

BETH C. DRAIN, CA CSR NO. 7152

BEFORE THE
COMMUNICATIONS SUBCOMMITTEE OF THE
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE
TO THE
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
ORGANIZED PURSUANT TO THE
CALIFORNIA STEM CELL RESEARCH AND CURES ACT
REGULAR MEETING

LOCATION: VIA ZOOM

DATE: MARCH 9, 2023
9:30 A.M.

REPORTER: BETH C. DRAIN, CA CSR
CSR. NO. 7152

FILE NO.: 2023-09

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MARCH 9, 2023; 9:30 A.M.

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DR. LEVITT: WE ARE READY TO GO? SO THIS IS A CALL TO ORDER FOR THE MARCH 9, 2023, COMMUNICATION SUBCOMMITTEE. I AM NOT YSABEL AS YOU CAN TELL. SHE'S ON HER WAY TO WASHINGTON, D.C. FOR AN IMPORTANT MEETING. AND SO I'VE STEPPED IN, AND HOPEFULLY I WON'T DO IT TOO OFTEN.

SO I THINK WE ARE READY FOR THE ROLL CALL.

MR. TOCHER: GREAT. GEORGE BLUMENTHAL.

DR. BLUMENTHAL: PRESENT.

MR. TOCHER: MARIA BONNEVILLE.

MS. BONNEVILLE: PRESENT.

MR. TOCHER: LEONDRA CLARK-HARVEY. YSABEL DURON.

MS. DURON: I'M UNMUTING. THANK YOU, PAT, FOR STEPPING IN. I'M IN THE LOUNGE, THE LOUNGE ON THE WAY, AND SO I DIDN'T WANT TO INTERFERE WITH THE PROGRESS OF THE MEETING. THANK YOU FOR STEPPING IN.

DR. LEVITT: MY PLEASURE.

MR. TOCHER: LARRY GOLDSTEIN.

DR. GOLDSTEIN: HERE.

MR. TOCHER: JIM KOVACH.

DR. KOVACH: PRESENT.

MR. TOCHER: PAT LEVITT.

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DR. LEVITT: PRESENT.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: PRESENT.
MR. TOCHER: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: PRESENT.
MR. TOCHER: LAUREN MILLER-ROGEN.
MS. MILLER-ROGEN: HERE.
MR. TOCHER: AND JONATHAN THOMAS.
CHAIRMAN TORRES: HERE.
MR. TOCHER: GREAT. THANKS VERY MUCH.

PAT.

DR. LEVITT: SO WE HAVE THREE DISCUSSION
ITEMS TO COVER AT THIS MEETING. AND THE FIRST ONE
UP IS AN UPDATE ON COMMUNITY OUTREACH PLAN. AND
ESTEBAN CORTEZ AND KATIE SHARIFY ARE GOING TO BE
PRESENTING.

MS. SHARIFY: THANK YOU, PAT. GOOD
MORNING, EVERYONE. AND THANK YOU FOR BEING HERE
TODAY FOR THIS COMMUNICATIONS SUBCOMMITTEE MEETING.
WE'VE GOT A WHOLE LOT TO COVER. THERE'S A LOT OF
PROGRESS. WE ARE SUPER EXCITED TO SHARE THEM WITH
YOU. SO WITHOUT ANY MORE HESITATION, LET'S DIVE
RIGHT IN. IF YOU HAVE ANY QUESTIONS OR COMMENTS,
PLEASE DO LET ME KNOW.

AS ALWAYS, WE START WITH OUR MISSION

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1 STATEMENT. OUR MISSION IS ACCELERATING WORLD-CLASS
2 SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE
3 MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A
4 DIVERSE CALIFORNIA AND WORLD. NEXT SLIDE PLEASE.

5 JUST A LITTLE QUICK REINTRODUCTION. MY
6 NAME IS KATIE SHARIFY. I'M THE COMMUNICATIONS TEAM
7 COORDINATOR, AND MY COLLEAGUE, ESTEBAN CORTEZ, WHO
8 IS OUR DIRECTOR OF MARKETING AND COMMUNICATIONS.
9 OUR TEAM IS RESPONSIBLE FOR COMMUNICATING OUR
10 MISSION THROUGH STORIES, SCIENCE BLOGS, SOCIAL MEDIA
11 POSTS, AS WELL AS CONDUCTING OUTREACH, AND
12 SUPPORTING OUR PATIENT ADVOCATES, ANSWERING ANY AND
13 ALL PERTINENT QUESTIONS. NEXT SLIDE PLEASE.

14 I ALSO WANTED TO TAKE JUST A MOMENT TO
15 RECOGNIZE THAT ALL THE WORK WE ARE DOING TODAY IS
16 THANKS TO KEVIN MCCORMACK'S GUIDANCE. KEVIN'S
17 PASSING HAS BEEN A HUGE LOSS TO OUR TEAM. AND TO ME
18 ESPECIALLY, KEVIN WAS MY MENTOR FOR THE LAST 11
19 YEARS AND THE REASON WHY I'M AT CIRM TODAY. SO I
20 REALLY HOPE THAT WE CAN CONTINUE THE GREAT WORK THAT
21 HE DID, IN PARTICULAR, IN OUTREACH AND ENGAGING WITH
22 OUR PATIENTS AND PATIENT ADVOCATES.

23 SO WITH ALL THAT SAID, NEXT SLIDE. I'M
24 GOING TO HAND IT OVER TO ESTEBAN, WHO'S GOING TO
25 GIVE YOU AN UPDATE ON ALL THE INCREDIBLE WORK THAT

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1 WE'VE BEEN DOING SINCE LAST WE MET. ESTEBAN.

2 MR. CORTEZ: THANK YOU, KATIE. AND THANK
3 YOU, EVERYONE, FOR BEING HERE TODAY. WE ARE REALLY
4 LOOKING FORWARD TO SHARING A LOT OF THE PROGRESS
5 THAT WE'VE MADE OVER THE PAST YEAR REALLY. AND JUST
6 A VERY QUICK RECAP. THE LAST TIME THAT WE MET, WE
7 INTRODUCED A COMMUNICATIONS PLAN AND STRATEGY,
8 WHICH, OF COURSE, INCLUDED SEVERAL COMPONENTS WHICH
9 WAS SOCIAL MEDIA STRATEGY, PATIENT ADVOCACY
10 STRATEGY. AND REALLY IN PARTICULAR WE SET TWO HIGH
11 LEVEL GOALS WHICH ARE HERE ON THE SCREEN. BUT TODAY
12 WE'RE GOING TO HIGHLIGHT SOME OF THE WORK THAT WE'VE
13 DONE ON THE COMMUNITY OUTREACH SIDE.

14 AND JUST A REMINDER OF THAT GOAL WAS THAT
15 WE WANTED TO CONTINUE TO WORK WITH THE PATIENT
16 ADVOCATES AND ALSO WORK WITH COMMUNITY-BASED
17 ORGANIZATIONS TO RAISE AWARENESS ABOUT CIRM,
18 REGENERATIVE MEDICINE, OUR WORK, AND OUR PROGRAMS.

19 SO WITH THAT, WE ARE JUST GOING TO GET
20 RIGHT INTO SOME OF THE WORK THAT WE'VE BEEN DOING
21 AND HIGHLIGHT SOME OF THAT. SO AS A REMINDER,
22 THROUGH THE COMMUNITY OUTREACH PLAN, WE SAID THAT WE
23 WANT TO HAVE CONVERSATIONS AND REALLY START TO
24 PARTNER WITH COMMUNITY-BASED ORGANIZATIONS. BUT
25 FIRST, BEFORE WE CAN PARTNER WITH THEM AND START TO

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1 DELIVER SOME OF THE SERVICES, WE WANTED TO LEARN
2 MORE ABOUT THE NEEDS OF THEIR COMMUNITIES. WHAT IS
3 IT THAT WE AS AN AGENCY CAN OFFER THOSE COMMUNITIES?
4 WE FIND A LOT OF UNDERREPRESENTED COMMUNITIES AS
5 WELL. AND JUST TO GIVE A VERY BRIEF HIGHLIGHT OF
6 SOME OF THE CONVERSATIONS THAT WE'VE HAD, THIS IS
7 JUST A VERY QUICK SNAPSHOT OF SOME OF THE TYPES OF
8 ORGANIZATIONS THAT WE HAVE REACHED OUT TO REALLY GET
9 THEIR INPUT.

10 JUST TO HIGHLIGHT A COUPLE, KATIE AND I
11 ACTUALLY HAD A FACE-TO-FACE CONVERSATION WITH AN
12 ORGANIZATION OVER IN SACRAMENTO CALLED THE
13 SACRAMENTO CHINESE COMMUNITY SERVICE CENTER, WHICH
14 SERVES YOUTH IN THE SACRAMENTO AREA. AND ONE OF THE
15 REASONS THAT WE REACHED OUT TO THIS ORGANIZATION IS
16 THEY ACTUALLY HAVE A STEM INITIATIVE. SO THEY PUT A
17 LOT OF EMPHASIS ON SCIENCE THROUGH THEIR AFTER
18 SCHOOL PROGRAMS. AND WE REALLY JUST ASKED THEM. WE
19 SAW THAT YOU HAVE THIS STEM INITIATIVE. WHAT IS IT
20 THAT WE AS AN ORGANIZATION CAN POTENTIALLY PROVIDE
21 IN YOUR COMMUNITIES?

22 AND WE LEARNED THAT THEY REALLY SEEK
23 THINGS LIKE MENTORSHIPS. THERE ARE A LOT OF
24 OPPORTUNITIES FOR US TO BRING SERVICES TO SCHOOLS
25 AND ALSO FOR THEM TO BRING SERVICES TO US.

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1 SO PART OF AFTER SCHOOL ACTIVITIES THAT WE
2 CAN POTENTIALLY PROVIDE, WE CAN WORK WITH TEAMS HERE
3 AT CIRM TO TRY TO COME UP WITH THOSE ACTIVITIES AND
4 BRING THEM OVER TO THESE COMMUNITIES.

5 ANOTHER EXAMPLE OF SOME CONVERSATIONS
6 WE'VE BEEN HAVING ARE WITH ROTARY CLUBS. ROTARY
7 CLUBS PUT A LOT OF EMPHASIS ON COMMUNITY BUILDING.
8 SO WE FOUND THAT THERE'S A LOT OF ENTHUSIASM THERE
9 FOR US TO SHARE SOME OF THE WORK THAT WE ARE DOING
10 IN WORKFORCE DEVELOPMENT. WHAT IS IT WE ARE DOING
11 TO IMPROVE COMMUNITIES? AND THAT REALLY OPENS UP
12 THE OPPORTUNITY TO TALK ABOUT WHAT ARE THE
13 EDUCATIONAL PROGRAMS THAT WE HAVE, INTERNSHIP
14 OPPORTUNITIES. HOW IS IT THAT WE ARE BUILDING THE
15 WORKFORCE IN CALIFORNIA AND IN LOCAL COMMUNITIES.
16 AND THERE'S ALSO JUST A LOT OF ENTHUSIASM FOR
17 LEARNING ABOUT THE SCIENCE AND THE RESEARCH THAT WE
18 FUND.

19 SO THIS IS JUST A SNAPSHOT OF SOME OF THE
20 CONVERSATIONS THAT WE'VE BEEN HAVING. WE HAVE HAD
21 DOZENS OF CONVERSATIONS FACE-TO-FACE, VIRTUAL, IN
22 PERSON AS WELL. WE'RE GOING TO BE HIGHLIGHTING SOME
23 OF THE LISTENING SESSIONS THAT WE'VE DONE THROUGHOUT
24 THE STATE SHORTLY. BUT SOME OF THE KEY TAKEAWAYS
25 THAT WE'VE FOUND IN THESE CONVERSATIONS IS THAT

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1 THERE IS A LOT OF ENTHUSIASM FROM PATIENT ADVOCATES,
2 SCIENCE, AND EDUCATION FOCUSED ORGANIZATIONS.
3 THERE'S ALSO A LOT OF INTEREST IN LEARNING ABOUT
4 REGENERATIVE MEDICINE AND THE AGENCY. A LOT OF
5 PEOPLE ARE REALLY CURIOUS ABOUT WHAT IT IS THAT WE
6 DO IF THEY'RE NOT ALREADY FAMILIAR WITH OUR
7 INITIATIVE THAT IS IN YOUR MISSION.

8 WE'VE ALSO FOUND THAT THERE'S A LOT OF
9 SUCCESS IN CONNECTING WITH ORGANIZATIONS THAT HAVE
10 SIMILAR MISSIONS OR INITIATIVES, THE PREVIOUS
11 EXAMPLE BEING ONE OF THEM WHO HAD A STEM INITIATIVE.
12 AND ONE OF THE THINGS THAT HAS ALSO BEEN REALLY
13 HELPFUL IS THAT HAVING AN ESTABLISHED COMMUNITY
14 MEMBER OR LEADER SUPPORTING US AND MAKING THAT
15 CONNECTION, THAT'S BEEN VERY HELPFUL AS WELL.

16 AND THEN JUST ANOTHER TAKEAWAY IS THAT IN
17 SEEKING EVENTS THAT WE CAN GO OUT THERE AND HAVE
18 THOSE FACE-TO-FACE CONVERSATIONS REALLY ESTABLISH A
19 PRESENCE IN COMMUNITIES IS THAT A LOT OF EVENTS
20 STILL REMAIN POSTPONED IN 2022, BUT WE ARE SEEING
21 THAT THIS YEAR A LOT OF THEM ARE RESUMING SCIENCE
22 FAIRS, THOSE COMMUNITY EVENTS. THOSE ARE STARTING
23 TO PICK UP AGAIN.

24 SO WE REALLY SEE LOTS OF OPPORTUNITIES TO
25 GET BACK OUT THERE INTO THE COMMUNITY, ESTABLISH

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1 THAT PRESENCE, ALSO TO PARTNER WITH CIRM TEAMS, WITH
2 PATIENT ADVOCATES, AGAIN, TO REALLY DEVELOP MORE
3 ENGAGING ACTIVITIES TO GO OUT THERE AND REALLY
4 SPREAD THE MESSAGE AND SPREAD CIRM'S IMPACT. SO
5 THAT'S JUST A -- THOSE ARE JUST SOME OF THE
6 TAKEAWAYS THAT WE'VE SEEN IN DOING SOME OF THIS
7 OUTREACH.

8 MS. SHARIFY: THANK YOU, ESTEBAN.

9 SO IN ADDITION TO THE OUTREACH THAT WE ARE
10 DOING TO CBO'S AND CLUBS, WE ALSO CONTINUE TO DO
11 OUTREACH THROUGH OUR SOCIAL MEDIA PLATFORMS, OF
12 COURSE. IF YOU RECALL, AT THE LAST MEETING WE
13 ACTUALLY SHARED OUR SOCIAL MEDIA STRATEGY. AND
14 WE'VE SEEN A LOT OF GROWTH SINCE IMPLEMENTING IT.
15 WE IMPLEMENTED A TRACKING METHOD. WE ARE TRACKING
16 THE METRICS WHICH HAVE REALLY HELPED US IDENTIFY THE
17 BEST WAYS TO GET OUR MESSAGE OUT TO TELL OUR STORY
18 THROUGH WHICH PLATFORM AND IN WHAT WAY. WE ARE
19 USING KNOWN AND EFFECTIVE SOCIAL MEDIA STRATEGIES
20 AND REALLY SHIFTED THE WAY WE HIGHLIGHT OUR
21 PROGRAMS, THE RESEARCH, THE SCIENTISTS THAT WE FIND.

22 WE ARE DOING A LOT MORE STORYTELLING, IF
23 YOU WOULD NOTICE, WHERE WE'VE BEEN POSTING SOME
24 STUFF IN SPANISH. WE ARE REACHING OUT TO OUR
25 STUDENTS ASKING THEM TO SHARE THEIR PERSONAL

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1 STORIES, WHICH REALLY RESONATES WITH AUDIENCES,
2 PARTICULARLY ON INSTAGRAM, FOR EXAMPLE, WHERE WE
3 HAVE -- WE KNOW THAT THERE IS A YOUNGER AUDIENCE
4 USER BASE.

5 SO, FOR EXAMPLE, ON THE LEFT, THAT'S
6 ACTUALLY AN EXAMPLE OF ONE OF THESE INSTAGRAM POSTS.
7 ONE OF OUR BRIDGES SCHOLARS, AALIYAH STAPLES-WEST --
8 THIS IS ACTUALLY ONE OF MY FAVORITES -- SHE HEARD
9 ABOUT OUR BRIDGES PROGRAM THROUGH OUR INSTAGRAM
10 POSTS. AND SHE NEVER SAW HERSELF IN THE
11 REGENERATIVE MEDICINE FIELD, AND NOW SHE WORKS IN
12 BIOTECH. SO THESE ARE THE STORIES THAT ARE A SOURCE
13 OF INSPIRATION THAT WE HOPE WE CAN SHARE THROUGH OUR
14 INSTAGRAM.

15 WE ALSO, SIMILARLY, SHIFTED THE WAY WE ARE
16 TELLING STORIES ABOUT OUR RESEARCH AND THE
17 RESEARCHERS AND THE SCIENCE THAT WE FUND. SO THAT
18 IS NOT JUST US SAYING, OKAY, WE GAVE THIS AMOUNT OF
19 MONEY TO THIS RESEARCHER. NO. WE WANT TO TELL THE
20 STORY FROM THEIR PERSPECTIVE TO PUT A FACE TO THAT
21 NAME AND TO TAG THE RESEARCHER, TAG THE INSTITUTION,
22 HOPEFULLY HAVE THEM SHARED WITH THEIR NETWORK AND
23 GET MORE EYES ON THOSE POSTS. AND THAT'S WHAT YOU
24 SEE ON THE RIGHT, ONE OF THE RESEARCHERS THAT WE
25 HAVE INVESTED IN THEIR WORK FOR A VERY LONG TIME,

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1 DR. LILI YANG AT UCLA.

2 AND WE ALSO TOOK ON DIFFERENT FORMATS IN
3 THE WAY WE TELL STORIES. SO, FOR EXAMPLE, THE POST
4 IN THE MIDDLE IS A SWIPE THROUGH POST, WHICH IS A
5 REALLY ENGAGING WAY OF SHARING UPDATES ABOUT OUR
6 CLINICAL WORK, ANYTHING THAT CAN SORT OF BE WRAPPED
7 UP IN A SENTENCE PER SLIDE SO IT'S VERY EASY TO
8 CONSUME AND REALLY EASY TO UNDERSTAND.

9 AND I'M GOING TO PASS IT OVER TO ESTEBAN,
10 WHO'S GOING TO GIVE YOU SOME OF THOSE SOCIAL MEDIA
11 STATS.

12 MR. CORTEZ: THANK YOU SO MUCH, KATIE.

13 AND AGAIN, JUST TO REITERATE WHAT'S BEING
14 SAID, I THINK ONE OF THE REASONS WE'VE SEEN SO MUCH
15 GROWTH IS THAT WE ARE TRYING THESE TACTICS THAT ARE
16 PROVEN AND THAT ARE TESTED. AND I REALLY WANT TO
17 ALSO RECOGNIZE KATIE FOR IMPLEMENTING A TRACKING
18 SYSTEM, WHICH HAS ALLOWED US TO DO THAT. I WON'T GO
19 INTO ALL OF THESE IN DETAIL, BUT THIS IS JUST A
20 SNAPSHOT OF SOME OF THE GROWTH THAT WE'VE SEEN.
21 WE'VE SEEN A LOT OF GROWTH ACROSS PLATFORMS LIKE
22 INSTAGRAM, LINKEDIN, AND TWITTER IN PARTICULAR.

23 ON TWITTER, FOR EXAMPLE, WE'VE ACTUALLY
24 SEEN A LOT OF INCREASE IN OUR ENGAGEMENT. AND
25 THERE'S JUST SOME NUMBERS THERE FOR REFERENCE. AND

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1 LINKEDIN, WE'VE ALSO SEEN LOTS OF GROWTH. WE'VE
2 ACTUALLY MORE THAN DOUBLED OUR FOLLOWERS IN A
3 SIX-MONTH PERIOD. BIG INCREASE IN THE AMOUNT OF
4 PEOPLE THAT SEE OUR CONTENT IN THEIR FEEDS. AND,
5 AGAIN, WE ARE SEEING THAT BECAUSE WE REALLY ARE
6 LOOKING AT THE AUDIT THAT WE DID, AND WE ARE LOOKING
7 AT THE TYPES OF CONTENT THAT REALLY IS MORE ENGAGING
8 ACROSS THESE CHANNELS. SO THAT'S JUST BEEN REALLY
9 GREAT TO SEE THAT.

10 AND IN ADDITION TO THAT SOCIAL MEDIA
11 OUTREACH AND THOSE CONVERSATIONS THAT WE'VE BEEN
12 HAVING, I DO ALSO JUST WANT TO RECOGNIZE THAT WE ARE
13 STILL CONTINUING TO GO OUT THERE INTO COMMUNITIES
14 AND GIVE PRESENTATIONS, PARTICIPATE IN EVENTS. I'M
15 NOT GOING TO GO INTO ALL OF THESE IN DETAIL, BUT
16 THIS IS JUST A SNAPSHOT OF SOME OF THE EVENTS THAT
17 THE COMMUNICATIONS TEAM HAS PLAYED A PART IN. AND
18 THIS IS JUST THAT SNAPSHOT. I DO ALSO WANT TO
19 RECOGNIZE OUR OTHER TEAMS, MARIA MILLAN, OUR
20 PRESIDENT, THE THERAPEUTICS TEAM, THE SCIENCE TEAMS,
21 AND THE BUSINESS DEVELOPMENT TEAM, BECAUSE THEY GO
22 OUT THERE AS WELL, AND THEY ARE ALSO ATTENDING
23 CONFERENCES, GIVING PRESENTATIONS ON A WEEKLY BASIS.
24 SO THIS SNAPSHOT HERE DOESN'T INCLUDE THOSE EVENTS
25 THAT THEY'RE DOING TO SCIENCE COMMUNITIES.

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1 AND THEN JUST TO HIGHLIGHT SOME OF THOSE
2 EVENTS, THIS IS JUST A VISUAL REPRESENTATION OF SOME
3 OF THE EVENTS WE'VE DONE IN THE PAST YEAR. OVER
4 THERE ON THE UPPER LEFT, THAT'S THE BAY AREA LEAD
5 SUMMER CAMP, WHICH IS A SCIENCE ACADEMY, WHERE WE
6 WENT OUT AND PRESENTED ABOUT OUR EDUCATION AND
7 INTERNSHIP OPPORTUNITIES. WE ALSO GAVE GENERAL
8 TALKS ABOUT STEM CELL AWARENESS.

9 THERE IN THE CENTER WE'VE GOT THE SAN
10 FRANCISCO PRIDE PARADE MARCH. I WAS VERY EXCITED TO
11 PARTICIPATE IN THAT. IT WAS MY FIRST TIME, AND IT
12 WAS REALLY GREAT TO HAVE MY TEAM JOIN US IN THIS AND
13 REALLY JUST ESTABLISH A PRESENCE IN THAT COMMUNITY.
14 SEEING THOUSANDS OF PEOPLE ALONG THE SIDELINES, NOT
15 JUST FROM THE BAY AREA, BUT FROM ALL OVER THE WORLD.
16 IT'S ONE OF THE BIGGEST PRIDE PARADES. SO REALLY
17 JUST TO BE ABLE TO SHOW WHAT IT IS THAT WE INVEST IN
18 FOR CALIFORNIA WAS REALLY GREAT.

19 WE'VE GOT SOME LISTENING SESSION PHOTOS
20 THERE, SOME BREAKFAST CLUBS, AND OVER THERE ON THE
21 LEFT WE'VE GOT A ROTARY CLUB AS WELL. AGAIN, JUST
22 WANTED TO RECOGNIZE THAT THIS IS SOMETHING THAT WE
23 ARE CONTINUING TO DO AND WE WILL CONTINUE TO DO AS
24 WELL, CONTINUE TO SEEK THOSE OPPORTUNITIES.

25 MS. SHARIFY: I SEE YSABEL HAS HER HAND

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1 RAISED. I WANT TO GIVE HER AN OPPORTUNITY TO MAKE A
2 COMMENT OR IF SHE HAS A QUESTION. YSABEL.

3 MS. DURON: YES. THANK YOU. CAN YOU HEAR
4 ME?

5 MS. SHARIFY: YES.

6 MS. DURON: GOOD. IT'S A BURNING
7 QUESTION. THAT'S WHY I RAISED IT EARLY. I THINK
8 YOU GUYS ARE DOING GREAT. I REALLY APPRECIATE THE
9 STORY TELLING AND THE INCREASES IN ALL OF OUR SOCIAL
10 MEDIA. I ALSO WANT TO RAISE A QUESTION OF CONCERN
11 THAT WE NEED TO THINK ABOUT IN TERMS OF EITHER
12 DEVELOPING A POLICY OR BEING PARTICULARLY CAREFUL
13 BECAUSE WE KNOW SOCIAL MEDIA CAN BE A WONDERFUL
14 COMMUNICATOR, BUT IT CAN ALSO BE USED AND ABUSED BY
15 PEOPLE WHO WISH TO DO MISCHIEF.

16 SO I'M WONDERING IF WE ARE PAYING CLOSE
17 ATTENTION TO COMMENTS. ARE WE PAYING -- HAVE WE
18 CREATED THE POLICY AROUND HOW TO DEAL WITH DIFFERENT
19 ISSUES? TWITTER BECOMES ONE OF THOSE THAT IS
20 BECOMING PROBLEMATIC, AND DO WE WANT TO STAY IN
21 THERE? OTHER PEOPLE ARE LEAVING BECAUSE OF THE
22 CONCERNS. I THINK IT'S SOMETHING THAT WE NEED TO
23 CONSIDER SO THAT WE DO NO HARM AND NO HARM IS DONE
24 TO CIRM AND ALL OF THE WONDERFUL PEOPLE, THE
25 INVESTIGATORS, THE STUDENTS WHO ARE TRYING TO WORK

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1 WITH US TO GET OUR MESSAGE OUT. ANY THOUGHTS ON
2 THAT?

3 MR. CORTEZ: YSABEL, I CAN ADDRESS THAT.
4 TO ANSWER YOUR QUESTION ABOUT WHETHER THERE'S A
5 POLICY, WE DO HAVE PROCEDURES. I MONITOR OUR
6 COMMENTS. OUR TEAM DOES MONITOR ANY COMMENTS OR
7 MESSAGES. AND WE DO OUR BEST TO RESPOND TO ALL OF
8 THOSE. IN SOME CASES THEY ARE SEEKING INFORMATION,
9 AND WE RESPOND IN A TIMELY MANNER.

10 I DO AGREE THAT THAT COULD BE SOMETHING
11 THAT CAN BE IMPLEMENTED INTO A CRISIS COMMUNICATION
12 PLAN. WE ARE DEFINITELY CONSIDERING THAT. THAT IS
13 SOMETHING THAT CAN HAPPEN. WE DO HAVE A CRISIS
14 COMMUNICATION PLAN, BUT PERHAPS GOING A LITTLE BIT
15 FURTHER INTO DEVELOPING ONE FOR SOCIAL MEDIA, I
16 THINK, IS A REALLY GREAT IDEA. SO THANK YOU FOR
17 THAT SUGGESTION.

18 MS. SHARIFY: THANK YOU, YSABEL.

19 CAN YOU GO TO THE NEXT SLIDE PLEASE,
20 ESTEBAN. THANK YOU.

21 SO IN ADDITION TO EVERYTHING THAT ESTEBAN
22 WAS TALKING ABOUT, OUTREACH THAT WE DO AS THE
23 COMMUNICATIONS TEAM, THE OUTREACH THAT CIRM TEAMS
24 DO, WE ACTUALLY HAVE OUR STUDENTS WHO DO A LOT OF
25 OUTREACH ON OUR BEHALF. AND THAT'S BECAUSE

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1 COMMUNITY OUTREACH IS ACTUALLY A COMPONENT OF ALL
2 CIRM EDUCATIONAL PROGRAMS.

3 SOME OF THE EXAMPLES OF THESE PLACES THAT
4 OUR STUDENTS GO TO TO DO OUTREACH ON OUR BEHALF IS
5 LIKE STEM SATURDAYS, BOOTHS AT COMMUNITY FAIRS AND
6 SCIENCE FAIRS. AND ALSO ALL OUR STUDENTS ARE QUITE
7 YOUNG. THEY ALL HAVE SOCIAL MEDIA. THEY'RE VERY
8 ACTIVE. AND SO THEY SHARE POSTS ABOUT THE WORK THAT
9 THEY DO, WHICH IS A GREAT WAY OF GETTING OUR NAME
10 OUT AND THE WORK THAT WE DO TO THEIR NETWORK OF
11 STUDENTS. AND ALSO HAVING THEM ENGAGE WITH OUR
12 CONTENT IS VERY HELPFUL IN US CONDUCTING OUTREACH.
13 NEXT.

14 MR. CORTEZ: THANK YOU, KATIE. AND
15 CONSIDERING THAT STUDENTS ARE DOING OUTREACH ON OUR
16 BEHALF, WE THOUGHT IT WOULD BE SO IMPORTANT TO GO
17 OUT THERE AND HAVE CONVERSATIONS WITH SOME OF THESE
18 STUDENTS AND REALLY JUST LEARN WHAT IS IT THAT CIRM
19 CAN PROVIDE TO YOU TO HELP YOU AND SUPPORT YOU IN
20 DOING YOUR OUTREACH AND REALLY JUST HEARING THEIR
21 EXPERIENCES IN DOING OUTREACH.

22 KATIE AND I WERE ACTUALLY VERY FORTUNATE
23 TO ATTEND THE BRIDGES CONFERENCE IN SAN DIEGO THIS
24 PAST YEAR FOR THE FIRST TIME. AND I THINK THAT
25 FACE-TO-FACE INTERACTION WITH STUDENTS WAS REALLY

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1 HELPFUL IN HELPING US COMING UP WITH NEW IDEAS. AND
2 JUST HAVING THOSE CONVERSATIONS, SOME ONE-ON-ONE'S,
3 WE JUST REALLY FOUND THAT THERE'S A LOT OF
4 ENTHUSIASM TO GO OUT THERE AND ENGAGE WITH
5 COMMUNITIES. A LOT OF THEM, THEY REALLY JUST DO
6 THAT, AND THEY ENJOY DOING THAT.

7 A LOT OF THE EDUCATIONAL PROGRAM STUDENTS
8 ARE ALSO SEEKING MENTORSHIP OPPORTUNITIES. THEY
9 WOULD LIKE TO CONNECT WITH PAST ALUMNI, FOR EXAMPLE.
10 THAT'S ONE THING THAT WE HEARD THROUGH OUR SPARK
11 PROGRAM, OUR BRIDGES PROGRAM. WE ALSO FOUND THAT
12 SOME STUDENTS WOULD FIND IT VERY HELPFUL TO HAVE
13 TEMPLATES AND GUIDANCE ON DOING COMMUNITY OUTREACH,
14 SOME IDEA SHARING. WE ALSO FOUND THAT SOME OF THEM
15 DO FIND SCIENCE COMMUNICATION CHALLENGING AS WELL.
16 AND THEY'RE ALSO JUST REALLY LOOKING FOR NETWORKING
17 OPPORTUNITIES THROUGHOUT OUR PROGRAMS.

18 SO WITH THAT, SOME POTENTIAL ACTION ITEMS
19 THAT WE ARE ALREADY CONSIDERING AND WILL BE
20 IMPLEMENTING AN ALUMNI NEWSLETTER FOR OUR
21 EDUCATIONAL PROGRAMS SO THAT WE CAN CONTINUE TO
22 SHARE IDEAS. WE ALSO WILL BE DEVELOPING SOME TOOL
23 KITS, SOME MESSAGING WHICH WE'LL BE SHARING SHORTLY.
24 SO IT'S REALLY GREAT THAT THERE IS SO MUCH
25 ENTHUSIASM THERE, AND WE JUST REALLY THINK THAT WE

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1 CAN CONTINUE TO TAP INTO THESE STUDENTS SO THAT THEY
2 CAN CONTINUE TO DO THAT OUTREACH ON OUR BEHALF.

3 AND NEXT I'M GOING TO PASS IT ON TO GEOFF
4 LOMAX --

5 MS. BONNEVILLE: I THINK J.T. HAS HIS HAND
6 RAISED.

7 MR. CORTEZ: J.T.

8 CHAIRMAN THOMAS: THANKS, ESTEBAN. AND
9 BOTH OF YOU, THIS IS AN EXCELLENT PRESENTATION AND
10 WONDERFUL WORK.

11 ON THE SUBJECT OF EDUCATING STUDENTS, I
12 THINK WE TALKED BEFORE AT ONE POINT. I'VE GONE OUT
13 AND GIVEN TALKS TO A NUMBER OF STUDENT GROUPS,
14 PARTICULARLY AP BIOLOGY COURSES AT VARIOUS SCHOOLS.
15 AND I FOUND THAT THAT'S A GREAT WAY OF REACHING A
16 WHOLE NEW SET OF POTENTIAL STEM CELL ENTHUSIASTS
17 BECAUSE IT'S NOT SOMETHING THAT THEY GET A WHOLE LOT
18 OF IN THEIR CLASS. THEY GET SORT OF REFERENCED
19 SOMEWHAT FLEETINGLY, BUT THEY ARE UNFAILINGLY
20 INTERESTED IN THE SUBJECT MATTER.

21 SO MY SUGGESTION IS, IN ADDITION TO US
22 DOING THAT, I WOULD STRONGLY RECOMMEND THAT WE
23 TRYING TO ENLIST EITHER GRANTEES OR BRIDGES ALUMNI
24 OR WHATEVER TO PUT TOGETHER A PROGRAM WHERE WE HAVE
25 A TEAM OF PEOPLE THAT WILL GO OUT ACROSS THE STATE

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1 TO HIGH SCHOOLS AND TO TALK TO THE STUDENTS ABOUT
2 THE FIELD AND OBVIOUSLY REFERENCING CIRM IN THE
3 PROCESS, WHICH WILL FURTHER EDUCATE THE PUBLIC ON
4 THAT. BUT IT'S A GREAT WAY TO REACH QUITE A FEW
5 KIDS AROUND THE STATE. AND I THINK WE WILL SEE THAT
6 THAT WILL PAY DIVIDENDS IN GENERATING INTEREST FOR
7 THEM AS WE CONTINUE ALONG.

8 MR. CORTEZ: THANK YOU, J.T. IT'S A
9 WONDERFUL SUGGESTION.

10 MS. BONNEVILLE: PAT HAS HIS HAND RAISED.

11 MR. CORTEZ: PAT.

12 DR. LEVITT: YEAH. SO IN A WAY FOLLOWING
13 UP FROM WHAT J.T. SAYS, THE THING THAT CAME TO MIND
14 AS I WAS GOING THROUGH THE MATERIALS -- AND
15 CONGRATULATIONS. THIS IS A VERY HEAVY LIFT. AND WE
16 ALL KNOW HOW CHALLENGING IT IS. AND YOU HAVE ONE OF
17 THE BULLETS HERE, SOME STUDENTS FIND SCIENCE
18 COMMUNICATION CHALLENGING. I CAN TELL YOU MOST
19 PEOPLE FIND SCIENCE COMMUNICATION CHALLENGING, NOT
20 JUST STUDENTS.

21 BUT THE OTHER TARGET, I THINK, WOULD BE
22 COMMUNITY COLLEGES. WE HAVE SEVERAL HUNDRED IN
23 CALIFORNIA, AND THEY HAVE CURRICULA THAT ARE
24 PREPARING LOTS OF STUDENTS FOR MOVING TO FOUR-YEAR
25 COLLEGES OR TO MOVE TO HEALTH PROFESSIONAL TRAINING,

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1 VOCATIONAL PROGRAMS. THEM GETTING FAMILIAR --
2 BECOMING FAMILIAR WITH THE ACTIVITIES THAT CIRM
3 SUPPORTS, I THINK, IS REALLY IMPORTANT. AND IT'S A
4 VERY, VERY LARGE POPULATION OF STUDENTS THAT ATTEND
5 COMMUNITY COLLEGES IN CALIFORNIA. CALIFORNIA IS THE
6 LARGEST COMMUNITY COLLEGE SYSTEM IN THE UNITED
7 STATES.

8 THE OTHER COMMENT I HAVE IS I LOOKED AT
9 SOME OF THE POSTING, AN EXAMPLE OF THE POSTING. I
10 FOUND THE POSTING IS FINE, BUT THE LANGUAGE IS
11 COMPLICATED. AND I THINK -- AND I LOOKED AT THE
12 WEBSITE A LOT. AND ONE OF THE THINGS THAT I THINK
13 WILL BE FABULOUS AS YOU'RE DEVELOPING YOUR TOOL KIT
14 IS TO WORK WITH SOME COMMUNICATIONS PEOPLE IN THIS
15 AREA TO SORT OF FIGURE OUT THE KINDS OF METAPHORS
16 AND GRAPHICS THAT WOULD REALLY RESONATE WITH THE
17 PUBLIC IN PARTICULAR ABOUT THIS.

18 AND I THINK THAT THERE'S NOTHING WRONG
19 WITH THE DESCRIPTIONS THAT ARE ON THE WEBSITE OR
20 THAT WE USE IN TERMS OF OUR PRESENTATIONS, BUT IT'S
21 A LITTLE BIT SOMETIMES NOT ACCESSIBLE. AND
22 METAPHORS ARE FAMOUS FOR BEING ABLE TO BREAK DOWN
23 THOSE BARRIERS TO UNDERSTAND COMPLICATED THINGS.
24 THEY'RE NOT THE MOST STRAIGHTFORWARD TO DEVELOP, BUT
25 ALL OF YOU HAVE HEARD ABOUT -- ALL OF YOU HAVE HEARD

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1 THE TERM "TOXIC STRESS," RIGHT. FIRST FIVE IS USING
2 IT NOW IN CALIFORNIA IN ALL THEIR ADS. IT'S GONE
3 VIRAL. YOU CAN GET SIX MILLION HITS IF YOU DO A
4 GOOGLE SEARCH. THAT WAS A METAPHOR FOR THE IMPACT
5 OF EARLY ADVERSITY ON TRIAL DEVELOPMENT. AND ONE
6 METAPHOR CAN MAKE THE DIFFERENCE, I THINK.

7 SO I JUST THINK IT'S WORTH THINKING ABOUT
8 AS YOU'RE DEVELOPING YOUR TOOL KIT, WHICH I THINK IS
9 A GREAT IDEA. SO THANKS FOR ALL YOUR EFFORT HERE.

10 MR. CORTEZ: YEAH. ABSOLUTELY, PAT. AND
11 TO ADDRESS THOSE POINTS, I AGREE WITH BOTH.

12 AND FOR THE SUGGESTION OF YOU, YSABEL, WE
13 ACTUALLY COMMUNICATED AND GOT IN TOUCH WITH SOME
14 COMMUNITY COLLEGE CLUBS LIKE BERKELEY.

15 UNIDENTIFIED SPEAKER: NOW WE LOST HIM.

16 DR. LEVITT: UH-OH. WHAT HAPPENED?

17 MS. SHARIFY: YOU LOST SOUND. WE CAN'T
18 HEAR YOU, ESTEBAN.

19 MR. CORTEZ: OKAY.

20 MS. SHARIFY: THERE YOU GO. IT'S BACK.

21 MR. CORTEZ: OKAY. WELL, I WAS JUST
22 SAYING THAT I CONNECTED WITH THE STEM CELL CLUB AT
23 BERKELEY CITY COLLEGE. AND, AGAIN, JUST ASKING THEM
24 WHAT IT IS THAT THEY -- WHAT TYPES OF SERVICES OR
25 PARTNERSHIPS THAT WE CAN POSSIBLY HAVE. AND WE ARE

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1 JUST LEARNING A LOT THERE. AGAIN, THEY'RE JUST
2 LEARNING. THEY WANT TO KNOW WHAT IT IS IT -- WHAT
3 ARE THOSE OPPORTUNITIES THAT CIRM CAN PROVIDE TO
4 STUDENTS LIKE THEM. A LOT OF MENTORSHIP
5 OPPORTUNITIES AGAIN. I ABSOLUTELY AGREE WITH YOUR
6 SECOND POINT AS WELL. SO THANK YOU FOR THOSE
7 SUGGESTIONS.

8 DR. MALKAS: LINDA MALKAS. AND I WANT TO
9 REALLY BACK UP PAT REGARDING THE COMMUNITY COLLEGES.
10 THERE ARE REALLY, IF YOU WANT TO TALK ABOUT A HOME
11 FOR DIVERSITY, THEY ARE A HOME FOR DIVERSITY, AND
12 SUCH AN INCREDIBLE OPPORTUNITY TO LINK IN YOUR
13 EDUCATION PROGRAMS, WHICH I'M SURE YOU DO. BUT IF
14 WE COULD REALLY BUILD SOME FIRM PIPELINES FOR
15 LINKING, ON LINKING THE COMMUNICATION TO THE
16 EDUCATION IN THAT PARTICULAR POPULATION, THE
17 COMMUNITY COLLEGE POPULATION, I THINK IT
18 WOULD -- THE WORKFORCE DIVERSITY AND PIPELINE FOR
19 CIRM WOULD BE, I THINK, INCREDIBLE.

20 MR. CORTEZ: THANK YOU, LINDA.

21 GORGE.

22 MS. BONNEVILLE: YOU'RE ON MUTE, GEORGE.

23 DR. BLUMENTHAL: THANK YOU. JUST REALLY
24 QUICKLY TO ADD TO THEIR SUGGESTION ABOUT COMMUNITY
25 COLLEGES, I WOULD ALSO HAVE LIFELONG LEARNING IS A

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1 REAL OPPORTUNITY TO GET TO A DIFFERENT POPULATION
2 THAN YOU WOULD GET THROUGH COMMUNITY COLLEGES.
3 THERE ARE A NUMBER OF LIFELONG LEARNING CENTERS
4 WHERE MANY PEOPLE CAN BE REACHED WHO HAVE
5 CONSIDERABLE INFLUENCE. SO THAT'S ANOTHER
6 SUGGESTION.

7 MR. CORTEZ: THANK YOU.

8 MS. BONNEVILLE: THAT'S IT.

9 MR. CORTEZ: ALL RIGHT. SO WITH THAT, I'M
10 GOING TO GO AHEAD AND PUT UP ANOTHER SLIDE DECK ON
11 OUR LISTENING SESSIONS. AND I'M GOING TO HAND IT
12 OVER TO GEOFF LOMAX WHO WILL GIVE AN UPDATE OF SOME
13 OF THE COMMUNITY OUTREACH THAT WE'VE BEEN DOING
14 THERE.

15 DR. LOMAX: THANK YOU VERY MUCH, ESTEBAN
16 AND KATIE. THAT WAS A GREAT TALK. AND THANKS TO
17 THE COMMITTEE FOR INVITING ME HERE. GOOD MORNING.
18 GEOFF LOMAX. I THINK THE LAST TIME I PRESENTED TO
19 THE BOARD, WE WERE TALKING ABOUT THE ALPHA CLINICS
20 NETWORK. AND SO PART OF MY WORKLOAD IS DOVETAILED
21 INTO LOOKING AT THE COMMUNITY CARE CENTERS OF
22 EXCELLENCE PROGRAM. SO WHAT I WANT TO DO IS PROVIDE
23 AN UPDATE ON THE EARLY PHASE WORK WE ARE DOING,
24 WHICH BASICALLY CONSTITUTES A NEEDS ASSESSMENT FOR
25 THAT PROGRAM. SO NEXT SLIDE PLEASE.

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1 SO WE ARE CONDUCTING A SERIES OF REGIONAL
2 MEETINGS TO REALLY INFORM -- REALLY UNDERSTAND THE
3 NEEDS THAT THE COMMUNITY CARE CENTERS OF EXCELLENCE
4 CAN ADDRESS THAT WILL INFORM THE DEVELOPMENT OF OUR
5 REQUEST FOR APPLICATIONS. WE HAVE HAD THREE
6 SESSIONS TO DATE: FRESNO/CLOVIS, UC RIVERSIDE, AND
7 WE JUST RETURNED FROM PALM DESERT. THE AIM OF THE
8 LISTENING SESSION IN TERMS OF HOW WE'RE ORGANIZING
9 THE CONVERSATION IS TO TRY TO DEVELOP AN
10 UNDERSTANDING OF THE REGIONAL CAPACITIES TO SUPPORT
11 CLINICAL RESEARCH, IDENTIFY WORKFORCE NEEDS TO BOTH
12 SUPPORT PATIENTS AND REGENERATIVE MEDICINE IN THOSE
13 REGIONS. AND THEN AT A MORE GRANULAR LEVEL, LOCAL
14 NEEDS AND REALLY OPPORTUNITIES TO PARTNER WITH
15 COMMUNITY-BASED ORGANIZATIONS IN SERVICE OF THE
16 MISSION. NEXT SLIDE PLEASE.

17 SO I JUST HAVE TO SAY WE LIVE IN A
18 BEAUTIFUL PLACE, AND IT'S REALLY BEEN A PLEASURE TO
19 TRAVEL THIS TIME OF YEAR, THIS WINTER. I HAVE TO
20 INDULGE FOR A MOMENT AND JUST ACKNOWLEDGE THE BEAUTY
21 OF OUR STATE AND HOW WONDERFUL IT WAS TO GO OUT INTO
22 THE DESERT THIS MARCH. THANK YOU FOR THAT
23 OPPORTUNITY. NEXT SLIDE PLEASE.

24 SO THE INLAND EMPIRE LISTENING SESSION,
25 THIS WAS A FEW WEEKS AGO. SO WE JUST GOT BACK AND

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1 THE SLIDES HAVE BEEN POSTED. SO UNFORTUNATELY I
2 DON'T HAVE A JUST-IN-TIME SUMMARY FROM THE SESSION
3 WE JUST COMPLETED. BUT WHAT WE ARE HEARING ON A
4 FAIRLY CONSISTENT BASIS, MEANING WE'VE HEARD THE
5 POINTS MADE MULTIPLE TIMES, IS THAT THE
6 ORGANIZATIONS THAT ARE INVOLVED IN HEALTHCARE
7 DELIVERY AND RESEARCH, THE OPPORTUNITY TO PARTNER
8 WITH CIRM IS -- THEY'RE VERY EAGER TO PARTNER. AND
9 PERHAPS EVEN TO SAY TO SOME EXTENT THEY FELT A
10 LITTLE BIT LEFT OUT OF THE FOLD AND REALLY WANT TO
11 BE BROUGHT INTO THE FOLD. SO THERE'S CERTAINLY THE
12 INTEREST AT THAT LEVEL.

13 WHEN WE TALK TO PATIENTS OR INDIVIDUALS
14 THAT INTERACT WITH POPULATIONS IN MORE OF A
15 POPULATION HEALTH CAPACITY, THERE'S STILL A DIVIDE
16 BETWEEN THE NOTION OF THESE EXPERIMENTAL TREATMENTS
17 THAT WE HAVE TO OFFER AND THE POPULATIONS WHICH THEY
18 SERVE, PARTICULARLY WHEN THOSE POPULATIONS
19 EXPERIENCE A PRIMARY CARE DEFICIT. SO THAT'S
20 SOMETHING WE JUST CONTINUALLY NEED TO KEEP IN OUR
21 MIND IS HOW IN OUR WORK WE'RE GOING TO BRIDGE THAT
22 GAP IN TERMS OF WHERE THE POPULATION IS AND OUR
23 ASPIRATION TO DELIVER TREATMENTS TO A DIVERSE
24 CALIFORNIA.

25 ONE OF THE SORT OF MOST POTENT POINTS IN

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1 ONE OF THE SESSIONS WAS THE RELATIONSHIP REALLY
2 NEEDS TO BE BASED ON RELATIONS AND TRUST AND NOT BE
3 TRANSACTIONAL AND PATERNALISTIC. AND I THINK THAT
4 REALLY REFLECTS AN UNDERLYING CHALLENGE THAT OUR
5 FIELD IS, QUITE HONESTLY, INTENTIONAL OR
6 UNINTENTIONAL, OFTEN THE WORK WE DO COMES OFF AS
7 TRANSACTIONAL AND PATERNALISTIC. AND SO WE'VE HEARD
8 THAT. SO, AGAIN, SOMETHING WE'LL NEED TO REALLY
9 ADDRESS.

10 AND WHEN WE GET DOWN TO THE HOWS, THERE'S
11 OFTEN VERY ENTHUSIASTIC DISCUSSION ABOUT INNOVATIVE
12 COMMUNICATION MODES. IT'S REALLY AN ECHO OF THE
13 CONVERSATION YOU ALL JUST HAD, BUT NOT ONLY DO
14 INNOVATIVE THINGS, BUT BRING INNOVATIVE MESSENGERS.
15 AND SO THAT MESSAGE, AGAIN, THESE AREN'T ONE-OFFS.
16 THESE ARE CONSISTENT MESSAGES.

17 AND FINALLY, I THINK, AGAIN, A CHALLENGE
18 FOR CIRM, BUT SOMETHING WE NEED TO REALLY THINK HARD
19 ABOUT HOW WE DO THIS IS HOW DO WE REALLY GET THOSE
20 RESOURCES OUT TO THE LEVEL THAT THOSE INDIVIDUALS
21 AND ORGANIZATIONS CAN BE RESOURCED TO REALLY PARTNER
22 WITH US AND SUPPORT THIS PROGRAM. SO NEXT SLIDE
23 PLEASE.

24 SO WHAT I'D LIKE TO DO AT THIS POINT IS
25 REALLY PROVIDE SOME BIG PICTURE TAKEAWAYS IN THREE

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1 THEMATIC AREAS: AGAIN, CLINICAL READINESS,
2 TRAINING, AND ACCESS AND ENGAGEMENT. AND I WILL NOT
3 SPEAK TO INDIVIDUAL BULLET POINTS; HOWEVER, IF THERE
4 ARE INDIVIDUAL BULLETS THAT CAPTURE YOUR ATTENTION,
5 PLEASE DON'T HESITATE TO ASK.

6 SO ON THE CLINICAL READINESS, AGAIN, THAT
7 SPANS A VERY WIDE SPECTRUM. THERE ARE ORGANIZATIONS
8 THAT ARE LITERALLY POISED TO DELIVER IMMUNOTHERAPIES
9 AND TO SUPPORT PATIENTS GIVEN ASSISTANCE AND
10 COLLABORATION WITH OTHER ALPHA CLINIC NETWORKS, SO
11 ORGANIZATIONS THAT ARE EXPERIENCED AND INTERESTED IN
12 ENGAGING PATIENTS AND THEIR FAMILIES IN MORE HEALTH
13 EDUCATION AND NAVIGATION EFFORTS. SO, AGAIN,
14 EXPANDING THAT ENTIRE SPECTRUM.

15 SO IF ONE CONSIDERS THE RANGE OF
16 ACTIVITIES NECESSARY TO SUPPORT PATIENTS IN A
17 VOLUNTARY AND INFORMED CHOICE TO PARTICIPATE IN
18 CLINICAL RESEARCH AND ENDURE ALL THE CHALLENGES THAT
19 COME ALONG WITH BEING IN A CLINICAL TRIAL, THERE IS
20 CAPACITY ACROSS THAT CONTINUUM. AND, AGAIN, FOR THE
21 MOST -- FOR THE POPULATIONS WHERE THERE'S
22 BEEN -- THAT HAVE BEEN MOST UNDERREPRESENTED IN THIS
23 EFFORT, THERE STILL REMAINS SOME REAL CHALLENGES.
24 AND WE HEARD THAT. SO, FOR EXAMPLE, KATIE SHARED
25 HER STORY BEING A PARTICIPANT IN THE GERON TRIAL.

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1 AND WHEN SHE EXPLAINED BASICALLY THE 15-YEAR
2 COMMITMENT SHE'S MADE TO THAT EFFORT, THERE WAS A
3 NUMBER OF COMMENTS ABOUT HOW CHALLENGING THAT MIGHT
4 BE FOR CERTAIN COMMUNITIES. SO WE NEED TO BE AWARE
5 OF THAT.

6 SO I'LL PAUSE ON THIS SLIDE. I'M GOING TO
7 GO TO THE NEXT ONE, BUT, AGAIN, I JUST WAIT A MINUTE
8 TO PAUSE FOR A MOMENT TO SEE IF THERE WAS ANYTHING
9 ELSE YOU'D LIKE ME TO ELABORATE ON IN THIS SLIDE.

10 DR. GOLDSTEIN.

11 DR. GOLDSTEIN: THANKS, GUYS. THANKS,
12 GEOFF.

13 GREAT WORK ON THIS, GUYS. IT'S
14 IMPRESSIVE. ONE THING I'M WONDERING AND COULDN'T
15 QUITE TELL IS ARE WE ENGAGING WITH THE MEDICAL
16 GROUPS IN THOSE AREAS THAT WE ARE REACHING OUT? ARE
17 THERE MEDICAL SOCIETIES OF INLAND PHYSICIANS AND SO
18 ON? BECAUSE ON THE ONE HAND WE HAD THIS PROBLEM
19 WITH PRIMARY CARE THAT COULD BE ADDRESSED BY
20 REACHING OUT DIRECTLY TO THE PHYSICIANS GROUPS. AND
21 ON THE OTHER HAND, PRIMARY CARE PHYSICIANS ARE THE
22 ONES WHO COMMUNICATE THE EXISTENCE OF CLINICAL
23 TRIALS TO THEIR PATIENTS AND EXPRESS THEIR SUPPORT
24 FOR THEM.

25 DR. LOMAX: THE SHORT ANSWER IS YES.

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1 PARTICULARLY IN FRESNO WE HAD AN ACTIVE MEMBER OF
2 THE PRIMARY CARE PHYSICIANS ASSOCIATION. AND I
3 THINK THE SENTIMENT BEHIND YOUR COMMENT OR YOUR
4 QUESTION WAS REFLECTED IN HIS ENTHUSIASM TO REALLY
5 ENGAGE WITH CIRM AND BRING SOME OF THIS EFFORT IN
6 THAT CAPACITY. AND THEN THIS WEEK, IN ADDITION TO
7 THE ACTUAL LISTENING SESSION ITSELF, WE DID SOME
8 SITE VISITS TO LOCAL COMMUNITY HEALTH PROVIDERS.
9 AND, AGAIN, I THINK CONSIDERABLE INTEREST IN THOSE
10 ORGANIZATIONS IN CONTINUING THIS CONVERSATION WITH
11 CIRM, THEY FEEL THEY HAVE -- WITHIN THEIR PATIENT
12 POPULATIONS, THEY ARE GETTING A LOT OF QUESTIONS
13 ABOUT THESE TYPES OF TREATMENT OPPORTUNITIES. SO
14 THE SHORT ANSWER IS YES, AND AGAIN IT'S BOTH THE
15 PROVIDER ORGANIZATIONS AND THE PROVIDERS THEMSELVES.
16 AND WE'VE BEEN ABLE TO COME IN AND HAVE WHAT I FEEL
17 ARE PRODUCTIVE CONVERSATIONS THAT THEY WOULD LIKE TO
18 CONTINUE.

19 DR. GOLDSTEIN: GREAT. THANK YOU.

20 DR. KOVACH: I HAD A QUESTION, GEOFF. AND
21 IT GOES TO THIS PRIMARY CARE DEFICIT. IS IT AN
22 ABSOLUTE NUMBER? IS THE DEFICIT IN THE NUMBER OF
23 PEDIATRICIANS OR THE FACT THAT -- AND OTHER PRIMARY
24 CARE PHYSICIANS OR THE FACT THAT THEY COULD BENEFIT
25 FROM ADDITIONAL TRAINING RELATING TO SOME OF THE

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1 INTRICACIES OF REGENERATIVE MEDICINE AND THE WAY
2 CLINICAL TRIALS ARE RUN? WHICH DO YOU THINK OR
3 MAYBE BOTH?

4 DR. LOMAX: AND CERTAINLY AT THE PROVIDER
5 LEVEL -- AND I'LL COME BACK TO THIS -- I THINK
6 THERE'S A LOT OF OPPORTUNITIES FOR TRAINING AND
7 KNOWLEDGE. I THINK THE PRIMARY CARE DEFICIT POINT
8 CAME UP MUCH MORE IN THE CONTEXT OF THE POPULATION
9 WE ARE TRYING TO SERVE AT THE PATIENT SIDE. AND,
10 AGAIN, THIS WORLD WE LIVE IN IS A VERY FOREIGN WORLD
11 TO A SEGMENT OF CALIFORNIA'S POPULATION. SO HOW TO
12 BRIDGE -- HOW TO OPEN THAT WORLD TO A GROUP OF
13 INDIVIDUALS THAT HONESTLY HAVE A HARD -- VERY
14 CHALLENGING TIME ACCESSING BASIC PRIMARY CARE IS OUR
15 CHALLENGE. DID THAT ANSWER YOUR QUESTION?

16 DR. KOVACH: YEAH. YEAH. IT DID. THANK
17 YOU.

18 DR. LOMAX: WHEN YOU GET OUT THERE, YOU
19 JUST SORT OF BOOM, HEY, THAT'S THE WORLD WE LIVE IN.

20 MS. BONNEVILLE: J.T. HAS HIS HAND RAISED.

21 DR. LOMAX: J.T.

22 CHAIRMAN THOMAS: SORRY. I WAS ON MUTE.
23 FIRST OF ALL, WANTED TO THANK YOU FOR YOUR ROLE IN
24 ALL OF THESE LISTENING SESSIONS AS SORT OF THE
25 ORCHESTRATOR AND FACILITATOR OF ALL THESE

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1 DISCUSSIONS. JUST FOR THE BOARD'S KNOWLEDGE,
2 GEOFF'S DONE A GREAT JOB IN RUNNING ALL OF THESE,
3 AND THE INFORMATION GLEANED HAS BEEN EXTREMELY
4 VALUABLE. AND THANK YOU VERY MUCH TO ALL THE
5 MEMBERS OF THE MEDICAL AFFAIRS TEAM WHO WORK SO HARD
6 TO MAKE ALL THESE SESSIONS A SUCCESS.

7 QUICK QUESTION OR NOT SO MUCH A QUESTION,
8 BUT AS THE COMMUNITY CARE CENTERS OF EXCELLENCE ARE
9 CONTEMPLATED TO BE, IN EFFECT, SORT OF SATELLITES OF
10 THE ALPHA CLINIC NETWORK, COULD YOU JUST LAY OUT FOR
11 THE BOARD A LITTLE MORE DETAIL, EVEN THOUGH THE
12 IMPLEMENTATION OF THIS PROGRAM IS QUITE A WAYS DOWN
13 THE ROAD, HOW YOU ENVISION THE INTERACTION AND THE
14 COLLABORATION YOU REFERENCE IN THE SLIDE WORKING AS
15 BETWEEN AN ALPHA CLINIC AND A COMMUNITY CARE CENTER
16 OF EXCELLENCE?

17 DR. LOMAX: YEAH. THANK YOU FOR THAT
18 QUESTION. AND THANK YOU FOR THE ACKNOWLEDGEMENT.
19 AGAIN, IT TOOK A TEAM EFFORT, BUT I ALSO WANT TO
20 ACKNOWLEDGE EMILY REYES. THERE WOULDN'T BE ANY
21 ORCHESTRATION OF A MEETING IF YOU DIDN'T GET TO A
22 ROOM WITH BODIES IN IT. AND SHE DESERVES THE CREDIT
23 FOR THAT.

24 SO FOR THE TWO SESSIONS IN PARTICULAR, WE
25 HAD VERY ACTIVE PARTICIPATION BY THE ALPHA CLINICS,

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1 SPECIFICALLY UC DAVIS, UC SAN FRANCISCO, AND UC
2 IRVINE, IN PART BECAUSE THEY IN THEIR ACTUAL ALPHA
3 CLINIC APPLICATIONS REFERENCED THEIR DESIRE TO
4 SUPPORT THIS PROGRAM. AND SO I CAN GIVE YOU A
5 COUPLE OF EXAMPLES OF WAYS IN WHICH THIS IS
6 CONTEMPLATED.

7 SO UC SAN FRANCISCO, FOR EXAMPLE, IN TERMS
8 OF THE CLINICAL READINESS IN PARTICULAR, HAS
9 CONSIDERABLE EXPERTISE IN IMMUNOTHERAPIES. THE
10 COMMUNITY CANCER CENTER IN FRESNO HAS THE CAPACITY
11 AND THE INFRASTRUCTURE TO PROVIDE THOSE TYPES OF
12 TREATMENTS TO PATIENTS OR EITHER WORKUP OR FOLLOWUP
13 OF THOSE PATIENTS.

14 SO THERE WAS A CONVERSATION AROUND HOW UC
15 SAN FRANCISCO COULD WORK WITH THE CANCER CENTER IN
16 CLOVIS TO SUPPORT IMMUNOTHERAPY.

17 MOVING TO THAT OTHER SIDE OF THE SPECTRUM,
18 THE EDUCATION, AWARENESS, NAVIGATION, UC IRVINE IS
19 ACTIVELY WORKING WITH UC RIVERSIDE. UC RIVERSIDE
20 HAS A VERY -- IT'S SORT OF THAT TOP BULLET -- UC
21 CENTER FOR HEALTH COMMUNITIES, THEY HAVE A VERY
22 STRONG ENGAGEMENT FOOTPRINT AND REACH INTO THE
23 COMMUNITY. SO THERE'S ALREADY CONVERSATIONS GOING
24 ON BETWEEN THE ALPHA CLINIC AND UC RIVERSIDE ABOUT
25 WAYS TO BRING THE ALPHA CLINIC OPPORTUNITIES THROUGH

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1 THEIR CENTER AND OUT TO PATIENTS. SO THAT'S MORE OF
2 A HEALTH EDUCATION, HEALTH NAVIGATION EXAMPLE. SO
3 THOSE ARE TWO EXAMPLES THAT ARE ALREADY FERMENTING,
4 IF YOU WILL.

5 THEN I THINK THE CHALLENGE OR THE
6 OPPORTUNITY AT THIS POINT, THEN, IS HOW DO WE
7 DEVELOP THE CCC'S PROGRAMS SO THAT THOSE
8 OPPORTUNITIES REALLY FLOURISH AND COME TO LIFE FOR
9 PATIENTS.

10 DR. LEVITT: GEOFF, I WANT TO BE MINDFUL
11 OF THE TIME. WE'VE GOT ANOTHER PRESENTATION AFTER
12 THIS, AND SOME OF THIS CONVERSATION IS GOING TO HIT
13 IN OTHER -- FOR THE BOARD AND OTHER SUBCOMMITTEES,
14 BUT IT'S VERY IMPORTANT. SO I DON'T WANT TO SUGGEST
15 IT'S NOT, BUT WE ARE TOUCHING IN AREAS THAT ARE NOT
16 NECESSARILY COMMUNICATION PER SE. SO --

17 MS. DEQUINA-VILLABLANCA: PAT, WE DO HAVE
18 ONE LAST QUESTION FROM YSABEL. IS IT POSSIBLE TO
19 TAKE HER?

20 DR. LEVITT: OKAY.

21 MS. DURON: THANKS, PAT. I WAS IN SOME
22 WAYS THINKING ABOUT THE DIRECTION IN WHICH YOU WERE
23 MOVING. I THINK I WANTED THE BOARD TO HEAR THIS,
24 BUT I WANTED TO HEAR IT FROM THE CONTEXT OF
25 COMMUNICATION. HOW WE'RE GOING TO LEARN. BEST WAYS

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1 IN WHICH TO COMMUNICATE OUT THE COMMUNITY CARE
2 CENTERS OF EXCELLENCE AS WELL AS CARE CENTERS OF
3 EXCELLENCE. BUT HOW ARE WE GOING TO COMMUNICATE?
4 THEN I WANTED THE COMMUNICATIONS SUBCOMMITTEE TO
5 HEAR THIS SO THAT THEY COULD START TO BEGIN TO THINK
6 IN WHICH MANNERS AND WAYS WE, THE COMMUNICATIONS
7 SUBCOMMITTEE, CAN SUPPORT ESTEBAN AND KATIE AND OUR
8 COMMUNICATIONS TEAM IN BUILDING AWARENESS,
9 ACCEPTANCE, AND COLLABORATION IN THESE COMMUNITIES.
10 SO THIS IS WHY.

11 DR. LEVITT: SURE. OOPS. I THINK WE LOST
12 HER. YSABEL, ARE YOU STILL THERE? NO.

13 GEOFF, YOU COULD TAKE IT.

14 DR. LOMAX: AND PARDON THE FILIBUSTER. I
15 THINK THE NEXT SORT OF COUPLE OF PIECES HERE WILL
16 MOVE DIRECTLY INTO YSABEL'S POINT. SO I'M GOING TO
17 SKIP A COUPLE OF SETUP POINTS AND REALLY SAY ON THE
18 TRAINING SIDE, I THINK IT WAS PARTICULARLY IMPORTANT
19 THAT THERE APPEARS TO BE OPPORTUNITIES TO PLUG INTO
20 ESTABLISHED EDUCATION AND TRAINING PROGRAMS,
21 PARTICULARLY THE COMMUNICATION ASPECTS OF THOSE
22 PROGRAMS. SO, FOR EXAMPLE, THERE WAS A -- WE
23 LEARNED A LOT ABOUT -- THERE'S A LOT OF EXISTING
24 PROGRAMS OUT THERE, OUT IN THOSE COMMUNITIES THAT
25 ARE EITHER LIKE CERTIFICATE OR CREDENTIAL PROGRAMS.

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1 THEY CAN BE COMMUNITY COLLEGE BASED BOTH FOR HEALTH
2 EDUCATION. AND WE EVEN HEARD ABOUT A PROMOTORES
3 CERTIFICATE PROGRAM, WHICH WAS QUITE FASCINATING.

4 AND SO, FOR EXAMPLE, AND THIS JUST EMERGED
5 FROM OUR MOST RECENT SESSION, SO I'LL GIVE AN
6 EXAMPLE. AND I THINK HOPEFULLY IT'S CLEAR WHERE OUR
7 COMMUNICATIONS WORK WOULD TIE INTO THIS. WHEN YOU
8 OVERLAY THE FACT THAT MANY INDIVIDUALS TRAVEL TO
9 MEXICO FOR A RANGE OF HEALTHCARE NEEDS, THEN THE
10 AREA OF REGENERATIVE MEDICINE MIGHT BE AN
11 INTERESTING TOPIC TO CONSIDER HOW WE MIGHT EMPOWER
12 PROMOTORES TO ASSIST PATIENTS IN DISTINGUISHING
13 BETWEEN VALIDATED TREATMENTS AND UNPROVEN
14 INTERVENTIONS, KNOWING THAT PEOPLE ARE TRAVELING FOR
15 HEALTHCARE FOR VERY LEGITIMATE REASONS, BUT THERE
16 ARE ILLEGITIMATE OR UNPROVEN TREATMENTS OUT THERE
17 THAT MAY BE A PROBLEM. SO HOW WE CAN USE OUR
18 TRAINING COMMUNICATIONS TOOLS TO HELP PATIENTS IN
19 THAT REGARD.

20 SO, AGAIN, I HOPE NOW WE ARE SORT OF
21 TACKLING A LITTLE BIT CLOSER TO THE POINT OF THIS,
22 WHERE WE'RE GOING WITH THIS MEETING IN TERMS OF
23 COMMUNICATION AND HOW IT COULD TIE INTO THE
24 COMMUNITY CARE CENTERS, PARTICULARLY IN THIS SORT OF
25 TRAINING AREA.

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1 SO I'LL PAUSE THERE. OKAY. THEN WE'LL DO
2 ACCESS AND ENGAGEMENT.

3 ANOTHER VERY CLEAR MESSAGE WE GOT FROM
4 THESE SESSIONS IS THAT THE SUCCESS OF THIS PROGRAM
5 IN TERMS OF COMMUNITY ENGAGEMENT DEPENDS ON GIVING A
6 VOICE TO A BROADER RANGE OF PARTNERS AND
7 STAKEHOLDERS. WE SIMPLY DON'T HAVE THE CAPACITY OR
8 BANDWIDTH TO ENGAGE THE NUMBERS THAT ARE NECESSARY
9 TO BE SUCCESSFUL. AND WHAT WE HEARD IS THERE IS A
10 NEED FOR TOOLS AND RESOURCES. I THINK ESTEBAN
11 DESCRIBED THEM AS KITS, TOOL KITS, THAT WILL ENABLE
12 CLEAR AND EFFECTIVE COMMUNICATIONS. THIS IS WHY THE
13 WORK OF THAT GROUP IS SO IMPORTANT TO THE ULTIMATE
14 SUCCESS OF THE COMMUNITY CARE CENTERS OF EXCELLENCE
15 PROGRAM BECAUSE IT WILL PROVIDE A VEHICLE TO REALLY
16 DISSEMINATE THOSE TOOLS AND RESOURCES OUT TO
17 SPEAKERS, PARTNERS, WHETHER IT'S CIRM, WHETHER IT'S
18 THE COMMUNITY CARE CENTERS, OR PARTNERS OF THE
19 COMMUNITY CARE CENTERS DEVELOPED IN THE COMMUNITY TO
20 REALLY HAVE THE CAPACITY TO SPEAK WITH ONE VOICE.

21 SO WITH THAT, I WILL STOP. AND, AGAIN, IF
22 THERE'S ANY QUESTIONS OR COMMENTS, HAPPY TO TAKE
23 THEM AT THIS TIME.

24 DR. LEVITT: SO I WAS GOING TO ASK A
25 QUESTION. THERE'S -- THE CHALLENGE IS THAT YOU'VE

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1 GOT LIKE -- YOU LISTED A NUMBER OF DIFFERENT
2 AUDIENCES, RIGHT.

3 DR. LOMAX: YEAH.

4 DR. LEVITT: AND MAYBE THE COMMUNICATIONS
5 TEAM CAN WEIGH IN ON THIS. HOW DO WE DEVELOP A
6 STRATEGY THAT PROVIDES FLEXIBILITY IN THE MATERIALS
7 THAT ARE PRODUCED THAT SORT OF HIT THE SWEET SPOT
8 FOR THE DIFFERENT CONSUMERS OF THE INFORMATION FROM
9 THE HEALTH PROFESSIONALS TO THE COMMUNITY HEALTH
10 NAVIGATORS TO THE TRAINING COMPONENTS? BECAUSE THE
11 SAME MESSAGE IS NOT GOING TO RESONATE OR THE SAME
12 APPROACH TO COMMUNICATING THIS IS NOT GOING TO
13 RESONATE THE SAME WITH EACH OF THOSE GROUPS. SO I
14 ASK THE QUESTION. I LIKE TO ASK QUESTIONS THAT I
15 DON'T HAVE AN ANSWER FOR.

16 DR. LOMAX: I KNOW THE COMMUNICATIONS TEAM
17 PROBABLY HAS A LOT TO SAY ON THAT, BUT I MAY START
18 OFF. I THINK WHAT WE ARE HEARING IS WE NEED TO
19 PROVIDE A FRAMEWORK AND AN INFORMATION BASE THAT'S
20 CORRECT, PARTICULARLY ON THE TECHNICAL SIDE. WE
21 NEED TO GIVE PEOPLE THE INFORMATION, BUT FROM THAT,
22 THEY WOULD LIKE THE OPPORTUNITY TO THEN TAKE THAT
23 AND RUN WITH IT AND INNOVATE THAT IN A WAY THAT
24 GIVES VOICE, THAT REALLY CONNECTS WITH THEIR
25 COMMUNITY, THAT GIVES THEM OWNERSHIP OF KIND OF WHAT

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1 THAT FINAL THING IS. AND, AGAIN, WE HEARD A LOT
2 ABOUT VIDEOS AND LOTS OF WORK, THAT PARTICULARLY
3 YOUTH ARE REALLY EAGER TO DEVELOP THESE TOOLS AND
4 RESOURCES. AND I THINK THE ART OF THIS WILL BE HOW
5 TO GIVE THEM THE TOOLS THEY NEED TO TELL THE STORY
6 IN AN APPROPRIATE AND ACCURATE MANNER, BUT THEN WITH
7 THAT SORT OF ABILITY TO INNOVATE HISTORICALLY WHAT
8 THEY DO IN THEIR COMMUNITY.

9 DR. LEVITT: THAT'S GREAT. ANY OTHER
10 QUESTIONS FOR THIS PART?

11 MR. CORTEZ: THANK YOU SO MUCH, GEOFF.
12 AND, AGAIN, I DO WANT TO RECOGNIZE THE MEDICAL
13 AFFAIRS TEAM AND IN PARTICULAR GEOFF AND EMILY FOR
14 SUPPORTING WITH THESE LISTENING SESSIONS AND FOR
15 PUTTING THESE TOGETHER. IT'S BEEN REALLY GREAT.

16 SO WITH THAT, IT'S ACTUALLY A GREAT
17 TRANSITION BECAUSE IN SPEAKING ABOUT HOW IT IS THAT
18 WE'LL COMMUNICATE WITH THESE COMMUNITIES AND THESE
19 AUDIENCES, WE WANTED TO INTRODUCE A PROJECT THAT
20 WE'VE BEEN WORKING ON FOR THE PAST FEW MONTHS. AND
21 REALLY WHAT THAT IS IS TO DEVELOP SOME MESSAGING
22 FRAMEWORK THAT WE CAN PROVIDE THESE ORGANIZATIONS
23 THAT WE JUST MENTIONED BECAUSE IT'S A GIVEN THAT WE
24 WILL, OF COURSE, DO OUR BEST TO REACH COMMUNITIES,
25 WE WILL ALSO HAVE TO PARTNER WITH PATIENT ADVOCATES,

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1 COMMUNITY-BASED ORGANIZATIONS AND HAVING THEM GO OUT
2 THERE AND SERVE THIS MESSAGE. WHAT IS IT THAT CIRM
3 IS?

4 SO I DID WANT TO INTRODUCE THIS PROJECT.
5 AND WITH THAT, I JUST WANT TO GIVE YOU A LITTLE BIT
6 OF BACKGROUND ON HOW WE CAME TO DOING THIS. SO
7 REALLY WHAT WE WANTED TO DO IN DEVELOPING THIS
8 MESSAGING FRAMEWORK IS THAT WE WANTED TO BRING
9 CIRM'S MISSION AND STRATEGIC INITIATIVES TO LIFE.
10 WE REALLY WANTED TO FIGURE OUT THE BEST WAY TO TELL
11 THE CIRM STORY TO MORE PEOPLE, MORE DIVERSE
12 AUDIENCES. AND ONE THING THAT I ALSO WANT TO POINT
13 OUT AS WE ARE GOING THROUGH THIS MESSAGING IS THAT
14 THIS IS UMBRELLA MESSAGING. LIKE, IF YOU KIND OF
15 THINK OF THIS AS THE CHAPTERS IN A BOOK, YOU'RE
16 GOING TO NOTICE THAT IT'S NOT GOING TO ADDRESS EVERY
17 SINGLE ASPECT OF OUR PROGRAMS. AND THAT'S BECAUSE
18 THIS IS JUST HOW WE TALK AT CIRM AS AN AGENCY. THIS
19 IS NOT TO SAY THAT A GRANTEE -- HOW A GRANTEE NEEDS
20 TO TALK ABOUT THE RESEARCH THEY'RE CONDUCTING OR HOW
21 TO TALK ABOUT GENE THERAPIES AS AN EXAMPLE. THIS IS
22 JUST ABOUT CIRM AND WHAT WE SAY AS AN AGENCY.

23 SO, AGAIN, AS WE WERE DEVELOPING THIS
24 MESSAGING, WE WANTED TO CONSIDER THAT THIS IS
25 SOMETHING THAT COULD BE TRANSLATED TO SPANISH. IS

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1 IT SOMETHING THAT IN TRANSLATION SOME OF THOSE
2 DEFINITIONS WOULDN'T GET LOST, BUT RESONATE WITH
3 DIVERSE AUDIENCES. AND IN ADDITION TO HELPING GUIDE
4 CIRM STAFF IN TELLING THE CIRM STORY, WE JUST REALLY
5 WANTED TO GET THAT -- JUST THINK EXTERNALLY. HOW IS
6 IT THAT WE TELL OUR AUDIENCES TO -- TELL OUR STORY
7 TO AUDIENCES ALL ACROSS CALIFORNIA?

8 AND KATIE, I THINK, ALSO HAS A BIT TO
9 SHARE IN HER PERSPECTIVE AS A PATIENT ADVOCATE
10 BEFORE SHE JOINED THE CIRM TEAM.

11 MS. SHARIFY: I ACTUALLY WANTED TO -- AND
12 I POINTED THIS OUT BEFORE TO THE TEAM IS THAT I
13 MYSELF, I WAS UNOFFICIALLY PART OF CIRM FOR SUCH A
14 LONG TIME FOR ABOUT TEN YEARS. AND UNTIL I STARTED
15 WORKING INTERNALLY, AND I ACTUALLY DIDN'T KNOW THAT
16 WE ARE A FUNDING AGENCY. I KNEW THAT WE DID SO MUCH
17 INCREDIBLE WORK, BUT I THOUGHT THAT THE RESEARCH AND
18 THOSE CLINICAL TRIALS, THAT WE HAD OWNERSHIP OF
19 THEM. AND SO FOR ME GOING OUT BEING A PATIENT
20 ADVOCATE FOR MANY YEARS, SPEAKING TO REPORTERS,
21 SPEAKING AT DIFFERENT EVENTS, I KNOW THAT I WOULD
22 HAVE REALLY APPRECIATED HAVING THIS SORT OF KEY
23 MESSAGING THAT I COULD WORK FROM AND MAKE MY
24 OUTREACH A LITTLE BIT EASIER.

25 SO THAT'S WHAT WE ARE HOPING THAT THIS

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1 WILL DO FOR OUR PATIENT ADVOCATES, FOR OUR STUDENTS,
2 ANYONE THAT SPEAKS ON OUR BEHALF OR TEAM MEMBERS WHO
3 GO OUT.

4 MR. CORTEZ: THANK YOU, KATIE.

5 ANOTHER THING THAT I WANTED TO POINT OUT
6 IS THAT WHILE WE HOPE THAT YOU ALL, CIRM TEAMS, CAN
7 TAKE THIS AND RUN WITH IT, THIS IS NOT ONE SIZE FITS
8 ALL. WE UNDERSTAND THAT. THIS CAN BE REFINED FOR
9 SEVERAL AUDIENCES. AGAIN, THIS IS JUST HOW WE TALK
10 ABOUT OURSELVES AS AN AGENCY. SO WITH THAT,
11 RECOGNIZING THAT WE HAVE A LITTLE BIT OVER HALF
12 HOUR, WE'RE GOING TO GET THROUGH SOME OF THIS, BUT
13 WE, OF COURSE, WELCOME FEEDBACK. THIS IS DRAFT
14 MESSAGING. AND BASED ON ANY FEEDBACK THAT YOU GIVE
15 US, WHICH KATIE WILL BE NOTING, WE'LL BE REFINING
16 THIS AND IMPROVING THIS.

17 SO, AGAIN, JUST A REMINDER. HERE OUR
18 STRATEGIC GOALS WERE AIMING TO BRING TO LIFE THROUGH
19 THIS MESSAGING, AND, AGAIN, THOSE ARE TO ADVANCE
20 WORLD-CLASS SCIENCE, DELIVER REAL-WORLD SOLUTIONS,
21 AND PROVIDE OPPORTUNITY FOR ALL. AS A REMINDER,
22 HERE IS OUR MISSION STATEMENT, SOME OF WHICH WE WANT
23 TO MAKE COME TO LIFE AND REALLY EXPAND UPON THAT
24 FURTHER THROUGH THIS MESSAGING.

25 SO WITH THAT, LET'S GET RIGHT INTO IT.

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1 GOING OUT THERE, ONE OF THE FIRST QUESTIONS THAT IF
2 SOMEBODY SEES -- MAYBE YOU'RE WEARING A CIRM SHIRT
3 OR THEY SEE THE CIRM LOGO. YOU'LL GET ASKED WHAT IS
4 CIRM? WHAT DOES IT DO? SO IN HAVING CONVERSATIONS
5 WITH TEAMS, WE'VE MET WITH TEAMS AT CIRM, PATIENT
6 ADVOCATES, ALSO LISTENED TO A LOT OF THE THINGS THAT
7 YOU SAY. AND NOT NECESSARILY REINVENTING THE WHEEL,
8 THESE ARE ALL THINGS THAT WE'VE SAID OVER THE YEARS,
9 AND WE REALLY WANTED TO PUT IT IN ONE CONCISE
10 STATEMENT.

11 SO WHEN WE LANDED IS THAT THE CALIFORNIA
12 INSTITUTE FOR REGENERATIVE MEDICINE OR CIRM IS A
13 STATE AGENCY INVESTING IN CALIFORNIA IN THREE KEY
14 AREAS OF REGENERATIVE MEDICINE: RESEARCH,
15 EDUCATION, AND PATIENT ACCESS.

16 AND TO EXPAND UPON THAT FURTHER, WE WANTED
17 TO DEVELOP CIRM'S VISION. WHAT IS IT THAT CIRM AS
18 AN AGENCY BELIEVES? SO WITH THAT WE HAVE CIRM WAS
19 CREATED BY THE PEOPLE OF CALIFORNIA FOR THE PEOPLE
20 OF CALIFORNIA TO ADVANCE REGENERATIVE MEDICINE
21 SAFELY, EQUITABLY, AND EFFICIENTLY.

22 CIRM BELIEVES THAT REGENERATIVE MEDICINE
23 CAN ADDRESS SERIOUS HEALTH ISSUES THAT TODAY HAVE NO
24 KNOWN CURE, LIKE CANCER, DIABETES, SICKLE CELL
25 DISEASE, AND HEART CONDITIONS.

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1 WE BELIEVE THAT SOME OF THE BEST
2 REGENERATIVE MEDICINE RESEARCHERS IN THE WORLD ARE
3 HERE IN CALIFORNIA.

4 CIRM BELIEVES WE CAN EMPOWER NEW
5 GENERATIONS OF CALIFORNIANS TO DISCOVER AND PREPARE
6 FOR CAREERS IN THE GROWING FIELD OF REGENERATIVE
7 MEDICINE.

8 AND WE BELIEVE OUR ABILITY TO FUND
9 REGENERATIVE MEDICINE BENEFITS THE PEOPLE OF
10 CALIFORNIA.

11 AND IF YOU'LL LOOK OVER TO THE RIGHT,
12 THOSE ARE THE COMPONENTS OF THE MISSION STATEMENT
13 THAT WERE TAKEN THAT WE ARE EXPANDING UPON.

14 AGAIN, HERE'S OUR MISSION AS A REMINDER.

15 SO, AGAIN, WHEN YOU LOOK AT THE MISSION
16 STATEMENT, THERE ARE SOME TERMS THERE THAT DO NEED
17 SOME FURTHER DEVELOPMENT, REGENERATIVE MEDICINE
18 BEING ONE OF THEM, BECAUSE IT'S SUCH A COMPLEX TERM.
19 AND GENERAL AUDIENCES MIGHT NOT HAVE AN
20 UNDERSTANDING OF WHAT EXACTLY THAT IS. SO WE
21 DEFINED IT HERE IN, AGAIN, SIMPLE TERMS THAT WE
22 THINK WILL TRANSLATE REALLY WELL TO OTHER LANGUAGES
23 THAT WE CAN USE IN TALKING TO, LET'S SAY, A GROUP OF
24 HIGH SCHOOL STUDENTS, BUT ALSO IN TALKING TO
25 SCIENTISTS.

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1 SO WITH THAT, WE THOUGHT THAT REGENERATIVE
2 MEDICINE IS A FIELD OF MEDICINE THAT CAN RENEW,
3 REPAIR, OR REPLACE CELLS, TISSUES, ORGANS THAT HAVE
4 BEEN DAMAGED DUE TO DISEASE, INJURY, OR AN INHERITED
5 GENETIC PROBLEM.

6 REGENERATIVE MEDICINE INCLUDES STEM CELL
7 THERAPIES THAT CAN HELP THE BODY GENERATE NEW,
8 HEALTHY CELL AND GENE-BASED THERAPIES THAT REPLACE
9 OR DISABLE A DISEASE-CAUSING GENE. JUST LIKE HOW
10 THE CELLS IN YOUR BODY CAN GROW NEW SKIN TO HEAL A
11 WOUND, STEM CELL THERAPIES CAN REPAIR OR REGENERATE
12 TISSUES AND ORGANS THROUGHOUT THE BODY. AND GENE
13 THERAPIES CAN CORRECT OR MODIFY A PERSON'S GENES TO
14 TREAT A DISEASE OR CONDITION.

15 YSABEL.

16 MS. DURON: THANK YOU, ESTEBAN. I WANTED
17 TO GO BACK TO YOUR FIRST -- YOUR SLIDE PRIOR. OKAY.
18 WE DISCUSSED THIS, AND I JUST WANTED TO PUT IT IN
19 FRONT OF THE SUBCOMMITTEE TO GET THEIR REACTION. I
20 DON'T NEED RESPONSES NOW, BUT SOME THINKING ON IT.

21 THE VERY FIRST STATEMENT, CIRM WAS CREATED
22 BY THE PEOPLE OF CALIFORNIA FOR THE PEOPLE OF
23 CALIFORNIA, I ACTUALLY THINK IT'S MUCH MORE POWERFUL
24 IF WE SAY CIRM IS FUNDED BY THE PEOPLE OF CALIFORNIA
25 FOR THE PEOPLE OF CALIFORNIA. I LIKE THE IDEA THAT

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1 THEY RECOGNIZE THEY INVESTED IN THIS. AND SO THEY
2 DESERVE TO REAP THE REWARDS IF THEY CAN, IF IT'S
3 APPLICABLE TO THEM. I JUST THINK IT GIVES THEM MORE
4 RELATIONSHIP AND CONNECTION WHEN WE TELL THEM YOU
5 FUNDED THIS, FOLK. THANK YOU VERY MUCH.

6 AND SO I WOULD PUT THAT IN FRONT OF THE
7 COMMITTEE AND, OF COURSE, THE FULL BOARD, I GUESS,
8 OR WHOMEVER MAKES THE FINAL DECISION TO SEE IF WE
9 COULDN'T CHANGE THAT FROM -- OR WE SHOULD CHANGE
10 THAT TO CIRM IS FUNDED BY THE PEOPLE OF CALIFORNIA
11 FOR THE PEOPLE OF CALIFORNIA.

12 MR. CORTEZ: ABSOLUTELY. THANK YOU,
13 YSABEL. AND WE DID NOTE THAT SUGGESTION THAT YOU
14 MADE. AND ABSOLUTELY. THIS IS MESSAGING THAT CAN
15 BE REFINED AS WELL. SO WE ARE DEFINITELY NOTING
16 THAT, AND I AGREE WITH WHAT YOU SAID. ANY COMMENTS
17 ON THAT? THANK YOU, YSABEL.

18 DR. LEVITT: SORRY ABOUT THAT. THE
19 DEFINITIONS ARE CHALLENGING THEMSELVES, AND I THINK
20 YOU POINT OUT RIGHTLY THAT EVEN THE TERM
21 "REGENERATIVE MEDICINE" IS A MYSTERY TO MOST PEOPLE
22 WHO ARE NOT IN SCIENCE AND EVEN FOR SOME PEOPLE WHO
23 ARE IN SCIENCE. IT'S A MYSTERY.

24 THERE'S A JOURNAL -- I DON'T KNOW IF
25 YOU'RE FAMILIAR WITH THIS -- CALLED FRONTIERS FOR

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1 YOUNG MINDS. YOU FAMILIAR WITH IT?

2 MR. CORTEZ: I'M NOT, NO.

3 DR. LEVITT: SO THE FRONTIERS HAS THIS
4 LARGE SERIES OF JOURNALS IN SCIENCE FROM MATH TO
5 BIOLOGY TO MEDICINE, ET CETERA. FRONTIERS FOR YOUNG
6 MINDS IS OPEN ACCESS, AND THE AUTHORS OF THE PAPERS
7 THAT ARE PUBLISHED THERE ARE ACTIVE SCIENTISTS, AND
8 THEY TAKE ON ALL SORTS OF THINGS, INCLUDING ORGAN
9 REPAIR, REGENERATIVE MEDICINE, ET CETERA. THE
10 REVIEWERS ARE CHILDREN FROM THE AGES OF 8 TO 17.
11 IT'S WRITTEN FOR GRADE SCHOOL, JUNIOR HIGH SCHOOL,
12 AND HIGH SCHOOL STUDENTS. AND I RECOMMEND FOLKS ON
13 THE COMMUNICATION TEAM. I'M A MENTOR FOR A JUNIOR
14 REVIEWER, AND THE MENTORS CAN'T REVIEW. IT'S THE
15 CHILDREN WHO ARE REVIEWING. IT SOUNDS CRAZY, MAYBE.
16 I DON'T KNOW. BUT CONCEPTUALLY WHEN YOU READ THESE
17 ARTICLES, YOU RECOGNIZE THE KIND OF WAYS OF
18 COMMUNICATING COMPLICATED SCIENCE THAT RESONATE AND
19 THEN DON'T RESONATE. AND THESE ARE ARTICLES THAT
20 ARE PUBLISHED AND GO THROUGH A PEER REVIEW PROCESS,
21 PEER SORT OF IN QUOTES BECAUSE THEY'RE REVIEWED BY
22 CHILDREN.

23 AND SO I THINK -- LIKE I'VE LOOKED UP
24 SEVERAL ARTICLES ON REGENERATIVE MEDICINE TO REALLY
25 HELP ME SORT OF THINK THROUGH ABOUT HOW TO TALK

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1 ABOUT REGENERATIVE MEDICINE IN A WAY THAT WILL
2 RESONATE. I'VE USED THOSE ARTICLES FOR
3 UNDERGRADUATES THAT MAY NOT BE MAJORS IN SCIENCE OR
4 HAVE NEVER TAKEN A SCIENCE COURSE BEFORE. SO THAT'S
5 JUST ONE RESOURCE I THINK THAT WOULD BE
6 REALLY -- YOU'LL HAVE A LOT OF FUN AT THIS SITE AS
7 WELL.

8 MR. CORTEZ: THANK YOU FOR SHARING THAT,
9 PAT.

10 ON THAT POINT, I DID WANT TO ADDRESS THAT,
11 AS WE WERE DEVELOPING THIS MESSAGING, WE DID
12 CONSIDER THAT. KEEPING IT IN SIMPLE TERMS, AS
13 SIMPLE AS POSSIBLE, BECAUSE IN GOING OUT AND
14 SPEAKING TO CALIFORNIA AUDIENCES, IT'S SO DIVERSE,
15 BUT JUST ONE STATISTIC THAT WE ENCOUNTERED IS THAT
16 CALIFORNIA ACTUALLY HAS THE LOWEST LITERACY LEVEL IN
17 THE COUNTRY. SO WE REALLY, AGAIN, JUST WANTED TO
18 CONSIDER THAT AS WE WERE DEVELOPING THIS AND KEEP IT
19 IN LANGUAGE THAT IS EASY TO UNDERSTAND AND THAT
20 WOULD JUST RESONATE ACROSS AUDIENCES. SO THANK YOU
21 FOR THAT POINT.

22 J.T.

23 CHAIRMAN THOMAS: YES. I WANT TO RAISE A
24 POINT ABOUT A WORD WE SORT OF KEEP USING AND QUERY
25 WHETHER IT'S THE RIGHT WORD. AND THAT WORD IS

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1 INVEST. SO WHEN WE SAY INVESTING IN RESEARCH, ET
2 CETERA, IN A BROAD SENSE THAT'S ACCURATE BECAUSE THE
3 RETURN HOPEFULLY WILL BE THE DEVELOPMENT OF
4 THERAPIES AND CURES FOR THE GREATER GOOD OF THE
5 CITIZENS OF CALIFORNIA, THE NATION, AND THE WORLD.
6 BUT THE TERM "INVEST" TO THE GENERAL PUBLIC CARRIES
7 A MORE SPECIFIC DEFINITION WHICH SUGGESTS THAT
8 PERHAPS WE ARE PUTTING MONEY INTO THIS AND ARE
9 LOOKING TO REAP THE FINANCIAL BENEFITS OF ANYTHING
10 THAT COMES FROM IT, PUTTING ASIDE THE ROYALTY
11 ISSUES.

12 TO ME A BETTER WORD WOULD BE ENABLE
13 WORLD-CLASS RESEARCH OR WHATEVER RATHER THAN INVEST
14 BECAUSE I THINK BY SAYING INVEST THAT'S CONFUSING.
15 CIRM CAN'T HOLD ANY EQUITY INTEREST IN ANYTHING.
16 JUST A THOUGHT. I JUST THROW THAT OUT THERE FOR
17 DISCUSSION.

18 MR. CORTEZ: THANK YOU, J.T. AND WE ARE
19 NOTING ALL OF THIS FEEDBACK AS WELL. KATIE IS
20 TAKING NOTES OF ALL OF THESE SUGGESTIONS.

21 MS. BONNEVILLE: ONE THING I WILL SAY
22 ABOUT THE TERM "INVEST" THAT I PARTICULARLY LIKED
23 WAS FUND FALLS SHORT OF EVERYTHING WE DO. INVEST
24 SOUNDS MORE POWERFUL TO ME BECAUSE WHAT WE DO IS
25 MORE THAN JUST FUND AND MORE THAN JUST ENABLE. WE

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1 GUIDE PEOPLE THROUGH THE PROCESS. WE WORK WITH THEM
2 TO MAKE SURE THEIR PROJECTS HAPPEN. WE BRING
3 OUTSIDE HELP IN WHEN THEY NEED IT. I THINK FUND AND
4 ENABLE FALL SHORT. PERHAPS INVEST ISN'T THE RIGHT
5 WORD, BUT I THINK IT NEEDS TO BE SOMETHING THAT
6 ENCOMPASSES MORE THAN JUST THE MONEY ASPECT OF IT.

7 DR. LEVITT: ANY OTHER QUESTIONS BEFORE WE
8 MOVE ON? OKAY.

9 MR. CORTEZ: THANK YOU. SO WITH THAT,
10 THOSE ARE JUST SOME OF THE KEY MESSAGES THAT WE
11 DEVELOPED, BUT WE WANTED TO, AGAIN, EXPAND UPON
12 THOSE AND REALLY TAKE THOSE PILLARS THAT WE
13 PREVIOUSLY DEFINED AND DEVELOP SOME KEY CONCEPTS
14 THROUGH THOSE. AND, AGAIN, THINKING OF THESE AS
15 CHAPTERS IN A BOOK, THAT WE CAN EXPAND UPON THESE
16 FURTHER, WORK WITH TEAMS TO DEVELOP MORE SPECIFIC
17 TALKING POINTS. AND SO WITH THAT, I WANT TO GET
18 INTO THESE.

19 SO THE FIRST ONE, OF COURSE, IS
20 REGENERATIVE MEDICINE. AND THAT IS THAT CALIFORNIA
21 IS A GLOBAL LEADER IN THIS FIELD OF MEDICINE. AND
22 SOME KEY CONCEPTS THERE, AGAIN NOT LIMITED TO THESE,
23 BUT SOMETHING THAT WE DEVELOPED ARE THAT CALIFORNIA
24 IS -- EXCUSE ME. THAT CIRM IS CALIFORNIA'S DRIVING
25 FORCE IN BRINGING STEM CELL AND GENE-BASED THERAPIES

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1 TO PATIENTS SAFELY AND EQUITABLY. AND CIRM'S'S
2 ABILITY TO FUND REGENERATIVE MEDICINE BENEFITS THE
3 PEOPLE OF CALIFORNIA. AND THIS IS, OF COURSE, WHERE
4 WE CAN GO INTO REGENERATIVE MEDICINE AWARENESS, LOTS
5 OF STORIES THERE.

6 EXPANDING UPON RESEARCH, WHICH, OF COURSE,
7 IS THAT WE ARE ADVANCING WORLD-CLASS SCIENCE. SOME
8 KEY CONCEPTS THERE ARE THAT SOME OF THE BEST
9 SCIENTISTS IN THE FIELD OF REGENERATIVE MEDICINE ARE
10 RIGHT HERE IN CALIFORNIA FOCUSING THEIR RESEARCH ON
11 TREATING DISEASES AND CONDITIONS THAT HAVE NO KNOWN
12 CURES TODAY. SO SOME WAYS TO EXPAND UPON THAT
13 CONCEPT ARE TO FOCUS ON SOME OF THE DISEASE AREAS
14 THAT WE FUND, THAT WE INVEST IN, TELLING STORIES
15 ABOUT THE RESEARCHERS. THERE'S SO MUCH POTENTIAL
16 THERE TO TELL THOSE STORIES.

17 IN EXPANDING UPON EDUCATION AND WORKFORCE
18 DEVELOPMENT IS THAT WE ARE HELPING NEW GENERATIONS
19 LEARN ABOUT REGENERATIVE MEDICINE. AND SOME KEY
20 CONCEPTS THERE ARE THAT CALIFORNIA IS THE HUB OF
21 REGENERATIVE MEDICINE RESEARCH, AND WE ARE HELPING
22 CALIFORNIANS LEARN ABOUT AND PREPARE FOR CAREERS IN
23 THIS GROWING FIELD. AND OUR GOAL IS TO UNDERSTAND
24 THAT THE NEXT GENERATION OF REGENERATIVE MEDICINE
25 SCIENTISTS REPRESENT THE DIVERSE COMMUNITIES OF OUR

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1 STATE. AGAIN, NO SHORTAGE OF CONTENT AND STORIES
2 THERE, LOOKING AT OUR SPARK, BRIDGES, COMPASS, OUR
3 SCHOLARS PROGRAM, ALSO ECONOMIC BENEFITS, HOW WE ARE
4 GROWING LOCAL ECONOMIES.

5 AND FINALLY, WE'VE GOT PATIENT ACCESS,
6 WHICH IS THAT WE ARE PROVIDING EQUITABLE ACCESS TO
7 REGENERATIVE MEDICINE FOR A DIVERSE CALIFORNIA. AND
8 SOME KEY CONCEPTS THERE ARE THAT WE ARE HELPING
9 CALIFORNIANS LEARN ABOUT REGENERATIVE MEDICINE AND
10 CIRM-SUPPORTED RESOURCES THAT MAY APPLY TO THEM,
11 THEIR FAMILIES, AND THEIR COMMUNITIES. AND WE ARE
12 COMMITTED TO MAKING REGENERATIVE MEDICINE ACCESSIBLE
13 AND AFFORDABLE IN CALIFORNIA. AND SOME EXAMPLES
14 THERE WOULD BE THE ALPHA CLINICS, THE COMMUNITY CARE
15 CENTERS OF EXCELLENCE, ACCESS AND AFFORDABILITY,
16 MEDICAL AFFAIRS, PATIENT ADVOCATES.

17 SO THIS IS JUST AN OVERVIEW OF SOME OF
18 THOSE KEY CONCEPTS THAT WE DEVELOPED. AND, AGAIN,
19 JUST POINTING OUT THAT THIS MESSAGING IS THAT
20 UMBRELLA MESSAGING FRAMEWORK THAT COULD BE EXPANDED
21 UPON. SO IT'S NOT, AGAIN, ONE SIZE FITS ALL, BUT WE
22 REALLY DO THINK THAT THIS IS SOMETHING THAT WILL
23 SUPPORT TEAMS, PATIENT ADVOCATES, GRANTEEES GOING OUT
24 THERE AND TELLING THE CIRM STORY.

25 SO WITH THAT, WE WELCOME ANY FEEDBACK.

1 LARRY.

2 DR. GOLDSTEIN: YEAH. THIS IS A TERRIFIC
3 STRATEGY. ONE THING THAT DOES SEEM TO BE MISSING IN
4 MY VIEW IS ANY MENTION OF THE SUCCESSES. WHY NOT
5 TALK ABOUT ALL THE KIDS THAT ARE APPARENTLY BEING
6 SUCCESSFULLY TREATED FOR THEIR IMMUNE DEFICIENCIES
7 OR CANCER PATIENTS THAT ARE LIVING LONGER LIVES
8 BECAUSE OF THE DEVELOPMENT OF SOME OF THESE
9 THERAPEUTIC APPROACHES?

10 MR. CORTEZ: YEAH. ABSOLUTELY, LARRY.
11 THANK YOU FOR THAT.

12 AND, AGAIN, JUST GOING BACK TO SOME OF
13 THIS FRAMEWORK AND THE CONCEPTS, THIS MESSAGING
14 ISN'T GOING TO ADDRESS EVERY SINGLE POINT BECAUSE I
15 ABSOLUTELY AGREE WITH WHAT YOU'RE SAYING IS THAT
16 THAT IS SOMETHING THAT WE DO NEED TO DRIVE ACROSS
17 AND SHARE THOSE STORIES. AND LOOKING AT THIS
18 FRAMEWORK HERE, JUST GOING BACK TO THE SECOND PILLAR
19 OF RESEARCH, THIS IS, AGAIN, THAT UMBRELLA
20 MESSAGING. AND THIS, I THINK, OPENS UP THAT
21 OPPORTUNITY TO SHARE THOSE STORIES. SO IN
22 HIGHLIGHTING THE RESEARCH THAT WE ARE DOING, WE ARE
23 THEN ABLE TO TALK ABOUT RESEARCH THAT WE'VE DONE IN
24 THESE AREAS, WHETHER IT'S SCID, DIABETES, CANCER.
25 SO THOSE ARE TALKING POINTS THAT CAN BE

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1 DEVELOPED FURTHER, WHETHER IT'S WORKING WITH THE
2 THERAPEUTICS TEAM OR THE COMMUNICATIONS TEAM SHARING
3 PATIENT STORIES. WE HAVE NO SHORTAGE OF THOSE. SO
4 THAT -- I DON'T KNOW IF THAT ADDRESSES YOUR
5 SUGGESTION AND YOUR QUESTION.

6 DR. GOLDSTEIN: IN PART. I MEAN IN YOUR
7 KEY CONCEPT STATEMENT, I GUESS I WOULD BE REMISS IF
8 I DIDN'T ARGUE THAT YOU OUGHT TO MENTION SOMETHING
9 IN THAT KEY CONCEPT STATEMENT ABOUT SUCCESSFUL
10 TREATMENTS.

11 AND AS LONG AS I'M ON THE SUBJECT,
12 ATTRACTING NEW DOLLARS INTO THE ECONOMY THROUGH
13 COMPANY FORMATION AND THEN COMPANY ACQUISITION.

14 MR. CORTEZ: OKAY. YEAH. ABSOLUTELY.
15 THANK YOU.

16 DR. LEVITT: I CAN'T SEE THE HANDS RAISED.
17 ARE THERE OTHER HANDS UP?

18 MS. BONNEVILLE: NO.

19 MS. DEQUINA-VILLABLANCA: NO.

20 MR. CORTEZ: ANY OTHER QUESTIONS,
21 FEEDBACK?

22 DR. LEVITT: YEAH, I DO. SO THE FRAMEWORK
23 DEFINED REGENERATIVE MEDICINE AND IT MENTIONS
24 RESEARCH. AND ON THE WEBSITE THERE'S A PAGE THAT
25 DEFINES WHAT RESEARCH IS IN THE CONTEXT OF CIRM, THE

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1 DISCOVERY PART, THE TRANSLATION PART, AND THEN
2 ULTIMATELY GETTING TO THE CLINIC. I THINK THE
3 FRAMEWORK NEEDS TO DEFINE THE PROCESS OF RESEARCH.
4 AGAIN, IT'S NOT WELL-KNOWN AMONGST LOTS OF
5 INDIVIDUALS. IT'S NOT JUST ABOUT THE PEOPLE WHO ARE
6 NOT TRAINED IN SCIENCE. THERE ARE HEALTH
7 PROFESSIONALS WHO DON'T KNOW WHAT THE RESEARCH
8 PROCESS IS. I THINK IT'S REALLY IMPORTANT BECAUSE
9 IT HIGHLIGHTS THAT CIRM IS PARTAKING IN DISCOVERY
10 AND THEN USING THOSE DISCOVERIES TO TRANSLATE THEM
11 INTO CURES. AND SO YOU HAVE THESE THREE
12 STEPPING -- THE METAPHOR OF THE STEPPING GOING FROM
13 DISCOVERY, TAKING THAT AND CARRYING IT OVER TO
14 TRANSLATION TO FIGURE OUT THE BEST WAYS OF GETTING
15 IT INTO PATIENTS. AND THEN WHEN WE ACTUALLY SUPPORT
16 THE FINAL FRONTIER, WHICH IS TO DEMONSTRATE THAT
17 IT'S GOING TO CURE. AND SO I JUST THINK THAT
18 DEFINING THE RESEARCH PROCESS WHICH FOR LOTS OF
19 AUDIENCES IS ACTUALLY QUITE EXCITING BECAUSE
20 EVERYBODY LIKES TO HEAR THAT THINGS ARE BEING
21 DISCOVERED THAT ARE NEW.

22 MR. CORTEZ: THANK YOU, PAT. ABSOLUTELY.
23 AND THAT'S A GREAT SUGGESTION BECAUSE, AGAIN, THIS
24 IS WE ARE SHARING THIS WITH YOU ALL TODAY BECAUSE WE
25 REALLY WANT TO IMPROVE THIS AND REFINE THAT. AND IN

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1 YOU GIVING THAT SUGGESTION, I THINK THERE'S AN
2 OPPORTUNITY HERE TO DEVELOP THAT KEY CONCEPT THEN.
3 WHAT IS THAT SUCCINCT STATEMENT THAT WE CAN CREATE
4 HERE, BUT, AGAIN, FURTHER EXPAND UPON THAT AND GO
5 EVEN DEEPER INTO OUR PROGRAMS, WHETHER IT'S THE
6 COMMUNICATIONS TEAM OR THE SCIENCE TEAM THAT WILL BE
7 GOING OUT THERE AND GIVING THAT OVERVIEW. SO THAT'S
8 A REALLY GREAT SUGGESTION. THANK YOU.

9 DR. LEVITT: YEAH. I HAVE TO AGREE WITH
10 LARRY, THAT I THINK THAT A KEY CONCEPT IS DEFINING
11 THE PROCESS OF RESEARCH AND THEN MAKING IT CLEAR
12 THAT A KEY CONCEPT OF WHAT CIRM IS DOING IS EXACTLY
13 WHAT LARRY SPOKE TO. I THINK THAT'S REALLY
14 IMPORTANT AS A KEY CONCEPT.

15 I THINK MOST PEOPLE -- I THINK IT'S GREAT
16 THAT WE HAVE SOME OF THE BEST SCIENTISTS IN
17 REGENERATIVE MEDICINE RIGHT HERE IN CALIFORNIA, BUT
18 I THINK THAT'S -- TO ME THAT'S NOT A KEY CONCEPT.
19 THAT'S SORT OF A SUBTEXT THAT SOMEBODY MIGHT SAY.
20 OH, AND BY THE WAY, WE HAVE ALL THESE WHO'S DOING
21 THE DISCOVERY, WHO'S DOING THE CLINICAL RESEARCH
22 STUDIES THAT ARE GOING TO GET US TO CURES. THEY'RE
23 ONE OF THE BEST SCIENTISTS IN DOING THAT IN THE
24 WORLD THAT ARE RIGHT HERE IN CALIFORNIA, BUT TO ME
25 THAT'S NOT A KEY CONCEPT. THE OTHER COMPONENTS. SO

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1 I THINK THIS IS A REALLY IMPORTANT FRAMEWORK SLIDE
2 AND PART OF THE TOOL KIT I THINK WILL REALLY
3 RESONATE WITH A LOT OF FOLKS WHO WOULD WANT TO USE
4 IT.

5 MR. CORTEZ: OKAY. ABSOLUTELY. THANK
6 YOU.

7 DR. LEVITT: YOU HAVE OTHER SLIDES TO GO
8 THROUGH? I CAN'T REMEMBER ACTUALLY.

9 MR. CORTEZ: NO. WE ACTUALLY WENT THROUGH
10 ALL OF THEM. AND NOW ANY FEEDBACK, ANY QUESTIONS OR
11 COMMENTS ARE WELCOME, OF COURSE.

12 DR. LEVITT: SO DO WE HAVE ANY OTHER --

13 MS. DEQUINA-VILLABLANCA: PAT, I DON'T SEE
14 ANY OTHER QUESTIONS.

15 DR. LEVITT: OKAY. SO WE ARE FINISHED
16 WITH THE PRESENTATION AND THE DISCUSSION ITEMS. ARE
17 WE -- I'M TAKING THE ART TORRES APPROACH TO
18 MEETINGS. IT'S NOT A BAD THING TO END EARLY, BUT WE
19 HAVE PUBLIC COMMENT.

20 MS. DEQUINA-VILLABLANCA: THERE ARE NO
21 PUBLIC COMMENTS.

22 DR. LEVITT: NO PUBLIC COMMENTS. OKAY.
23 SO I JUST WANT TO MAKE SURE THERE'S NO FAUX PAS
24 HERE. WE HAVE NOTHING TO VOTE ON. THIS IS A GREAT
25 SESSION FROM MY PERSPECTIVE. I FIND THIS TO BE AN

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1 EXTREMELY IMPORTANT EFFORT THAT YOU ALL ARE DOING.
2 YOUR FABULOUS TEAM, I KNOW YOU'RE PASSIONATE ABOUT
3 THIS, AND I THINK THAT HOWEVER MEMBERS OF THIS
4 COMMITTEE AND THE BROADER GOVERNING BOARD CAN HELP
5 IN THIS WAY, JUST DON'T HESITATE TO REACH OUT
6 BECAUSE I THINK THERE ARE A LOT OF US WHO FEEL THAT
7 YOU'RE DOING SPECTACULAR WORK AND WOULD BE HAPPY TO
8 HELP AND PARTICIPATE IN HOWEVER YOU THINK WE COULD
9 BEST ADVANCE WHAT YOU'RE TRYING TO DO.

10 MR. CORTEZ: THANK YOU, PAT. ABSOLUTELY.
11 AND THAT'S REALLY WHAT I WOULD PUT OUT THERE IS THAT
12 AS WE ARE ABLE TO LOOK THROUGH THIS MESSAGING, YOU
13 ALL HAVE ACCESS TO THIS. IF YOU HAVE ANY FEEDBACK,
14 ANY SUGGESTIONS, WE ALWAYS WELCOME THOSE. AND THIS
15 IS SOMETHING WE'LL -- AGAIN, IT'S NOT FINAL, AND
16 WE'LL CONTINUE TO BE REFINING THEM AS WE JUST PUT
17 MORE EFFORT INTO IT. SO THAT'S SOMETHING THAT WILL
18 ALWAYS BE HAPPENING. WE ARE ALWAYS GOING TO BE
19 REFINING IT AS WE GO ALONG. SO THAT'S REALLY WHAT I
20 WOULD PUT OUT THERE TO THE SUBCOMMITTEE. THANK YOU
21 ALL SO MUCH FOR LISTENING TODAY.

22 MS. BONNEVILLE: THANK YOU, ESTEBAN AND
23 KATIE. YOU GUYS DID AN AMAZING JOB. AND SO I
24 REALLY APPRECIATE IT A LOT, AND THIS IS A GREAT
25 PRESENTATION. SO THANK YOU.

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1 DR. LEVITT: THE SLIDES ARE GREAT AND
2 THEY'RE REALLY HELPFUL. SO IF THERE'S NO OTHER
3 COMMENTS, ARE WE ALLOWED TO ADJOURN?

4 MR. CORTEZ: WE ARE.

5 MS. BONNEVILLE: YOU HAVE TO STAY ON FOR
6 13 MORE MINUTES, BUT EVERYONE ELSE IS DONE.

7 DR. LEVITT: WE ARE ADJOURNED.

8 MR. CORTEZ: THANK YOU.

9 MS. BONNEVILLE: THANK YOU.

10 (THE MEETING WAS THEN CONCLUDED AT
11 10:48 A.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE COMMUNICATIONS SUBCOMMITTEE OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON MARCH 9, 2023, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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