

**Minutes of the
Tobacco Education and Research Oversight Committee (TEROC)**

Meeting on Friday, July 18, 2008
Oakland Airport Hilton
One Hegenberger Road
Oakland, CA 94621
(510) 635-5000

MEMBERS PRESENT:

Kirk Kleinschmidt (Chair), Wendell Brunner, Pamela Ling, Michael Velazquez, Lawrence Green, Alan Henderson, Peggy Uyeda, and Dorothy Rice

MEMBERS ABSENT:

Lourdes Baézconde-Garbanati

OTHERS IN ATTENDANCE:

Alex Kierstein, University of California San Francisco (UCSF), Center for Tobacco Control Research and Education (CTCRE)
Norval Hickman, UCSF, CTCRE
Kim Klausner, UCSF
Ricardo F. Muñoz, UCSF
Phil Gardiner, Tobacco Related Disease Research Program (TRDRP)
Teresa Johnson, TRDRP
Laurie Kimbler, TRDRP
Jenny Gautier, University of California Office of the President (UCOP)
Rich Heintz, Local Lead Agency, Project Directors Association
Wendy Max, UCSF
Vera Harrell, UCSF
April Roeseler, California Department of Public Health, California Tobacco Control Program
Cynthia Hallett, Americans for Nonsmokers' Rights (ANR)
Liz Williams, ANR
Serena Chen, American Lung Association of California
John Lagomarsino, California Department of Education
M.F. Bowen, TRDRP
Autumn Ogden, Senator Tom Torlakson
Stanton Glantz, UCSF
Gloria Hovde, Lung Cancer Alliance
Richard L. Barnes, UCSF, CTCRE
Karen Williams, UCSF, CTCRE
Caitlin Stanton, UCSF, CTCRE
Xiana Epps-Johnson, UCSF, CTCRE
Justin Garrett, Center for Tobacco Policy and Organizing
Kristen Lum, UCSF, CTCRE
George Lemp, TRDRP
Steven Beckwith, UCOP

Bart Aoki, TRDRP
Kamlesh Asotra, TRDRP
Valerie Yerger, UCSF
Julie M. Waters, UCSF
Eric Batch, American Heart Association

1. WELCOME, INTRODUCTION, AND OPENING COMMENTS:

Tobacco Education and Research Oversight Committee (TEROC) Chairperson Kirk Kleinschmidt called the meeting to order at 9:15 a.m.

Mr. Kleinschmidt asked for all those attending to sign in, established ground rules, and shared that the meeting would be recorded for meeting accuracy. He asked members of the public to use the microphone provided when making a public comment.

Mr. Kleinschmidt stated:

- The purpose of the meeting is to focus on the Tobacco Related Disease Research Program (TRDRP) reorganization and what the University of California (UC) is doing to change the program.
- Dr. Larry Gruder retired. TEROC acknowledges the longtime tobacco control research experience, knowledge, and capacity that Dr. Gruder brought to the TRDRP administrative position.
- During the meeting, TEROC will hear directly from University of California Office of the President (UCOP) about the re-organization, and TEROC will determine a response.
- TEROC will be mindful of public comment.
- TEROC will determine if amendments are needed to the 2009-11 Master Plan (MP).
- The meeting packets provide copies of the legislative language, which include enabling legislation and responsibilities.

2. OVERVIEW OF EVENTS AND CORRESPONDENCE:

Mr. Kleinschmidt reviewed the related events and correspondence regarding the reorganization of TRDRP.

- TEROC first learned about possible program changes in May, 2008. There was little detail provided on May 20, 2008, but there were many concerns.
- TEROC then attempted to schedule a meeting with the UCOP on May 29, 2008.
- TEROC sent a letter to Dr. Beckwith on May 23, 2008.
- A TEROC meeting was scheduled on June 18, 2008, but was canceled due to not posting the meeting notice in time.
- Mr. Kleinschmidt met with Dr. Bart Aoki and Dr. George Lemp to learn about the proposed changes.
- The meeting packet provides a number of pieces of correspondence.

Dr. Beckwith shared that he had also met with the TRDRP Scientific Advisory Council.

3. UPDATE ON TOBACCO-RELATED DISEASE RESEARCH PROGRAM REORGANIZATION BY THE UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT:

Dr. Beckwith provided a presentation discussing plans for reorganization.

- Dr. Beckwith began working for the UC six and a half months ago. He was hired to account for the fact that the UC was in charge of a lot of research, but was spending too much on administrative costs.
- The UCOP thinks that every research program should be housed under one program.
- The training of researchers and implementation of research is closely linked, but there is a need to increase capacity.
- Right now, five existing programs: TRDRP, Breast cancer, AIDS, Multi-campus Research Units, and the Industry-University Cooperative Research Program. Approximately \$100 million is annually distributed out of the UCOP. There is also one new program: the Lab Fees Program (LFP) developed for UC faculty and labs, which is bigger than any of the other programs.
- The programs are housed within the UCOP, each with separate budgeting, payroll, and other administrative services. This is not an effective way to operate. There are a number of similar operations that can be combined to achieve economies of scale.
- The UCOP research programs give out a lot of money and are therefore under a great deal of scrutiny regarding the amount of money spent on administering the work, and that spent on the research itself.
- One of the President's goals is to minimize administrative costs and to make UCOP a model for responsible management. UCOP wants to give more money to the researchers actually doing the work. The solution of housing the programs under one umbrella was suggested by outside stakeholders.
- The Office of Research and Graduate Studies (ORGS) intends to combine all grant and distribution activities at the UCOP into a single department. The approach is designed to allow economies of scale in the distribution and oversight of UC-funded research.
- The plan allows and accommodates for economies of scale by using people to focus specifically on their area of expertise within granting.
- The fiscal year 2008-09 ORGS structure includes administration, policy, and technology transfer, grants and contracts, and special projects, totaling 198 Full Time Employees (FTE). Within Grants and Contracts (where TRDRP is housed) 120 FTE are responsible for the distribution of \$80 million annually. Dr. Beckwith wanted to spend his time focusing on this section.
- Dr. Beckwith showed a chart of the five grant programs that would be housed under the ORGS structure. This does not including the new LFP. The table denotes the amount of grants given per year, the budget for grants, and the personnel budgeted. The table calculated the percent of administrative costs by research program with AIDS spending 32 percent on administrative fees, as compared to 14.2 percent for TRDRP.

- I know you have all read the legislation which says that administrative costs should not exceed five percent. However, the ratios for the UCOP research programs are high. The UCOP is spending \$18 million to give out \$180 million with 121 FTE.
- The goal of the reorganization is not to dismantle research programs. It is to save money administratively and shift the money to the people who are doing the research.
- The UCOP is not going to dismantle TRDRP.
- If you look at the National Science Foundation, their total budget is about \$4.8 billion, with 5.8 percent dedicated to administration. For the National Institute of Health (NIH), they are under five percent, and have been able to achieve real savings.
- ORGS can save money in Oakland and put that money back into research grants.
- With the addition of the new LFP, Dr. Beckwith would like to reduce the cost of peer review and the transactional costs into one central unit at less than five percent cost in the next three months.
- Organizational goals include: 1) Improve efficiency of transactional work (organize, reduce, and move UCOP common functions into central units). 2) Increase grants program and competition. 3) Involve staff and outside reviewers in organizational design.

Question (Q): I was always under the impression that the central functions were already combined?

Response (R): There were three that were combined previously. But not for the whole UCOP.

- Within the UCOP, every standard business process is going to be organized into central service units, taking all of the places where these things have been organized separately and organize them into central units. This is out of Dr. Beckwith's control.
- We have created work/design teams, including many current Special Research Programs (SRPs) staff to look at the organization and detail how we can make changes. We will also invite an outside review team to review our design and let us know if things are being accomplished.
- For the peer review, it might not be apparent where economies can be made. However, when looking at peer review, they typically all occur at the same time. If staggered, peer-review could be conducted on an ongoing basis and could be done with fewer people.

Q: What kind of backgrounds do the peer-reviewers have?

R: It is about a 50/50 split between people who are more mechanical and experts in the field who understand the research needs. You need the mechanical support, not just a data-entry person. This person needs to have some knowledge about the peer-review process. Nevertheless, it is pretty straightforward work that applies across programs.

Q: I know we looked at new granting areas for TRDRP. Is workload for changes taken into consideration?

R: It is when you have a change like this. But, I have tried to take into account the fact that TRDRP may change their program focus. But this does not take more than a week to write a Request for Proposal (RFP). It should also include public comment which would also decrease the staffing requirements. It also helps to correct errors before it goes into final form.

Transparency and openness is another thing I want to accomplish within the UCOP.

The presentation was then turned over to Dr. George Lemp.

- Dr. Lemp was lead on the workgroup in charge of coming up with designs for a grand central peer-review Hub (Hub). What I am going to show you is just a proposal. Additional feedback will be helpful.
- The centralized application and the Hub will include the competencies and skill sets related to each research area: 1) Research funds are awarded on the basis of research priorities established by the programs and the scientific merit of the proposed research, and 2) Awards are determined by an open, competitive peer review process that ensures objectivity, consistency, and high quality.
- This is a process that would require Hub staff and program staff to work together.
- We have looked at some aspects but the review functions will be more tailored.
- Essentially the Hub will be a transactional group, but the program will retain the content responsibilities. The Hub will determine how much effort will be required from each program, and staff will supply the templates and boiler plate language for any grant.

Q: Would the program people be involved in the dissemination?

R: Yes, the program staff may go out to describe the intent of the RFP. Typically this is conducted with calls or teleconferences. Some staff will focus more on content, and others handle more technical aspects.

- Reviewer selection: The program will select reviewers and assign proposals. The Hub would confirm reviewer participation, provide follow-up communication, and support for travel.
- The Hub will also take care of logistics and anything else transactional.
- Peer review: The program will document and address any content-specific questions, and the Hub will manage the meeting site, logistics, and produce a template for applicant review summaries.
- Dr. Lemp provided a visual model of the Hub and how it would interact with programs. He stated that they want to maintain the “customer” mentality where each program may request a different level of service from the Hub.

Q: Who is in charge of the Hub?

R: The Hub would be led by a director. This position has not been filled yet. They are currently developing the job description in the next couple of weeks.

- Dr. Beckwith stated that this does not mean that they are imposing this model on any of the any of the SRPs at this time. If we do it right and it runs lean and efficiently, then other people will adopt the model later. The goal is to make it work efficiently.

Q: What is the relationship between the director of the Hub and the TRDRP director?

R: I believe they will be in close communication. They would both report to the Vice President and collaborate on work teams together. The director of the program needs to meet with the director of the Hub to determine what the needs are.

- Dr. Beckwith included that it is a parallel relationship, they both report to him. The Hub will need to have to have a real customer service attitude. The director will manage those people and make sure that they manage the issues of the programs.

Comment (C): The relative size of program development services on the slide is worrisome. Everything said before was that programs had responsibility to provide their program services. It looks like customer interaction and application and peer-review services make up 90 percent of this, with 10 percent for program development.

R: This schematic is not to scale. There will be a requirement of outside support from a higher level to get a program started. Dr. Beckwith included that they can only charge the program for the services provided. If a program like TRDRP thinks they do not need the services, or if they opt for fewer services, then they do not have to pay for services they do not utilize. The Hub has to have opt-in in order to survive.

- Dr. Lemp continued to explain that the dotted line on the slide with an arrow shows the collaboration between programs. The purpose is to work together to help design an interface with the Hub and to develop cross-fertilization.
- Dr. Beckwith stated they intended on creating standard programs for the Hub, such as software for proposal interfaces. Presently, there are many great tools and standards, but they are not uniform. They want the best practices, and there has to be a way to standardize processes in order to reduce costs.

Q: To step back to the goal of having overhead at five percent, there is confusion when you say that the SRPs will have the option of utilizing the Hub services. How can you achieve the five percent efficiency when you do not have the resources from the SRP?

R: Dr. Beckwith responded that he did not need the resources from the SRP. The LFP would pay for it.

- Dr Beckwith stated that he had been receiving comments that researchers will only understand their area of interest (e.g., tobacco or breast cancer research).

- Dr. Lemp continued to describe the structure of the Hub and the various staffing and positions. He noted that the Hub would likely have consultants for some programs.

Q: Are the brown-shaded triangles in the image representing FTEs?

R: No. In the program, there is a content side FTE and a transactional side FTE.

Q: What about re-charge? I am worried about giving up staff and also being re-charged for their services.

R: That would be true in that the program would be charged for the Hub services, but the pricing has not been established yet. Dr. Beckwith said he wanted to be clear that he has not agreed to the proposal yet. He believes they can make the size and cost of the Hub much smaller. When using the Hub for peer-review, programs will only be utilizing it for a fraction of the year.

Q: Is there assurance that the state auditor will be able to know if a program has exceeded the five percent of overhead when utilizing the Hub?

R: Currently the programs are spending 14 FTEs to conduct all peer-reviews. This is partly due to granting occurring at the same time. If they are staggered, then peer review would take only five to seven FTE and every program would save on costs.

Q: Then, what is re-charging for?

R: Charging is for FTEs. But you are using fewer FTEs than if each program paid for their own. It is like having a tax person, you could hire yourself a full-time tax person, but you really do not need them year-round.

C: I understand the principle. But if the program provided the FTE to the Hub, then the program should not be re-charged for their time.

R: Yes, but if your program is giving out \$10 million in grants, you can decide to spend \$3 million on the program, and \$7 million on research. But, you could give out \$9 million in grants and hire people to help temporarily with granting at a lower cost. You would not have to pay twice because what will happen is that the program staff will be reassigned and the program will not be charged when staff are not providing program-specific work. The program will only have to pay for the cost of their staff, the cost of the Hub that is used, and the re-charge for administrative costs. It will all have to add up to less than five percent of administrative costs.

Q: How many people would be in the TRDRP office under this plan?

R: This has not been determined yet, but it would be less than there are currently budgeted. Currently, there are nine FTE in the program because some have left. The question then becomes, "What would be the appropriate size for the program office? And, how much content is still in the program office?"

Q: Were the SRPs involved in the development process of the Hub?

R: Yes, but the design group was small. One group looked at current practices and another looked at how this could be designed to save costs and time, regardless of current practices.

Q: Did you get feedback outside of the Hub committee?

R: Not in a formal way. Dr. Beckwith stated that unless you want everyone to be designing, there needed to be something on paper first for comments on design and costs. But, this is a lengthy process, and it is easy to get in the middle of it and say you do not like parts. The issue with TRDRP came up right at the beginning of this process, and there was a lot of controversy even though the proposal is still being designed and has not been accepted. Dr. Beckwith said they want to make sure they are doing this in a way to involve all stakeholders and those doing the work.

C: When you look at the five percent costs at the national level, it is obvious that this is a more significant dollar amount than at the local level. Perhaps we should be at 7.5 or 8 percent.

R: Dr. Beckwith said he was open to that. But, he wants to set five percent as a very strong goal, while examining what they will be able to do with that amount. Any savings would go right back into the program. While they want to hit five percent, they will consider the overall strength of the program first.

C: Five percent for administrative functions is not the right discussion. We need to determine the difference between administrative functions and program functions.

R: Dr. Beckwith agreed. We have internal definitions. When people perceived that the United Way was spending too much, they stopped giving. In the UCOP there is the general feeling that they are spending too much on administrative functions.

Q: It is good that you have used staff to develop this plan, but this occurred during the time the three professional staff from TRDRP were on administrative leave. Did they have any input here?

R: They were not part of the design committee at that time. One person was on the design committee prior to administrative leave, but no, they were not there during the crucial time when pulling designs together to make proposals.

Q: What are the two FTE positions you plan to take from TRDRP?

R: This has not been determined. But it is often the case that you have to identify new duties to keep people employed during the interim period.

Q: Do you have any ideas regarding the anticipated savings?

R: The hope is that the Hub would be a five to seven FTE effort, split between five programs. Right now we have 14 FTE doing this job. This would be at least two times the cost savings. This is only one transitional area where there is potential for cost savings.

Q: Since TEROC oversees the program, what is the effect on TRDRP?

R: In the short run, this would save one to two percent of the budget. This is just a guess based on the planning.

Q: Have you done analyses to break that 14 percent down further?

R: Yes. Historically, the cost of SRPs is in the \$1-2 million range. Each program is charged or taxed in proportion to their budget into the SRP administrative services group and other costs which are shared. Half comes out of the administration, where the rest comes out of evaluation and research activities.

C: This is interesting because it is only a small portion of the overall changes that are being considered. Therefore, TEROC cannot comment in a fully informed way yet.

R: Dr. Beckwith said he understood as a scientist that it is easy to be skeptical that this would work. But, there is a large fraction of granting activities that is the same for each of these programs.

Mr. Kleinschmidt allowed for a few public questions.

Q: Is TRDRP funded solely by tax excises? Should everything go back into the program?

R: Yes.

Q: Will this process undermine what TRDRP is trying to do?

R: Dr. Beckwith went back to the LFP slide to show that TRDRP is one of the best programs in terms of the percent of funding going to research. Nevertheless, he believed that TRDRP can do better and said that they are at the starting point. There will always be changes.

Q: But the question remains when looking at the costs, what are the administrative costs and what are the program costs?

R: When looking at the legislation, the language indicated that the program was designed to be a research program. There are other good aspects of the program.

- Dr. Lemp continued with his presentation describing the proposed Hub and matrix teams. There will be three teams: the Call and Application Team, the Reviewer Communications Team, and the Review Meeting Team. If sequenced, staff will be able to work on each team. Dr. Lemp provided an example timeline for the staggering grants for multiple programs.
- At this time, they are recommending that TRDRP either stay on the current granting timeline or start their next call early.
- In this model the call activities will not overlap, and reviews will be separated with the staggered process.

- At this time, it is not quite clear how the timeline would fit with the programs concerns. The intent is that the programs will begin to move into the Hub as it is being built.
- The LFP has already been launched, but the remaining programs are still in the proposal stage.
- The benefits:
 - Opportunity to create efficiencies of scale.
 - Uniform policies and procedures (shared best practices).
 - Aligns with the overall organizational goals of UCOP.
 - Programs can focus on more strategic programmatic goals.
 - Opportunity for cross training of staff.
- The challenges:
 - Creating a Hub that can respond to existing and future program needs and/or requirements.
 - Building a Hub with maximum flexibility, transparency and accountability.
 - Standardizing practices without compromising programmatic ability to fulfill research mandates.
 - Developing a fair recharge pricing model for varying levels of services for programs.
 - Maintaining critical linkages and communications between program staff and Hub staff.
- Risk management:
 - Need to get buy-in from programs and stakeholders.
 - Need to develop a Hub business plan and determine a process for recharging the costs of services to the participating programs.
 - Need to recruit or appoint qualified individuals to the Hub who have experience in managing and conducting the transactional aspects of application solicitation, processing, and peer-review.
 - Need to conduct periodic assessments of the Hub services and its usefulness as a centralized service for programs.
- Dr. Lemp assumes that TEROC and other advisory councils will want to see these periodic assessments.

Mr. Kleinschmidt allowed for public comment:

- C: It would be helpful to get comments from current TRDRP staff about these proposals.
- Dr. Gardiner stated that the proposal puts staff in a very difficult position. In all fairness, staff have not been involved in the discussion about what should happen to TRDRP. Regarding cost savings; what is being suggested would separate the scientific staff from the administrative staff, and downsize the program. But, they are not sure if this will save money. Having only three to four people left in TRDRP will force us to participate with the Hub. The idea has already been raised amongst the staff that there will be major changes, and that people should start looking for new jobs. While it has not been decided, they are trying to find a new way to operate. While it may have

seemed strong to use the word “dismantling” in a letter, this really is what is going on. While Dr. Gardiner cannot speak for other members of the staff, many staff have left, and others are actively looking to leave. TRDRP is a very well-run program which was nationally and internationally known, and now it is being pulled apart. He also expressed that he knew that we all have to be open to change.

Q: I am trying to get clarification on where the funds are coming from? When we are looking to get cost-savings, we also have to look at maintaining the integrity of the program. There are extra costs to outsourcing and services out. Is there a way to tighten things up within TRDRP? This is a self-sufficient and self-funded program. If there are no current costs to the UCOP, are the changes necessary? It feels like a dismantling and disorganization of a program that is working. This has been self-sufficient for 20 years, and this would break it apart. It might be less cost efficient to make these changes, but there are charges incurred in dismantling a program. This is a unique world-renowned and well-respected program and the proposed changes worry me. We have seen this occur in places like Ohio where the tobacco industry has been successful at dismantling the program.

Q: The Lung Cancer Alliance (the Alliance) is very concerned. TRDRP has functioned very well in the past and the Alliance is worried that lung cancer is severely underfunded already. It was mentioned that TRDRP had the option of whether or not to participate in the Hub program. Who will make this decision? If it turns out that this is not efficient or that the money is not going where it is supposed to go, can TRDRP choose to withdraw?

R: Dr. Beckwith responded that TRDRP was not employed by the UC. But, those who run TRDRP are UC employees. The responsibility of his job is not to look at this as an issue with one program. Dr. Beckwith is tasked with making business practices for all the UCRP programs more efficient. All of these programs are under one roof. Creating one administrative Hub will help a lot of programs.

Q: You did not answer the question. The question is who decides whether or not TRDRP can opt-in or opt-out? TEROC is legislatively charged with making budgetary and programmatic recommendations to the legislature.

R: Dr. Beckwith responded that as long as the TRDRP employees are employees of the UC, then the UC will make these decisions. If TEROC does not want TRDRP as part of this, they have to recommend that TRDRP be removed from the UC.

Q: Are you saying if TEROC does not want TRDRP to be apart of this, then the only choice TEROC has is to determine whether or not they want the TRDRP removed from the UC?

R: Dr. Beckwith stated that he did not know the answer to the question.

- Q: The UC lobbied very hard to get the program in 1989. Earlier, you said that the individual programs would have the option to participate. So who decides whether they opt-in or opt-out? Can you clarify your position?
- R: Dr. Beckwith stated that they are responsible for all research programs under the UC that report to the UCOP. Dr. Beckwith would not be the final decision maker. Possibly the UC President or legislature would make this decision. He did not know.
- Q: When you said "*This is all up in the air,*" what does that mean?
- R: Dr. Beckwith stated that he intended to present a model. If TEROC does not like it, he will share those concerns with the UC President.
- Q: Why were the senior TRDRP staff not brought into this? Why were they placed on administrative leave?
- R: A TRDRP representative was involved, but I will not talk about personnel issues in public meetings. The work teams were put together and three TRDRP members were on different work teams. They participated during the first meeting until they went on administrative leave. Dr. Beckwith stated that he has been involved in organizational change in many jobs in the past. These changes create a great amount of uncertainty. Even if a decision is good for the program, it may not be good for staff. We are trying to involve people as much as possible. You can be skeptical, but this is a very difficult time for people and there will be changes in all programs.
- C: To add to the list of challenges: The UC also needs the support from the people of California. There are large groups of California residents who think that the UC is not responsive to people of color. TRDRP has tried hard to address this in research. The UCOP needs to take into account the impact of these research activities on the people of California. The feeling is that the changes have been made without input from the community. The UCOP needs to see that we are truly involved in the decision making process.
- C: As a new investigator for UCSF, would I be considered a new customer? There is no indication of interaction with researchers. We have been helping to build the culture and relationships in research. And what about the community? What goes on paper looks really good, but when it comes to implementing things in real life, it does not always go well. If we have a program that is working very efficiently, why do we want to change it? We have a mechanism for involving disenfranchised groups, but there is now a lack of transparency on the part of UC. We know how important it is to involve everyone, but you need to include people who you would not assume should be involved.
- C: As faculty at UCSF, I had a grant in the first cycle by TRDRP. You need to understand how much value TRDRP adds to tobacco control. I know that there are places we can increase efficiency, but the people I have worked with over the

years do so much more than just administer grant money. They have public meetings twice a year. The scientific staff of TRDRP is wonderful. They always look for ways to link people together. This is a perfectly legitimate set of goals to cut costs to 5 percent. But, this should not be cut. There have been significant advances due to research done in California that has lead to policy changes.

- C: In addressing TEROC, no matter how you view the costs for administration, TRDRP is by far the most efficient of all programs discussed. I am completely unconvinced that this would not actively harm TRDRP. The idea is different from reality. My proposal for TEROC is to make a recommendation to the UC and legislature that TRDRP be exempt from the changes for two years, and the structure of TRDRP should be kept. Following two years, the UC should come back to TEROC and demonstrate how the Hub works. Then people will not think it is so controversial. This program is world-renowned and envied. But, the UCOP plan reflects a complete lack of understanding on their part. If the UCOP does not accept the two year term, then TEROC should vote to remove TRDRP from the UC. It makes no sense to put two staff from AIDS research in charge of TRDRP. When talking with Larry Gruder, it seems that TRDRP has run pretty well with the three senior scientific staff. Let the two AIDS research staffs return to their program. That would cut the administration costs as well. TRDRP is the best-run of the programs, and it is going to be wrecked. There are places where these programs have been wrecked by the tobacco industry and others that have been wrecked with the best of intentions.
- C: When reviewing the proposal, I am looking at support staff. What is happening is that you will cut off the head of TRDRP or at least weaken it. TRDRP needs people at the top who understand the fight and can fight back. Letting someone who is position is in AIDS research is not good. If it is not broken, do not fix it. We do not want to cut off our heads to save a little money.
- C: I have heard a lot of people talk about work in the community. TRDRP has affected me and my community. I look at the papers published by TRDRP and take them to my community. I do not know what your plans are, or if you are even taking my comments into consideration, but I would not touch TRDRP. This saved my life. TRDRP comes into the community. If it was not for them I would still be smoking.
- C: When TRDRP was first funded, people did not understand what the Ivory Tower had to do with our community programs. Because of TRDRP, people are no longer afraid of research when they go into the community. The American Lung Association has a huge debt to TRDRP. We want everything to stay the same because TRDRP is a model. Imagine that this is a different universe from the one you come from. We come from applied research and applied programs that have changed the world.

R: Dr. Lemp responded by saying that he was obviously the acting director of TRDRP and said it was a shame that they have not had more interaction between the programs. The AIDS research program would have testimonials similar to this. They directly fund researchers, community organizations, and receive \$3-4million per year from California Department of Public Health to carry out scientific work. He wanted to reassure you that Dr. Aoki and he have extensive experience working within the community and want to have the community participate in the process. They are working together to identify and address critical issues and want to reassure you that we have the experience to be directing TRDRP.

R: Dr. Beckwith stated that a big part of the AIDS strategy is to serve underrepresented populations.

TEROC members responded:

C: I am familiar with the culture of UC research. The UC trains graduate students for research. They also train doctors and nurses and community public health people. In this regard, the proposed changes are very important and central to tobacco control. But, we need a structure that allows for TRDRP to work with the UC, but not be swallowed up in other areas and to include community-based participatory research. We need a structure of the research program that allows for transparency and includes advocate support. This is why the legislature established TEROC. The proposed plan would not allow the program to maintain its culture within the setting of the UC, and the tobacco industry would love for us to put all our money into lung cancer research. This is why we are so passionate and committed to making sure that the structure of TRDRP is maintained. We have a political and moral responsibility to make sure that money is efficiently spent. But a goal of five percent from the NIH is the wrong example. We need to be efficient about administration and program. The proposal would take away a big important part of the TRDRP that is necessary to continue to exist.

R: Dr. Beckwith responded by saying he had a lot to learn. He attended the meeting to hear and listen. The UCOP can not do anything unless the people in charge understand what is going on. He appreciated all the comments made. As Dr. Lemp said, the AIDS research program and the Breast Cancer program feel the same, if not stronger about this. He said he was not there to get rid of the program or dismantle it. He is not affiliated with the tobacco industry.

C: TRDRP started in 1989, and many people have been involved since the beginning. TEROC faces a huge adversary in the tobacco industry, and have developed three arms of tobacco control. The fear is that if one gets diminished, the others will also be diminished. Over time, California tobacco control has survived many challenges, including the tobacco industry, a governor emptying the tobacco fund, etc. You are seeing a group of people that are involved at all levels and committed to tobacco control. The concerns are not about the

efficiencies presented. What was not discussed was how the UCOP would maintain the provisions in the California Health and Safety (H&S) Code. How will your proposal affect the H&S Code?

R: Dr. Beckwith stated that all the UCOP is looking at is the people responsible for giving out research grants.

C: But the H&S Code specifies for more than just handing out research grants.

R: Dr. Beckwith said that in terms of staffing, budget, human resources, etc., there will probably be changes to TRDRP soon. But this will not impact the programmatic goal.

C: The perception from the discussion is that Dr. Beckwith is functioning more as an administrator with the intent to cut costs. The intent appears to take a mismanaged system, and retain costs in order to give more grants. But, the lack of transparency is frustrating. Please remember there is a group of constituents who will be impacted by the decisions you and your colleagues have made.

R: Dr. Beckwith said he needed to leave due to other commitments. He thanked TEROC for the meeting, apologized for the lack of transparency, and said he believed they were making progress.

Q: Do you plan on keeping us more informed?

R: Dr. Beckwith said yes.

4. COMMITTEE DISCUSSION:

TEROC members discussed their response. There was a motion that passed unanimously for TEROC to send a letter to the UC President. The letter will:

- Recommend the TRDRP take a two-year moratorium from participating in the new granting structure.
- Request a response on how the proposed granting program will meet the provisions of the California H&S Code concerning TRDRP.
- Ask the UCOP and the UC Regents to affirm their commitment to the TRDRP and to California tobacco control.
- Recommend the UCOP create a search committee and provide regular consultation regarding their progress to hire a permanent director for TRDRP.

The letter will be copied to the legislature, and the various tobacco control voluntary organizations.

TEROC will also contact the TRDRP, Breast Cancer, and AIDS research advisory committees to learn more about their concerns and intended courses of action.

TEROC will seek the opportunity to participate in any future meetings.

5. IMPLICATIONS FOR THE MASTER PLAN:

- There is a risk to put forth a strategy until we know what will happen to TRDRP.
- The MP could say that we do not want to change the program.

- TEROC could identify the necessary elements of a research program and reaffirm the role that TRDRP has played historically.

6. NEXT MEETING:

- The members proposed a new date for the next TEROC meeting. The meeting will be held on Monday, September 8, 2008, in the Oakland area.

Mr. Kleinschmidt adjourned the meeting.