so important and unique for Oklahoma?

Dr. Mannel: I think it's important to realize the toll cancer takes in Oklahoma. Over 20,000 Oklahomans are going to hear the words, "You have cancer," sometime this year, and we still have the fourth highest mortality rate for cancer in the United States. So in the early 2000s, the state of Oklahoma legislative body passed a resolution asking the University of Oklahoma to create a cancer center for the state of Oklahoma for all of its citizens. That doesn't mean that everybody will receive their treatment at the Stephenson, but it can act as a resource—a resource to patients and their family, a resource to other health care providers who have questions or need a second opinion, and a resource for complicated treatment of advanced cancers or recurrent cancers.

So what the Stephenson Cancer Center, and I might say with the tremendous help of TSET, has accomplished: we have become not only the state's cancer center, but an NCI-designated cancer center, and what that means for Oklahomans is that means that the most advanced and latest research-driven, patient-centered care available in the country is right here in Oklahoma, and we're committed to bringing that to the citizens of Oklahoma.

J. Tyree: That is very, very good to hear and to know. You mentioned TSET—can you please tell us what role has and does TSET continue to play in what happens at the Stephenson Cancer Center?

Dr. Mannel: So, one of the big differences between an NCI-designated cancer center and other cancer treatment areas is the philosophy and its role. We're here to eliminate cancer in the state of Oklahoma. Our mission is to provide patient-centered, research-driven, multidisciplinary care. In order to accomplish that, we need support from the philanthropic community, state government, the university, our hospital partner, grants, and very importantly in Oklahoma, the Tobacco Settlement Endowment Trust or TSET. TSET has provided in the past and continues to provide critical support which allows us to develop programs which can go out and get funding from other agencies such as the National Institutes of Health, the National Cancer Institute, the Department of Defense and others. Indeed, with TSET support, we've recruited 50 new researchers here to Oklahoma and they have brought with them \$33 million in grant funding, and since arrival, have achieved another \$96 million of grant funding, so you can see these dollars are well spent in support of these types of researchers.

Another big area where TSET's making a huge impact is we've invested some of the funds into developing our clinical research program and clinical trials. One of our landmark and most famous programs is our Phase One Center, and this is where very novel therapies and drugs may be given first time in humans. This is for patients where the standard therapy is no longer working and, with TSET support, we rapidly have grown and we are now the sixth largest Phase One Center in the entire nation, ensuring that those patients in Oklahoma can receive the latest and most advanced care of

anywhere in the country. All 77 counties in Oklahoma have patients who have been treated in our Phase One Center.

J. Tyree: That is some very extensive and wide reach there, Dr. Mannel. And talking about patient care, you mentioned all 77 counties—can you elaborate a little more on how extensive the reach is both in terms of treating and caring for Oklahomans?

Dr. Mannel: Well, there's two different things. The first thing we have to understand is that we do take care of patients from throughout the state of Oklahoma. Forty percent of our patients travel more than 50 miles to receive their cancer care, and we serve a lot of the rural counties throughout Oklahoma. Over the past five years, over 5,000 patients have come from federally designated rural counties, and over half our patients come from outside the Oklahoma City metro area, so you can see we have a commitment to providing quality care to all the citizens of Oklahoma. But also, more importantly is being an NCI-designated cancer center means you're going out into the community, and we have a whole division of community outreach and engagement. Working with TSET, once again, we've established our Health Promotions Research Center, and this is looking at those areas that we can impact the state population such as tobacco cessation, obesity reduction, better diet and exercise, enhanced screening programs such as colorectal cancer, cervical cancer, and lung cancer and mammograms. Those things combined, we can actually eliminate 50% of all cancers and 50% of all cancer deaths. We have partnered with community organizations and health care systems throughout the state of Oklahoma to address these what we call 'modifiable factors.' "What can I do to get you the right diet, exercise, to stop smoking or using tobacco products, and to do cancer screening?"

J. Tyree: I'm just sitting here impressed just listening to all of this that takes place there. But can you talk a little more about the types of cancer research that takes place at the center that you mentioned, and about how many researchers and patients does this involve?

Dr. Mannel: So, research is a broad word. It includes very basic research which is done in the laboratory where we're making discoveries of why certain cells become cancerous, translational research where we take those discoveries and we create treatments that affect the abnormal systems in animal models are in cell models, and then we move that into treating humans, and so that's our Phase One program. Ultimately, we take what we've learned and we apply it to our community and impact our community as a whole, and that might be population-based research or health promotions research. So we're actively engaged in all those areas of research.

We have 279 investigators from nine different Oklahoma institutions, because the cancer center isn't about a building or even the OU Health Science Center campus. That also includes OU Norman, OU Tulsa, OMRF, OSU, OUHSC Tulsa, NSU, UCO. And we also have really great partnerships with some of the American Indian tribes and partnership with the Cherokee Nation, the Choctaw Nation, the Chickasaw Nation where together, we are working on what they view as high-priority health problems such as improving colorectal cancer screening or decreasing tobacco use in youth—all those types of things are ongoing with quote "research."

So I love the question that you ask because I think a lot of times people think research is kind of ethereal or out there, it's not anything that they're really involved in, when the reality is it's surrounds us. It's what allows us to make a difference. And I'll leave it at this: if we do the absolute best we can, provide the absolute best care in 2020, one out of three of our patients is still going to die from their disease. That is not acceptable to us, and the only way we're going to change that number is to do research and to figure out how to better impact our community.

J. Tyree: Yes. Yes, indeed. So much is happening, so much is going on, and we're hoping for a brighter future. Dr. Mannel, but I want to leave you with this question: is there an example or two of a scientific advancement a breakthrough that has taken place already due at least in part to TSET support?

Dr. Mannel: Well, it would take me multiple podcasts to answer that question with any degree of justice. TSET has been foundational in all aspects of our research all the way from the very basic laboratory right through our clinical research trials into our population-based science trials, and it's hard for me to pick a single one. I would say, however, probably the thing that we're most known for nationwide is the clinical trials network that we've set up, and that network requires investment in infrastructure and in training, getting research nurses and physicians together. We, for the past five years, have led the nation in accruing patients to NCI-sponsored clinical trials—number one in the nation out of over 2,000 institutions that participate in the large national clinical trials network program. That is a testimony to the vision of TSET and its willingness to provide seed money and support money. Within those trials we have—and I will say this, over the past five years, we have treated 6,000 patients in clinical research trials, many of whom are alive today because they received novel therapy that otherwise would not have been available to them, so that's just one example of how incredibly impactful that TSET dollars have been and how it drives research that's tangible—tangible to the citizens of Oklahoma.

J. Tyree: That is nothing short of remarkable. It's so good to know, so good to hear that this happening right in our state right here. Dr. Mannel, thank you so much for your time, thank you for your insight, and thank you to you and all of your colleagues there at Stephenson. We very much appreciate you.

Dr. Mannel: Well, thanks James, and once again, a big thanks and support to TSET and their foundational efforts at bringing it an NCI-designated cancer center to Oklahoma. It was important, it is important, and will continue to be an important part of our success.

J. Tyree: Very good. All right, man. Take care.

Dr. Mannel: Thank you.

**[14:03]**

J. Tyree: Wow, Cate. Between the National Cancer Institute or NCI designation, 50 researchers brought in and the many millions of dollars in cancer research that they bring in, and the

Phase One clinical trials locations, Stephenson Cancer Center really is an amazing place of life-saving work. I am so glad that Dr. Mannel shared that with us.

Now, I know that you had long had an interest in the marvels of stem cell research, so what can you tell us about our next guest?

C. Howell: Yes, I have been interested in stem cell research for a really long time. My grandmother got stem cell treatment for her shoulder a few years ago, and it helped tremendously with her pain and her healing, so I was really thrilled to learn that TSET lends so much support to stem cell research, and I was excited to talk about it with our next guest, Dr. Courtney Griffin. She has a thorough background in research and developmental biology and managing labs research projects. She goes into what stem cells are, why it's important to continue developing this area of research, and what OCASCR is doing to promote researchers in Oklahoma, and it's really fascinating.

**[15:20]**

C. Howell: Hello listeners. We are really excited to introduce our next guest, Dr. Courtney Griffin, who is the scientific director of the Oklahoma Center for Adult Stem Cell Research, or OCASCR. Dr. Griffin, thank you so much for joining us today.

Dr. Courtney Griffin: Good morning, Cate. Happy to be here.

C. Howell: Well, I have been interested in stem cell research for a while, so I'm really excited to conduct this interview, but first, I would like you to tell us a little bit about you, your start, your involvement, and how OCASCR got started and that story.

Dr. Griffin: Absolutely. Well, I'm a research scientist and I've been working running my independent lab at the Oklahoma Medical Research Foundation, OMRF, which is right here in Oklahoma City for the last 12 years. My own lab is heavily invested in studying blood vessels, how we make them and how we keep them healthy, but part of that research has required me to think a lot about developmental biology in general, so how do organisms form from the time that they're an embryo and then grow up to be born and then continue growing. And developmental biology is sort of a cornerstone for stem cell research because stem cells are sort of the starter cells that can become any cell type in our body. So when we're at the very earliest stages of embryonic development, we're comprised mostly of stem cells, and then as time goes by and those stem cells get different signals, they start to differentiate into all the different cell types of our body—our liver cells and brain and heart. And so as a developmental biologist in my own research, I have an interest in stem cell biology, and a couple of years ago because of this background qualification, I was asked to step in as the scientific director of this Oklahoma Center for Adult Stem Cell Research.

So OCASCR was actually started in 2010 and it is exclusively funded by TSET. It's a partnership among all the research institutes in Oklahoma to allow us to take TSET invested money and distribute it to stem cell researchers who write grants to us, and then we evaluate them, and we distribute this money to the best grants and researchers

in this state to allow them to conduct their stem cell research. When I joined in late 2018, I wanted to expand that mission to also include regenerative medicine, which is sort of an extension of stem cell biology, and it's really just the study of how to take a diseased person and try to make them healthier. So part of that involves sometimes using stem cells to correct tissue or an organ that's become diseased and we want to sort of take it back to its normal state, so sometimes that involves making new cells. Sometimes it's less complicated than that and it just involves discovering new drugs and pathways that can help correct diseases, especially the ones that affect us in our state here in Oklahoma.

C. Howell: Can you give us a brief overview of stem cell research—what that means, what that explores, how is it implemented in the world?

Dr. Griffin: Sure. So, like I said, stem cells are sort of blank starter cells for our body, and so a lot of the things that researchers want to understand about them is how do you get a stem cell? It used to be that we only knew to get them from very early embryos. Fortunately, now we don't have to use embryos as a scientific community to get stem cells. We've learned a lot over the past decade or so about how to use different normal processes within a cell to sort of revert it back to a starter cell or a stem cell. So that's really great, because it means we can take adult cells, perhaps from a patient with a disease, and take one of their cells, strip it back to its normal state or its very earliest state, and then figure out—you know, a lot of the research that we in our state do and throughout the world is try to figure out how to take those stripped-down, blank templates of stem cells and then push them to become healthy, differentiated cells that we're interested in. So, for instance, if somebody has Parkinson's disease and is lacking some of the healthy brain cells, then we would perhaps use stem cells to generate new brain cells to replace their diseased ones. This is all sort of end-goal type direction that stem cell biology is trying to move towards. So the end goal really is to create healthy replacement cells to take over the diseased cells that are in people's bodies.

C. Howell: Interesting, interesting. So, obviously, COVID-19 has changed everything about everything, so how has OCASCR pivoted during this time period of pandemic?

Dr. Griffin: It's a fair question. So, we know that researchers throughout the state did get slowed down in their research by the pandemic. Many of us were shut out of our labs for a period of time, and so that, of course, slowed down the whole pipeline of research. Fortunately, OCASCR has still been able to accept research grant applications and to continue assessing them, so really it didn't slow us down in terms of being able to award money to applicants. If anything, it's just helped us—the way we had to really pivot was to keep an eye on what our researchers have been realistically able to accomplish and to advocate for them so that the funding that they've been awarded through OCASCR could be utilized as effectively as possible. In other words, if their grant period ran out, we didn't want to take money away from them prematurely just because they didn't have time to be in the lab. So TSET has allowed us to extend some time on some of these grants to a scientists to finish their research.

C. Howell: Well, we've all had to adapt and it sounds like you and your team have done a really great job of it. So what sets OCASCR apart from other stem cell research centers?

Dr. Griffin: You know, the special thing about OCASCR is that it is specifically for Oklahoma researchers, so it's a great investment on the part of the state because it's really building up an area of science that, at the time it was founded in 2010, was really just sort of behind where many of the other places in the country were. We just weren't really on the map, so to speak, in terms of stem cell research. But with this TSET investment for the last 10 years, OCASCR funding has allowed Oklahoma researchers to really get on that map in terms of recognition, and this is seen in the number of publications and speaking engagements that our scientists are invited toward, patents, et cetera. So, in allowing our researchers to have this money to really advance their findings in the field of stem cell biology and regenerative medicine, it makes them more competitive on a national stage for securing federal dollars, which is really how we run our labs, you know the OCASCR money that we distribute on behalf of TSET is a great starter fund, but really it takes a much larger and longer investment on the part of the federal government through the National Institutes of Health. And so the TSET investment in OCASCR for the last 10 years has yielded about a five-fold return in federal grants that our scientists have been able to obtain, and that's really exciting because it's just a metric that shows Oklahoma is becoming a notable presence in the stem cell field and it's a great economic return for the state as well.

C. Howell: So we're supporting Oklahoma researchers and Oklahoma health, so that's really cool. On that, my final question is: TSET's mission is to improve the health of Oklahomans, primarily by encouraging behavior to prevent preventable diseases like obesity and diseases that come with tobacco use, and—so how does OCASCR fit in with that mission?

Dr. Griffin: I'm so glad you asked that because I think we do fill a special niche in that TSET mission, and really where so many of the TSET programs are focused on preventive maintenance and keeping Oklahomans healthy before they succumb to these diseases, so many diseases that sort of stem off of obesity and smoking, OCASCR fits in in that we're tackling the basic research that's needed to develop drugs and devices that will help people who unfortunately already got diseased from obesity or from smoking. For those people, they need solutions. They need help. And so the research that OCASCR scientists do is really the necessary first step of the pipeline toward the therapies that those patients will receive to make them recover from their diseases and lead healthier lives.

C. Howell: That's awesome. Well, thank you so much, Dr. Griffin. It's been a pleasure to get to know you and thank you for coming on to our podcast. We really appreciate it.

Dr. Griffin: You're so welcome, and thanks for the invitation Cate. I appreciate it, too.

**[26:32]**

C. Howell: One thing I thought was really cool that she didn't mention in the interview was that OCASCR is actually lending out their research equipment right now to help with the pandemic, which is yet another example of Oklahomans coming together during a time of crisis. Stem cell research is such an Innovative field of study that has potential to improve health and prevent death from common diseases.

J. Tyree: That is so true, that is so very true. Thanks for bringing that to us to appreciate that.

Finally, let's hear from Dr. Darla Kendzor who co-directs the newly renamed TSET Health Promotion Research Center with Dr. Michael Businelle. It is interesting to learn not only the widened scope of the center of research, but also the people that its research seeks hardest to help live healthier lives. Let's listen.

**[27:29]**

J. Tyree: Well, thank you so much for spending time with us. Now, you are co-director of the TSET Health Promotion Research Center, which I kind of have to get used to saying because of the brand new name. So can you tell us why the name change and how does that reflect on the center's mission?

Dr. Darla Kendzor: First, thanks for the invitation to share information about the center. We recently changed our name to acknowledge the increasing focus of our investigators on understanding and addressing lifestyle health risk factors other than tobacco. So the top preventable causes of disease like cancer and cardiovascular disease include tobacco use, but also many other risk factors, so the name TSET Health Promotion Research Center reflects our mission to reduce the burden of disease in Oklahoma by addressing modifiable health risk factors such as tobacco use, sedentary lifestyle, poor diet, risky alcohol and other substance use to research novel intervention development and dissemination of research findings. And then I think it's important to note that across these risk factors, we tend to focus on groups who experience a disproportionate burden of disease, so addressing health disparities. So for example, my work focuses on socioeconomically disadvantaged adults, like low-income or uninsured adults, the Medicaid populations. These are groups who are more likely to use tobacco and have greater difficulty quitting and have similar difficulties related to other risk factors.

J. Tyree: Okay. You know, dealing with those disparities is so important in treating a great number of people, especially those who are most affected, so that's really good to hear. This kind of goes into a little bit like the types of research that takes place at the center. You mentioned concentration on addressing health disparities and such, but can you explain a little more on what type of research takes place there?

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Dr. Kendzor: Sure. So I think we address disparities across most of our research in one way or the other, but I think broadly we tend to think about our research as falling into a couple of main categories: behavioral intervention research and then regulatory science and policy. Related to behavioral intervention research, I'd say that smartphone based interventions for tobacco cessation have been the strength of the work of our investigators. But we're also using smartphones and wearable sensors to track and intervene to promote physical activity and interrupt sedentary behavior. More recently, some of our research is focused on smartphone-based monitoring of COVID-19 symptoms, so that's really timely. This work started with cancer patients to facilitate some treatment-related decision-making. There's also work ongoing to examine the appeal of very low-nicotine menthol cigarettes in the context of FDA's intention to bring reduced-nicotine cigarettes to the market. We have research going on to study the health impact of e-cigarette use in pregnancy. There's some lab-based work going on to study the health impact of emerging tobacco products, like looking at DNA damage. And then most recently, we've begun to study the medical and recreational use of cannabis following the legalization of medical cannabis in Oklahoma in 2018. So that's just kind of a broad overview, but we have a lot of things going on right now.

J. Tyree: That totally sounds like it. A lot going on. The staff is researching a number of very important areas there. Can you explain how does TSET funding factor into this important word that your staff is doing each and every day?

Dr. Kendzor: Well, yes, I'd be happy to talk about that. TSET funding provides a foundation for our work in that we are able to recruit talented investigators from across the country as we work to grow our center. We are currently recruiting a few more faculty members. We're able to continuously fund staff regardless of which NIH or other grants are currently funded, and were able to fund pilot research for our investigators and our network of faculty affiliates across the state. So the idea is that this pilot work will promote collaborations and lead to NIH-funded projects. And then, importantly, the TSET funds are used to support four major resources that are center that all facilitate research.

So the first is the Mobile Health Shared Resource. So this resource houses mobile programmers and research staff who continuously develop and meet team that Insight Mobile Health platform as we call it. This is a way that we can reach people throughout the state of Oklahoma and beyond with our intervention, so this is a strength.

Another way that we use the funds is to support our Tobacco Treatment Research Program or TTRP as we call it. The TTRP offers tobacco cessation treatment free of

charge to those referred from campus in the community. The TTRP supports screening and enrollment into ongoing research studies, and TTRP participants are followed and assessed for six months as they participate in treatment. These data are collected in a data registry that's accessible by investigators to answer research questions and to provide preliminary data to support grant applications. So this is a really important way for us to kind of reach people and enroll them into our interventions.

We also have a postdoctoral fellowship training program. The program offers training primarily to postdoctoral fellows, but we also have a number of undergraduate and graduate students who receive training and mentorship through our program. The mission of the program is to train the next generation of scientists and develop and conduct innovative research to reduce the burden of disease in Oklahoma.

And then finally, we have the Tobacco Regulatory Science Clinical Laboratory. It's a laboratory space at our center that's adjoined with the TTRP, our tobacco treatment program. The lab space includes four negative pressure rooms and two control rooms for conducting clinical human laboratory research. The space is configured to enable collection processing and storage of saliva, blood, urine and buccal samples. So this allows us to do studies where you can bring people in and you can have them use tobacco products, you know, indoors, and then basically all of the air will be pulled out of the room and pushed outside so we can do like topography studies and things like that.

J. Tyree: That is pretty comprehensive, Dr. Kendzor, my goodness. About how much funding is involved to help pay for this wide breadth of activity?

Dr. Kendzor: Well, the center has received over \$3 million in funding every year, but that funds everything from faculty, startup, faculty salaries, staff salaries, pilot research studies—it pretty much funds everything, and then we—the goal is always to use those funds and leverage them to obtain NIH funding as well so we can expand our impact.

J. Tyree: Yeah, that stretches those dollars even further which is great. You know, you mentioned a number of really exciting things that the center is researching in a number of areas, number of ways that affect a lot of people. What are you guys working on now, current or recent research projects, that you are particularly excited about?

Dr. Kendzor: A lot of my research is focused on incentivizing socioeconomically disadvantaged adults for smoking cessation. So I have a large clinic-based trial going on now that's in its final year. We found that offering low-cost incentives for quitting produces pretty dramatic increases in cessation rates—more than double the cessation rates over just receiving standard care alone. So this is exciting, but even more exciting to me is some of the feasibility testing we've done with a smartphone-based approach that will allow participants to submit breath samples remotely with a portable carbon monoxide monitor. The system can verify identity via facial recognition software and then it can disperse payments automatically to a credit card. So this allows us to incentivize people for quitting smoking, and we can verify their smoking status and verify they are who they say they are, but they never need to come into the clinic. So this is a major barrier because requiring people to come into the clinic frequently is—you know, that's a

limiting factor. So with this new system, I am excited about the possibilities to disseminate to a wider audience. So I'm looking forward to beginning a full-scale trial of this approach through the TTRP using broader recruitment methods. Also planning to work with the Oklahoma Tobacco Helpline. We're looking at potentially working with individuals who are experiencing mental illness or possibly pregnant women as populations we might potentially target. I think if we could achieve widespread dissemination with an approach like this, it could have a huge positive impact on the health of Oklahomans.

J. Tyree: Absolutely. It really sounds like not only is there a lot of things happening now that can improve the health and wellness of Oklahomans, but you have some very good things looking toward the future of this as well, very encouraging. Well, I certainly want to thank you for your time. We've learned an awful lot and feel very fortunate to have this center here in Oklahoma and researchers like you and your colleagues working on these very important projects. Thank you so much.

Dr. Kendzor: Thank you.

**[37:17]**

J. Tyree: You know, it's good to hear from Dr. Kendzor and the greater reach of good health and wellness that the TSET Health Promotion Research Center strives to provide to so many people.

C. Howell: Yeah, it is. And we just heard so many great interviews and a really great overview of the programs and impacts of research that TSET funds at these three major centers. It is informative and fascinating, but that's what it was—an overview. But in future episodes, we will dive deeper into each research center by learning more about the people there through hearing their stories and learning even more about their life-saving work, so be sure to stay tuned for that.

J. Tyree: Oh, I agree that's going to be fantastic. But for now, we have reached the end of this episode. We truly hope that you enjoyed it, and remember that you can listen to this or any past episode of the TSET Better Health Podcast on the TSET website or wherever you listen to podcasts.

So until next time, this is James Tyree –

Cate: – and Cate Howell.

James: Wishing you peace –

Cate: – and Better Health.

[Theme music]

**[38:42]**

