1. Welcome and Introductions
The TEROC Chair, Dr. Michael Ong, called the meeting to order. TEROC members and meeting guests introduced themselves.

2. General Business
Members reviewed correspondence. Dr. Ong congratulated Dr. Pamela Ling on her reappointment through January 1, 2022. Next, members discussed the public records request sent to the Committee by Kirkland & Ellis LLP. Members discussed the broadness of the request because it does not limit the request to a specific timeframe and possible ways to respond. Dr.
Ong commented that he acknowledged receipt of the request in the required 10 day time frame, but his response indicated TEROC is a public body and would discuss this request at their next public meeting.

A question arose if a response could be to TEROC’s website since that contains publicly accessible documents. Dr. Ong pointed out that those documents only go back as far as electronic documents, and it would not include everything since TEROC began. Dr. Ong stated it is reasonable to provide documents that are already electronic since they are easily available, but, non-electronic documents are more difficult to make readily available, especially now during a pandemic. Members discussed what documents are available electronically according to the request, and how it would be around the same time as when electronic nicotine delivery systems (ENDS) became more commonplace.

Discussion turned to the legal counsel available to TEROC. Mr. Gordon Sloss of the California Tobacco Control Program (CTCP) added that CTCP staff reached out to the California Department of Public Health, Office of Legal Services, and counsel determined it would not represent TEROC. Dr. Ong added that he also reached out to the Attorney General’s office and that he cannot remember a time where TEROC needed legal counsel.

Dr. Ong summarized the discussion as TEROC can make available all records that are post development of ENDS and to go back further would be currently unreasonable since the records are not electronic. Ms. April Roeseler of CTCP suggested a response could be to ask to narrow the time period of the request. Dr. Ling added that what could be reasonably produced is the meeting materials and TEROC does not request studies or activities— they advise agencies.

Dr. Ong further summarized the two options available to TEROC: 1. Ask to narrow the request or 2. Provide the available information from when ENDS came to market. Dr. Wendy Max motioned to send the meeting materials from the beginning of when ENDS came to market and Ms. Vicki Bauman seconded the motion. Ms. Vicki Bauman, Ms. Mary Baum, Dr. Mark Starr, Mr. Jim Keddy, Dr. Claradina Soto, and Dr. Wendy Max voted in favor of the motion, which passed.

Dr. Ling added that TEROC may want to consider legal counsel if the Committee receives a response that the documents sent are unacceptable.

3. University of California, Office of the President, Tobacco-Related Disease Research Program Update
Dr. Tracy Richmond McKnight provided a program update from the Tobacco-Related Disease Research Program (TRDRP).

Dr. Richmond McKnight stated that TRDRP staff have decided to postpone the next call for proposals. The call will be released in July 2021 instead of October 2020. TRDRP had discussions with stakeholders and the TRDRP Scientific Advisory Committee approved the decision.
Ms. Pat Etem asked how currently funded projects will be impacted. Dr. Richmond McKnight stated some projects are able to continue work and others are requesting to change their scope of work. TRDRP staff will be able to better support already funded grants by postponing the next release of proposal requests. Dr. Richmond McKnight stated the Proposition 56 funds are continuously appropriated. Delaying the release will put TRDRP back on track of previous cycles when the program had a reserve, which is important because TRDRP uses the previous year’s money to pay the upcoming grants and holds the current funding until the next year.

Dr. Ling asked if there were plans to help trainees or early career professionals. Dr. Richmond McKnight stated they will offer currently funded people some type of supplement. There is not a concrete plan to support early career professionals who are not currently funded. TRDRP could offer supplements to the advisors of these early professionals if the advisor already receives TRDRP funding. TRDRP is looking at ways to support currently funded investigators.

Dr. Wendy Max asked if the delay would change the cycle since the call for proposals will now be released in July. Dr. Richmond McKnight responded that the start date would be March or April, and it may be dependent on if TRDRP can shorten the timeframe of providing funding once approved. Dr. Max noted that the spring is not an ideal time for some professionals to receive funding.

Dr. Ong reiterated the comments he shared with Dr. Richmond McKnight about supporting people as they continue to do work and supporting young professionals.

Dr. Richmond McKnight added that TRDRP’s request for an exemption to the University of California’s hiring freeze was granted and they are moving quickly to fill the position.

### 4. TEROC Plan Title Discussion

Mr. Chris Anderson summarized the progress of choosing a title for the upcoming Plan so far. He summarized results of a survey given to TEROC members to rank title options and tag lines for the Plan.

Discussion centered on including health equity in the title and other considerations for the title, including the social climate around justice and clarifying the difference between commercial and traditional tobacco.

Based on the title options in the survey, there was support for health equity and healthy communities. Members discussed the following choices after narrowing down the options: Building Healthy Communities, Achieving Health Equity in a Tobacco Free California, and Bending Toward Justice in a Tobacco Free California. A suggestion was made to change one option to *Achieving Health Equity: Toward a Commercial Tobacco Free California* and members discussed this new option. Members came to a consensus that this option would fit for the new Plan title.
5. **TEROC Plan Dissemination**

Ms. Kristen Mar of CTCP provided an update on dissemination items for the Plan.

CTCP needed clarification on a few dissemination details, such as creating one-pagers by objective or by priority population and the number of copies of the Plan that will need to be printed if dissemination will be more electronic than print copies.

TEROC members provided feedback, including that the one-pagers would be easier to develop by objective in order to meet the deadline to disseminate these materials with the Plan. If one-pagers are needed for priority groups, the field and representatives from the priority population should be involved in the creation. Ms. Etem questioned if some of the groups who use the Plan, like coalitions, could determine how many printed copies they use.

Members were reminded that they could join the Dissemination Subcommittee.

6. **Public Questions and Comments**

Mr. Rod Lew announced that on September 29 and September 30, 2020, the Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) and the Advocacy and Data dissemination to achieve Equity for Priority populations on Tobacco (ADEPT) Equity Collaborative will be hosting a virtual Health Equity conference.

Ms. Etem shared it was brought to her attention that the Local Lead Agency (LLA) operating in San Bernardino and Merced, the California Health Collaborative (CHC), will relinquish the LLA status to Merced County. Merced County relinquished the LLA role when there was minimal funding available to LLAs, and CHC won a competitive bid to take over the LLA responsibilities. Ms. Etem stated she would like to hear from the LLA and the California Department of Public Health (CDPH) as to why this is occurring if CHC has been doing a great job.

Ms. Etem stated that the situation with the LLA in Merced County appears to run counter to the equity framework that is part of the TEROC Plan.

Ms. Carol McGruder added that she thought LLAs worked in a collaborative way but realizes it is not the same across the state. She added that it can be difficult to get work done in some areas of the state and also agrees that this is something that needs to be discussed more. Mr. Lew echoed that one of the pieces of health equity is building trust, strong partnerships develop when there is investment in the relationships and it is important to have trust in a partner.

Dr. Wendy Max asked if Merced County is taking over the agencies or taking back funding. Ms. Etem stated she would be interested in having the current LLA and CDPH present to TEROC why this transition is happening.

Ms. Roeseler clarified that the Merced County Health Department gave up the LLA program in 2009. After a competitive bid, CHC became the LLA for Merced County. In 2017 when CHC’s grant was augmented to include Proposition 56 funding, the Merced County Health
Department’s Director contacted the CDPH Director’s Office about resuming the LLA status and duties for Merced County. After several meetings, including a legal review, CDPH decided to build the capacity of Merced County Health Department to become the LLA. Negotiations resulted in CHC continuing as the LLA through the term of the current work plan, which ends June 30, 2021, and providing technical assistance to Merced County Health Department with the Communities of Excellence Needs Assessment, which has been delayed due to COVID-19.

Dr. Ong added it is important to recognize the work that CHC has done in Merced County and his recommendation is to hear in more detail from Merced County. Ms. Etem clarified that she wants to hear from the LLA, which is CHC, and CDPH. Dr. Ong stated it would be good to hear from the agencies at the next meeting and they can look at adding it to the agenda. Dr. Ong welcomed Mr. Primo Castro to the meeting.

Dr. Ong adjourned the meeting.