



UNIVERSITY OF CALIFORNIA

Michael V. Drake, MD
President

March 11, 2024

Office of the President
1111 Franklin St.
Oakland, CA 94607

The Honorable Scott D. Wiener
Chair, Joint Legislative Budget Committee
1020 N Street, Room 553
Sacramento, California 95814

universityofcalifornia.edu

Dear Senator Wiener:

CAMPUSES

- Berkeley
- Davis
- Irvine
- UCLA
- Merced
- Riverside
- San Diego
- San Francisco
- Santa Barbara
- Santa Cruz

Pursuant to Section 16(d) of the 2013 Budget Trailer Bill (AB 94, Chapter 50, Statutes of 2013), enclosed is the University of California’s Progress Report to the Legislature on the School of Medicine at the University of California, Riverside.

If you have any questions regarding this report, Interim Associate Vice President and Director Cain Diaz would be pleased to speak with you. Cain can be reached by telephone at (510) 987-9350, or by email at Cain.Diaz@ucop.edu.

Sincerely,

Michael V. Drake, MD
President

MEDICAL CENTERS

- Davis
- Irvine
- UCLA
- San Diego
- San Francisco

Enclosure

NATIONAL LABORATORIES

- Lawrence Berkeley
- Lawrence Livermore
- Los Alamos

- cc: Senate Budget and Fiscal Review
The Honorable John Laird, Chair
Senate Budget and Fiscal Review Subcommittee #1
(Attn: Mr. Christopher Francis)
(Attn: Mr. Kirk Feely)
The Honorable David A. Alvarez, Chair
Assembly Education Finance Subcommittee #3
(Attn: Mr. Mark Martin)
(Attn: Ms. Sarah Haynes)
Mr. Hans Hemann, Joint Legislative Budget Committee
Mr. Chris Ferguson, Department of Finance
Ms. Rebecca Lee, Department of Finance
Ms. Gabriela Chavez, Department of Finance
Ms. Jennifer Louie, Department of Finance
Mr. Gabriel Petek, Legislative Analyst Office
Ms. Jennifer Pacella, Legislative Analyst Office

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**Progress Report on the School of Medicine
at the University of California, Riverside**

Response to Item 6440-001-0001 of Section 2.00 of the Budget Act of 2013-14 states:

“On or before April 1 of each year, the University of California shall provide progress reports to the relevant policy and fiscal committees of the Legislature pertaining to funding, recruitment, hiring, and outcomes for the School of Medicine at the University of California, Riverside. Specifically, the report shall include, but not be limited to, information consistent with the published mission and vision for the School of Medicine at the University of California, Riverside, in all of the following areas:

(1) The number of students who have applied, been admitted, or been enrolled, broken out by race, ethnicity, and gender.

(2) The number of full-time faculty, part-time faculty, and administration, broken out by race, ethnicity, and gender.

(3) Funding and progress of ongoing medical education pipeline programs, including the UCR/UCLA Thomas Haider Program in Biomedical Sciences.

(4) Operating and capital budgets, including detail by funding source. The operating budget shall include a breakdown of research activities, instruction costs, administration, and executive management.

(5) Efforts to meet the healthcare delivery needs of California and the inland empire region of the state, including, but not limited to, the percentage of clinical placements, graduate medical education slots, and medical school graduates in primary care specialties who are providing service within California’s medically underserved areas and populations.

(6) A description of faculty research activities, including information regarding the diversity of doctoral candidates, and identifying activities that focus on high priority research needs with respect to addressing California’s medically underserved areas and populations.”

I. EXECUTIVE SUMMARY

The School of Medicine at the University of California, Riverside (UCR SOM) opened in 2013 as the first public M.D.-granting medical school to open in California in over 40 years. It has a specific mission to train a diverse physician workforce to serve Inland Southern California (Riverside, San Bernardino, and Imperial counties) and to deliver programs in clinical care and research that address the needs of this medically underserved region, which according to the California Health Care Foundation, has the greatest shortage of primary care and specialist physicians of any region in California¹. In its first eleven years, the UCR SOM has been successful in recruiting and training a culturally competent and diverse

¹ *California Health Care Almanac, “California Physicians: A Portrait of Practice”,* Report of the California Health Care Foundation, March 2021.

student body, and in expanding residency and fellowship programs in the region with the goal of increasing the number of licensed, board-eligible/certified physicians in the Inland Empire. To further improve access to high-quality, cutting-edge care to the community, the UCR SOM is engaging in research that is targeted toward improving the health of people living in the region, and has launched and expanded its clinical enterprise, UCR Health.

The State of California provided the UCR SOM with \$15 million base funding in 2013 to launch the first phase of the establishment of the medical school with an initial class size of 50 students. The School currently has 361 M.D. students, 40 Ph.D. students, and 31 students pursuing an M.S. in Biomedical Sciences. In addition, the UCR SOM-sponsored graduate medical education programs have a total of 127 residents and fellows in accredited graduate medical education programs. To fully deliver on its mission, the UCR SOM aspires to increase enrollment to 500 medical students over the coming years. This requires an increase in capital and operating funds, as well as an increase in reliable training experiences at local affiliate sites. The UCR SOM is now on a path toward achieving this growth thanks to the leadership support and following investments from the University of California, the California Legislature, and the Governor:

- 1) Capital for the campus-based training needs were addressed through the State Budget Act of 2019, which authorized funding to build a new School of Medicine education and administration building on the UCR campus to accommodate this increased enrollment. Capital needs relative to clinical training remain a priority. Completed during FY23/24, the School of Medicine Education Building II (SOM Ed II) opened its doors in September 2023.
- 2) In the 2020 State Budget, Governor Gavin Newsom included \$25 million in new ongoing annual operating funding for the UCR SOM. The COVID-19 pandemic reinforced the need to address healthcare disparities, and the final budget approved in July 2020 included the full \$25 million in additional operating funding.
- 3) The State Budget Act of 2021 included one-time appropriations of \$25 million to support and expand the UCR SOM (SB 170 (Skinner)), and \$10 million for the exploration of Acute Care Teaching Hospital partnerships or a hospital acquisition (SB 129 (Skinner)). Both one-time appropriations are based on an implementation plan of 3-5 years. These funds will be spent in support of academic and clinical training expansion through FY2025/26.
- 4) The State Budget Act of 2023 included \$2 million in additional ongoing support for the UCR SOM.

Together, these investments are supporting some expanded enrollment and the resulting increased operational costs for the UCR SOM.

The School faces challenges in securing a stable clinical training platform for both undergraduate medical education (UME) and graduate medical education (GME). While many medical students rotate through the UCR Health ambulatory clinics, the majority of training occurs through 17 major affiliation agreements with hospitals and healthcare facilities in the region. While discussions are ongoing, none of the current partners have committed to the necessary increase in clerkship training spaces that would be required to achieve this growth to 500 total students.

UCR-sponsored residency and fellowship programs are successfully addressing the physician shortage in the inland Southern California region. As UCR SOM grows, it aspires to open new programs in additional specialties that will further address the needs of this underserved region. However, the school has struggled to secure committed and long-term hospital partners. Many of the hospital facilities in the region choose to sponsor their own residency training programs, and while UCR SOM faculty participate in several of these programs, UCR does not have the ability to control the program quality and academic rigor.

UCR continues to pursue a range of strategies to address these challenges. In a desired future state, UCR would have operational control of facilities necessary to support its training programs, while continuing to utilize other existing clinical facilities in the Inland Empire for specific training opportunities that are of particularly high educational value and/or required by the Liaison Committee on Medical Education (LCME) or the Accreditation Council for Graduate Medical Education (ACGME) and cannot be obtained elsewhere. This would give UCR reliable training experiences with a level of quality control and regulatory compliance that it currently lacks, and which is critical to the medical school's long-term success and the Inland Empire's access to health care.

II. BACKGROUND AND APPROACH

The UCR SOM has a mission distinctive among U.S. medical schools: to expand and diversify the physician workforce in inland Southern California and to develop research and healthcare delivery programs that will improve the health of the people living in the region. Inland Southern California – a geographically large, ethnically diverse, and rapidly growing region of 4.64 million people – has barely half of the primary care doctors it needs. There are only 41 primary care physicians (PCPs) for every 100,000 people (as compared to the recommended ratio of 60-80 PCPs per 100,000 according to the California Health Care Foundation), and the region is underserved in many medical specialties as well.² Two of California's nine regions (the Inland Empire and the San Joaquin Valley) have fewer than 50 primary care physicians per 100,000 people, the legally required ratio for managed care plans to meet.³ Inland Southern California performs poorly in relation to most other California regions in many measurable health outcomes, such as diabetes and coronary heart disease.

Unlike the five other academic medical centers in the University of California system, the UCR SOM does not own a hospital, and does not have access to robust clinical funds flow to help support its educational mission. As a community-based school of medicine, the UCR SOM partners with community hospitals and other medical providers across the inland Southern California area to provide training locations for medical students and residents. As a result, the School faces an array of distinct challenges, which are outlined above.

² *California Health Care Almanac*. "California Physicians: A Portrait of Practice", Report of the California Health Care Foundation, March 2021.

³ Coffman, J., Geyn, I., Himmerick, K., (2017) "California's Primary Care Workforce: Current Supply, Characteristics, and Pipeline of Trainees." Healthforce Center, University of California, San Francisco.
https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/Research-Report_CA-Primary-CareWorkforce.pdf.

The School's clinical enterprise – UCR Health – provides an additional training platform for students and residents, while also increasing the numbers of physicians in primary care and other medical subspecialties lacking in the region.

To fully respond to the physician shortage and healthcare needs in inland Southern California, the UCR SOM developed a focused, community-based approach to its student recruitment and admissions, curricula, research activities, and clinical enterprise. Priorities include:

- 1) **Student recruitment focused on the inland Southern California region.** Students with ties to the Inland Empire community are much more likely to remain in the area to practice upon completion of training.
- 2) **Medical education highlights issues that are relevant to and prevalent in the community.** The curricula focus on care for the underserved, ambulatory settings, prevention, wellness, chronic disease management, health disparities, and cultural competence.
- 3) **Expansion of graduate medical education (GME) opportunities in the region in partnership with community providers.** The best predictors of a physician's ultimate practice location are where they grow up (or have important family or community ties) and where they complete residency training. The UCR SOM has developed GME programs in primary care and other short-supply specialties – family medicine, internal medicine, interventional cardiology, adult psychiatry, and child & adolescent psychiatry, cardiovascular disease, gastroenterology, critical care medicine, and minimally invasive gynecological surgery. As UCR SOM grows, it aspires to open new programs in additional specialties that will further address the needs of this underserved region.
- 4) **Scholarship Award programs that provide access to medical education and encourage physicians to remain in the region.** The UCR SOM's Mission Scholarship Award program provides an enrollment incentive for students by alleviating medical school debt, provided students remain in inland Southern California following graduation and completion of residency training. Scholarships are awarded solely to students committed to practicing medicine in one of the following disciplines - Pediatrics, Family Medicine, Internal Medicine, OB/GYN, General Surgery, Emergency Medicine or Psychiatry. For recipients who meet the above requirements, their award becomes final after the individual practices medicine in the Inland Empire for five years (following residency training), in one of the aforementioned disciplines. Failure to meet these requirements automatically results in the conversion of the scholarship award into a loan that must be repaid. One hundred one currently enrolled medical students are recipients of these scholarships, which in total are valued at almost \$2.9 million. Mission Awards are funded by the UCR SOM, private individuals, and various philanthropic foundations, and the medical school is continuing to raise external funds to establish additional scholarships.
- 5) **Pathway programs that increase access to medical school for students who may be educationally or economically disadvantaged.** A robust set of programs that span middle school to undergraduate levels are designed to help more of the region's students become competitive applicants for admission to medical school. These programs have served over 2,000 students in 2023 in Riverside and San Bernardino counties.
- 6) **Research programs that prioritize community-engaged research and address issues that are relevant to the community.** The UCR SOM's Department of Social Medicine, Population and Public Health, Center for Health Disparities Research, and the Center for Healthy Communities are actively engaged with research that is co-led and co-developed by community members.

- 7) **Expansion of the UCR Health clinical enterprise.** UCR Health has expanded access to primary care and has five clinic locations, located from Downtown Riverside to La Quinta in the eastern Coachella Valley. Additionally, UCR Health has added specialty physicians in areas such as neurology/multiple sclerosis, minimally invasive gynecologic surgery, and pain management, increasing access to care that was previously limited in the community. In the fall of 2023, UCR Health opened Hulen Place, a clinic to serve the unhoused population in the city of Riverside.
- 8) **Master of Public Health.** The Department of Social Medicine, Population, and Public Health established an interdepartmental MPH program to train the next generation of public health leaders. The program builds upon the existing strengths of UCR in teaching, research, and service in public health and health equity. The overarching goal of the program is to serve the needs of Inland Southern California. The program received University of California system-wide approval in November 2023 with an inaugural class starting in Fall 2024.

III. STUDENT RECRUITMENT AND MATRICULATION

A. Recruitment and Application Process

Recruitment activities focus heavily on schools located within Inland Southern California, including high schools and community colleges involved in UCR’s pathway programs and four-year institutions such as California State University, San Bernardino. Additionally, up to 24 of the medical school seats are reserved for students who earn their bachelor’s degree at UC Riverside – maintaining the original charter of UCR’s former UCLA/UCR Thomas Haider two-year medical education program to recruit, admit, and support students from UCR who aspire to become physicians.

UCR SOM’s admissions process uses a holistic review approach to selecting outstanding future physicians who are most likely to fulfill the school’s mission. The UCR SOM applicants apply through the American Medical College Application Service. For the eleventh class of 86 medical students (Class of 2027), application statistics include:

Academic Year 23/24 Admissions Statistics

| | |
|---|-------|
| Total Applications Received | 6,077 |
| Completed Secondary Applications Received | 4,685 |
| Candidates Interviewed | 291 |
| Offers of Admission | 144 |
| Matriculants | 86 |

The UCR SOM has a Conditional Admission Program for promising UCR undergraduates who would benefit from an extra year of preparation prior to medical school. Additionally, an Early Admissions Program is available for applicants to the Thomas Haider Program (the aforementioned 24 reserved seats). The latter program is designed to accept the top applicants before they apply to other medical schools and commit them to the UCR SOM.

B. Medical Student Enrollment

The UCR SOM has recruited eleven classes of high-quality, diverse students. The current first-year class is composed of 86 matriculants: 52.3% are female, 44.2% self-identify as being underrepresented⁴ in medicine. By comparison, AAMC national enrollment data⁵ for 2023-24 medical school matriculants indicates that 54.6% are female and 23.1% self-identify as being underrepresented in medicine. In addition, 51.2% of students in the current first-year class are from socioeconomically and/or educationally disadvantaged backgrounds, 73.3% have ties to inland Southern California, and 39.5% are the first in their family to complete a bachelor’s degree. Further demographic characteristics are illustrated in the following tables:

| Gender for 2023 Entering Class of the UCR School of Medicine | | | |
|---|-------------------|---------------|---------------------|
| | Applicants | Admits | Matriculants |
| Female | 3307 (54%) | 77 (53%) | 45 (52%) |
| Male | 2388 (39%) | 60 (42%) | 37 (43%) |
| Gender Non-conforming | 83 (1%) | 4 (3%) | 1 (1%) |
| Gender Identity Blank | 299 (5%) | 3 (2%) | 3 (3%) |
| Total | 6077 | 144 | 86 |
| TOTAL ENROLLMENT CLASS OF 2027: 86 Students | | | |

| |
|---|
| Race/Ethnicity for 2023 Entering Class of the UCR School of Medicine |
|---|

⁴ Per the AAMC definition of “Underrepresented in medicine” which refers to those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population, these students self-identified as being Black/African-American, LatinX, American Indian/Alaska Native, or Native Hawaiian/ Pacific Islander.

⁵ [2023 FACTS: Enrollment, Graduates, and MD-PhD data](https://www.aamc.org/data-reports/students-residents/data/2023-facts-enrollment-graduates-and-md-phd-data), AAMC, October 2023. <https://www.aamc.org/data-reports/students-residents/data/2023-facts-enrollment-graduates-and-md-phd-data>

| | Applicants | Admits | Matriculants |
|--|-------------------|---------------|---------------------|
| Asian | 2343 (39%) | 39 (27%) | 28 (33%) |
| Mexican American/Hispanic | 392 (6%) | 34 (24%) | 18 (21%) |
| African American | 387 (6%) | 18 (13%) | 11 (13%) |
| Native Hawaiian/Pacific Islander | 16 (1%) | 0 (0%) | 0 (0%) |
| White | 1474 (24%) | 18 (13%) | 11 (13%) |
| American Indian/Alaska Native | 18 (1%) | 0 (0%) | 0 (0%) |
| No response | 481 (8%) | 14 (10%) | 7 (8%) |
| Other | 335 (6%) | 7 (5%) | 6 (7%) |
| Multiracial | 631 (10%) | 14 (10%) | 5 (6%) |
| Totals | 6077 | 144 | 86 |
| TOTAL ENROLLMENT CLASS OF 2027: 86 Students | | | |

Notes: Admission and matriculation data were analyzed from students' self-reported application information; "Filipino" identification was included in "Asian".

C. Master of Public Health Students

The School of Medicine Department of Social Medicine, Population and Public Health aims to enroll the first MPH class in Fall 2024. The program will be marketed to UCR graduates as well as graduates from institutions throughout Southern California and beyond, including individuals with undergraduate, medical, health professional (e.g., PharmD, MSN, DDS), and other degrees (MPP, MEd, MSW, JD, PhD) who seek training in public health. We project that 15 students will matriculate in the first year of the program, increasing 10% each year. Total enrollments in the 2-year program are projected to be 15 in Year 1, 32 in Year 2, 35 in Year 3, 39 in Year 4, and 43 in Year 5.

The UCR SOM supports a UCR Ph.D. graduate program in Biomedical Sciences and MS graduate degree program with a mission to bridge the gap between basic research and new translational and clinical innovations. Ph.D. students are embedded in the first-year medical school curriculum so that they can learn the same human pathophysiology required to conduct medically translational research. These students are also preparing to be liaisons between practicing clinicians, experimental clinical trials,

patient advocates, and basic researchers. Forty students are currently enrolled and of these, 45% are from underrepresented in medicine groups.

IV. FACULTY AND ADMINISTRATION

Achieving diversity among its faculty and staff is crucial to the success of the School of Medicine and the attainment of its mission. The UCR SOM aims to attract and retain a diverse and talented workforce that will contribute to the School of Medicine's goals, mission, and vision. The UCR SOM also seeks to recruit employees who are from disadvantaged backgrounds (socioeconomically and/or educationally), speak English as a second language, completed high school in the region (preferably from medically underserved areas), and/or are first-in-family to attend college. Demonstrated scholarly, educational, or service contributions to diversity are also built into the recruitment process and evaluated as part of the academic hiring process. Guidelines from the University of California Office of the President enable search committees to give special consideration to a number of factors in faculty and academic appointments. These include, but are not limited to:

- A candidate's exceptional service to increase science participation by underrepresented groups
- Acknowledging barriers facing individuals underrepresented in science careers as evidenced by a candidate's life experiences and educational background
- A candidate's significant experience teaching students who are underrepresented in the sciences
- An individual's potential to bring research to the creative critical discourse that comes from their non-traditional educational background or training, and/or their experience as a member of a group underrepresented in science

Once appointed to the faculty, the UCR SOM strives to provide a supportive and collegial environment, in part through mentorship by peers both within and outside of the medical school. Both academic divisions in the medical school, Biomedical Sciences and Clinical Sciences, provide newly appointed and junior faculty members mentorship to assist them in navigating local systems and culture and to support their scholarly success. UCR SOM provides a new faculty orientation on a bi-annual basis and an extensive array of faculty development workshops that cover topics such as teaching professionalism, teaching in a flipped classroom environment, navigating the advancement process, creating an inclusive working/learning environment, and interpreting teaching evaluations.

UCR SOM utilizes a number of internal and campus-wide resources that ensure that equal employment opportunity principles are embedded into the school's recruitment, selection, retention, and advancement practices.

The following table provides the demographics of the faculty and administrative staff.

| UCR School of Medicine | | | | | | | | |
|---|-------------|-------------|------------------|--------------|--|--------------|------------------|--------------|
| Faculty and Staff Headcounts by Race/Ethnicity and Gender (Self-Reported) * | | | | | | | | |
| | Faculty** | | | | Non-Faculty Academic and Administrative Staff*** | | | |
| Race/Ethnicity | Male | Female | Decline to state | Total | Male | Female | Decline to State | Total |
| American Indian or Alaskan Native | 1 (1%) | 0 | 0 (0%) | 1 (1%) | 0 (0%) | 2 (1%) | 0 (0%) | 2 (1%) |
| Asian | 54 (28%) | 34 (34%) | 2 (3%) | 90 (25%) | 56 (41%) | 64 (21%) | 2 (8%) | 122 (26%) |
| Black/African American | 9 (5%) | 7 (7%) | 0 (0%) | 16 (4%) | 8 (6%) | 29 (9%) | 0 (0%) | 37 (8%) |
| Decline to State | 40 (21%) | 21 (21%) | 66 (96%) | 127 (35%) | 8 (6%) | 6 (2%) | 10 (42%) | 24 (5%) |
| Hispanic | 14 (7%) | 9 (9%) | 0 (0%) | 23 (6%) | 29 (21%) | 131 (42%) | 4 (17%) | 164 (35%) |
| Native Hawaiian or Pacific Islander | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 1 (1%) | 0 (0%) | 1 (1%) |
| White | 72 (38%) | 28 (28%) | 1 (1%) | 101 (28%) | 35 (26%) | 79 (25%) | 8 (33%) | 122 (26%) |
| TOTAL | 190 | 99 | 69 | 358 | 136 | 312 | 24 | 472 |

*Statistics current as of 1/09/2024. Does not include community-based clinical teaching faculty or student employees.

**Includes administrative leaders who also hold faculty appointments.

***Per Diem Physicians with academic appointments counted on paid appointment

Additionally, the UCR SOM has more than 1,000 community-based clinical teaching faculty. These community faculty members serve as supervisors and educators in the clinical environment, classroom, and simulation settings. An important priority for the upcoming year, made possible by the recent increase in ongoing state funding to support medical student enrollment and teaching, will include efforts focused on the recruitment and hiring of full-time faculty.

V. MEDICAL EDUCATION OUTREACH AND PATHWAY PROGRAMS

Working in partnership with community stakeholders, the UCR SOM’s goal is to produce culturally responsive, service-minded physicians who are drawn largely from inland Southern California and thus more likely to remain in the region to practice. As previously noted, the UCR SOM is continuing the tradition of providing a unique pathway into medical school for UCR students, similar to the former UCR/UCLA Thomas Haider Program in Biomedical Sciences, the precursor to UCR’s four-year

independent medical school. The Thomas Haider Program at the UCR SOM maintains the charter of its predecessor to recruit, admit, and support students from disadvantaged backgrounds who attend UC Riverside. Up to 24 of the medical school seats each year are filled by students who attend UCR for at least six consecutive academic quarters and complete their bachelor's degree at UCR.

The UCR SOM continues to explore efforts to increase American Indian/Alaska Native medical student representation. These efforts included outreach to local tribes through arranged visits to discuss potential collaborations. UCR SOM leadership has identified conferences that have a significant focus on American Indian health, while also collaborating with UCR's Native American Resource Center and the Vice Chancellor for Diversity, Equity and Inclusion.

The UCR SOM also offers a series of student pathway and outreach programs to increase medical school access for socio-economically and/or educationally disadvantaged students. External organizations support these initiatives, including the National Institutes of Health, the California Wellness Foundation, and the Department of Health Care Access and Information (HCAI), as well as a number of generous private donors.

The UCR SOM also devotes core personnel resources to coordinating pathway programs, which are listed below. The current programs are organized into 11 major initiatives which create a comprehensive approach, addressing the different needs of aspiring physicians at each stage of their educational pathways.

UCR SOM Pathway Programs

The programs described below are designed to prepare prospective high school, community college, and undergraduate students for admission to medical school. Pathway Programs recruits students who attend schools in Inland Southern California, are socio-economically disadvantaged, reside in medically underserved communities, attended high schools in underserved communities, are first generation to college, or speak English as a second language. During 2023, most of the programs were offered in hybrid formats or in person.

- 1) **JumpStart** is a weeklong summer program, and the program goals are to increase students' knowledge and interest in careers in medicine/health, develop academic success strategies for a university-level learning environment, introduce students to college wellness resources, match students with a peer mentor, and familiarize students with life at UCR. This past year, participants completed a team project, a college wellness resource video that was presented to their peers at the program symposium. Upon completing the program, all participants were enrolled in the Medical Scholars Program for continued mentorship and academic support. Twenty-four students enrolled in the program and all students successfully completed JumpStart. The 2023 JumpStart program was offered in person, on-campus at UCR, with plans to offer again in 2024.
- 2) **Medical Scholars Program (MSP)** is a comprehensive learning community designed to provide academic, personal, and professional development support for socio-economically and/or educationally disadvantaged students. The academic focus is on the sciences, with the goal of increasing students' graduation rates and promoting their entrance to medical school, graduate

school, or other health profession postgraduate programs. The Medical Scholars Program provided resources, activities, and speaker programs. Over its 19-year history, over 1,150 students have participated in the program. The program graduates 88% of students; and 38% of graduates have enrolled in health professions or research-based graduate programs, including 156 students in medical school.

- 3) **Pre-Medical Post-Baccalaureate Program (PPP)** partners with Division of Biomedical Sciences to provide premedical advising, MCAT prep, and AMCAS application support for students enrolled in the M.S. in Biomedical Sciences who are planning to apply to medical school within one to two years. A new career planning seminar launched in Fall 2023 (15 graduate students enrolled). This partnership was developed from 14 years of experience offering a one-year, non-degree granting post-baccalaureate program that enrolled 109 students over its history. Ninety-one students applied to medical school and 81 students have completed, are currently enrolled, or are recently accepted into medical school.
- 4) **K-8 Outreach:** UCR partners with local Kaiser Permanente Hippocrates Circle Programs to provide student panels and campus tours for 30-60 of their middle school students on an annual basis. The Hippocrates Circle Programs aim to increase diversity of incoming physician population by creating opportunities to expose middle school students to careers in medicine.
- 5) **Medical Leaders of Tomorrow** is a mentorship program for high school juniors established in 2013 in collaboration with the San Bernardino County Superintendent of Schools. This year the program was offered in a hybrid format through monthly Saturday sessions with 62 high school students who participated in the cohorts for academic years 2022-2023 and 2023-2024. The program seeks to: 1) increase students' awareness and interest in healthcare careers; 2) increase students' awareness and interest in higher education; and 3) inform students' parents about the significance, affordability, and accessibility of a college education.
- 6) **Health Sciences Partnership (HSP)** is a mentoring program in which UCR undergraduate pre-health student volunteers (mostly science majors) provide monthly presentations to promote medical career pathways for high school students. Established in 2001, the program serves three regional areas: Coachella Valley, Riverside, and San Bernardino. In 2022-2023, eight volunteer mentors and staff delivered virtual presentations, reaching over 300 high school students.
- 7) **Future Physician Leaders (FPL)** is a summer internship program providing mentorship for pre-health community college students and university students. Established in 2009, the program includes four components: a team-based community health project supervised by public health professionals, a weekly Leadership Lecture Series with industry professionals, a symposium in which teams present their health education project, and a mentorship program. The mentorship and leadership development components were significantly expanded with thirty-seven students paired with mentors.
- 8) **Community College Outreach Program (CCOP)** provides Riverside and San Bernardino County community college students with the tools and resources necessary to prepare for their medical education. Pathway Programs staff launched the Inland Empire Regional Hub of Healthcare Opportunity (IE-RHHO), one of four new hubs in California. UCR SOM, in collaboration with three community colleges, CSU San Bernardino, and five community-based organizations, secured a \$1.87 million grant to establish the IE-RHHO. The IE-RHHO offers the **California Medicine Scholars Program (CMSP)**, a four-year pathway program from community college to medical school. An in-person Orientation at UC Riverside was held in January for the inaugural cohort of 38 students. The community college partners quickly grew from the planned three partners to eight institutions (Barstow College,

Chaffey College, College of the Desert, Crafton Hills College, Riverside City College, San Bernardino Valley College, Norco College, and Victor Valley College). Funding for this program is provided by the Foundation for California Community Colleges.

- 9) **Bridges to the Baccalaureate (B2B)** is an NIH-funded partnership between the UCR SOM and Riverside City College (RCC), providing regularly scheduled information sessions and guest speakers to RCC students (approximately 50 students annually) and a full-time ten-week summer research program for their students. This grant was renewed and each year, community college students are matched with a UCR faculty mentor, including faculty from Biomedical Sciences and Bioengineering. Students earn a stipend and attend weekly professional development workshops.
- 10) **Mini-Medical School** allows UCR students to develop supervised health education projects reviewed by subject matter experts who include clinicians, public health professionals and medical students. Each health education project aims to inform the community about important health issues. Over 200 students each year present on 30 different topics to audiences in K-12 schools, churches, family engagement centers, and health fairs.
- 11) **Health Coach Program** is a partnership with Riverside University Health System that trains 30-35 undergraduate volunteers annually as health coaches to support approximately 1,500 patients with chronic conditions (diabetes, dyslipidemia, and hypertension). Health coaches volunteer eight hours per week in clinics and Community Health Centers operated by the county hospital. Health coaches receive premedical advising and attend professional development workshops given by the SOM faculty and staff.

While not a specific program, the School of Medicine also partners closely with the campus Health Professions Advising Center, which serves all UCR undergraduate students and alumni interested in careers in the health professions. Professional staff and peer mentors are available to guide students and graduates in planning pre-health professions course work, gaining health-related experiences, completing service work, and preparing to apply for admission to graduate and professional programs. Approximately 2,000 UCR undergraduates are served by the Center each year.

VI. OPERATING AND CAPITAL BUDGETS

A. Operating Budget

During the first eleven years of its existence, necessary operations were subsidized through support from the central UCR campus and initial startup funding from the UC Office of the President. The State Budget Act of 2020 included an additional \$25 million in annual operating support for the UCR SOM,

augmenting the \$15 million in annual support approved previously. The State Budget Act of 2021 included one-time appropriations of \$25 million to support and expand the UC Riverside School of Medicine (SB 170), and \$10 million for the exploration of Acute Care Teaching Hospital partnerships or a hospital acquisition (SB 129). Both one-time appropriations are based on an implementation plan of three to five years. These funds will be spent in support of academic and clinical training expansion through FY 2025/26. In addition, the State Budget Act of 2023 included a \$2 million ongoing increase for the UCR SOM.

The FY 23/24 operating budget appears in the table below, showing total core state funding of \$41.7 million. In the current fiscal year, this additional funding has been used to: 1) cover existing ladder-rank faculty positions and fixed costs, as well as other non-salary expenses previously subsidized by Central Campus, with a total net value of \$9.2M this fiscal year; 2) sustain current operations; 3) add additional faculty and staff in the medical education program; and 4) fund student support areas in an effort to ensure sufficient personnel and infrastructure for teaching and learning activities, and 5) replace depreciated equipment.

The UCR SOM projects a Current Year Net Operating Loss of \$6.3 million, which includes expenditures occurring this fiscal year, but will be funded with the carryforward fund from the one-time appropriations. The carryforward funds come from the State Budget Act of 2021 (itemization of this Budget Act funding illustrated under section B below) and other carryforward funding which includes \$3.4 million of the 2018 Budget Act one-time funds for Psychiatry Graduate Medical Education (GME) and Expansion of Telemedicine, and \$1.8 million from other SOM resources.

| SCHOOL OF MEDICINE | |
|--|---------------------|
| OPERATING BUDGET FY23/24 - PROJECTED | |
| <i>(\$ In Millions)</i> | |
| Classification | Projected \$ Amount |
| Revenues | |
| Core Funds | |
| State Funds ¹ | 41.7 |
| SOM Tuition and Other State Funds ² | 4.0 |
| Professional Degree Supplemental Tuition (PDST) Gross | 8.3 |
| Indirect Cost Recovery (ICR) ³ | 2.1 |
| Other Student Fees | .5 |
| Core Funds Total | 56.6M |
| Non-Core Funds | |
| Clinical - Patient Billing | 15.5 |
| Clinical - Professional Services Agreement (PSA) | 5.5 |
| GME | 13.8 |
| Contracts & Grants (C&G) ⁴ | 13.1 |
| Gifts & Endowments | 2.3 |
| Sales & Service | .5 |
| Non-Core Funds Total | 50.7M |
| Other Transfers ⁵ | -2.5M |
| Total Revenue | 104.8M |
| Expenses | |
| Academic Salaries | 36.8 |
| Staff Salaries | 27.3 |
| Employee Benefits | 18.1 |
| Salaries and Benefits Total | 82.2M |
| General Supplies and Expenses | 36.2 |
| Equipment/Other Inventorial | 1.4 |
| Facilities | 3.1 |
| Recharge ⁶ | -11.8 |
| Non-Salary Support Total | 28.9M |
| Total Expenses | 111.1M |
| Net Operating Income/(Loss) | -6.3M |
| Budget Act of 2021 - Carryforward Funding ⁷ | 6.2M |
| Other Carryforward Funding ⁸ | 5.2M |
| Adjusted Net Operating Income/(Loss) | 5.1M |
| Footnotes: | |
| ¹ Original \$15M State allocation approved in FY12-13, plus FY20-21 alloc of \$25M and FY24 alloc of cost adjustments of \$1.7M | |
| ² Includes 50% tuition paid by medical students (remaining 50% is retained by campus) and other state funds, such as funds allocated directly to faculty, etc. | |
| ³ Indirect Cost Recovery (ICR) is calculated based on the previous year's actual indirect costs, of which 40% are returned to the School in total (25% to School, 10% to Departments, and 5% to Principal Investigators) and the remainder goes to other campus managed fund sources. | |
| ⁴ Excludes Indirects. | |
| ⁵ Includes projected incremental portion of the 40% UC required set-aside. | |
| ⁶ Recharge of \$11.8M represents an assessment on all clinical and GME external revenues that are subsequently re-directed (within SOM) to fund UCR Health and centralized GME costs, such as the GME DIO office. | |
| ⁷ For illustration purposes only, adding the portion of the \$35M one-time State allocation carryforward budgeted this fiscal year, which is valued at \$6.2M. Details on actual cumulative spend by fiscal year reflected in tables on section B Below. | |
| ⁸ For illustration purposes only, adding significant fund sources where carryforward funding is being used for current year budget including \$3.4M of 2018 Budget Act one time funds (Psychiatry Graduate Medical Education (GME) and Expansion of Telemedicine) and \$1.8M of other SOM resources. | |

Summary of SOM Expenses Previously Subsidized by Campus now included on Operating Budget Above

| SCHOOL OF MEDICINE | |
|---|----------------------------|
| SCHEDULE OF EXPENSES - PREVIOUSLY PAID BY UCR | |
| <i>(\$ In Millions)</i> | |
| Classification | Projected \$ Amount |
| Expenses | |
| Personnel (Fixed) Costs Augmentations | 2.8 |
| Debt Service/Operation and Maintenance of Plant (OMP) | 1.9 |
| Other Non-Salary Expenses | 4.5 |
| Total Expenses² | 9.2M |
| Footnotes: | |
| ¹ These expenses are included in the projected operating budget schedule above. | |
| ² Please note that this expense total will increase proportionally based on costing increases. The incremental change of \$1.6M in FY24 includes new costs to SOM assessed by campus and also reflects the fact that the state funded \$1.7M in perm cost adjustments in FY24 whereas UCR campus previously funded such costing adjustments lieu of the state historically not funding. All campus subsidy costs are reflected in the SOM P&L expense section. | |

B. Budget Act of 2021 Budget Detail Schedules

Budget Act of 2021

Budget Detail - One-time Appropriations

Riverside

UC Riverside School of Medicine Facilities

| | FY 2021-22 (Actual) | FY 2022-23 (Actual) | FY 2023-24 (Projected) | FY 2024-25 (Projected) | FY 2025-26 (Projected) | Total |
|--|------------------------|------------------------|---------------------------|---------------------------|---------------------------|----------------------|
| One Time Appropriation Revenue | 25,000,000 | - | - | - | - | 25,000,000 |
| Total Budgeted Revenue | \$ 25,000,000 | \$ - | \$ - | \$ - | \$ - | \$ 25,000,000 |
| Payroll Expenses | 5,803,387 | 2,359,476 | 1,642,106 | 2,286,154 | 2,286,154 | 14,377,278 |
| Supplies and Expenses | 49,103 | 1,320,308 | 183,977 | 3,372,476 | 3,372,476 | 8,298,340 |
| Operation and Maintenance of Plant (OMP) | 910,946 | 636,550 | 672,106 | 52,390 | 52,390 | 2,324,382 |
| Total Expenditures | \$ 6,763,436 | \$ 4,316,334 | \$ 2,498,189 | \$ 5,711,021 | \$ 5,711,021 | \$ 25,000,000 |
| Budget Operating Income | \$ 18,236,564 | \$ (4,316,334) | \$ (2,498,189) | \$ (5,711,021) | \$ (5,711,021) | - |
| Carryforward | \$ 18,236,564 | \$ 13,920,230 | \$ 11,422,041 | \$ 5,711,021 | \$ - | \$ - |

Budget Act of 2021

Budget Detail - One-time Appropriations

Riverside

UC Riverside School of Medicine Acute Care Teaching Hospital

| | FY 2021-22 (Actual) | FY 2022-23 (Actual) | FY 2023-24 (Projected) | FY 2024-25 (Projected) | FY 2025-26 (Projected) | Total |
|--|------------------------|------------------------|---------------------------|---------------------------|---------------------------|----------------------|
| One Time Appropriation Revenue | 10,000,000 | - | - | - | - | 10,000,000 |
| Total Budgeted Revenue | \$ 10,000,000 | \$ - | \$ - | \$ - | \$ - | \$ 10,000,000 |
| Payroll Expenses | - | - | - | 1,674,587 | 1,674,587 | 3,669,629 |
| Supplies and Expenses | - | - | - | 1,038,317 | 1,038,317 | 2,275,330 |
| Operation and Maintenance of Plant (OMP) | - | - | - | 25,117 | 25,117 | 55,041 |
| Outside Services/ Subawards | 469,599 | 342,631 | 3,711,726 | - | - | 2,469,599 |
| Total Expenditures | \$ 469,599 | \$ 342,631 | \$ 3,711,726 | \$ 2,738,022 | \$ 2,738,022 | \$ 8,469,599 |
| Budgeted Operating Income | \$ 9,530,401 | \$ (342,631) | \$ (3,711,726) | \$ (2,738,022) | \$ (2,738,022) | - |
| Carryforward | \$ 9,530,401 | \$ 9,187,770 | \$ 5,476,044 | \$ 2,738,022 | \$ - | \$ - |

C. Capital Budget

Prior to the UCR SOM's opening, the UCR campus made a significant investment in two necessary facilities – the School of Medicine Education Building (renovation of the Statistics building constructed in the 1960s) and the School of Medicine Research Building. The budget for these two buildings totaled approximately \$58 million, with funding comprised of campus equity funds (\$24 million from campus discretionary funds and indirect cost recovery), external financing (\$30 million with debt service provided by the campus), and Federal Grant Funds (\$4 million). Another very important capital budget project that is now allowing the School of Medicine to make significant changes this fiscal year is the Education Building II project. Highlights of the project and cascading changes as a result of this important milestone are noted below.

Inauguration of School of Medicine's Education Building II

The very needed and anxiously awaited project has been completed in FY23/24 as the School of Medicine opened its doors for the first time to the School of Medicine Education Building II (SOM Ed II) during Fall 2023. As background, the State Budget Act of 2019 included language that authorized the University of California to pursue a medical school project at the UCR campus using external financing supported by State General Funds as allowed under Section 92493 et seq. of the Education Code. The campus determined that a maximum project budget of \$100 million was appropriate for the School of Medicine Education Building II (SOM Ed II) in consideration of the School's programmatic space needs.

The SOM Ed II building includes 57,000 assignable square feet and 90,000 gross square feet which has enabled the School to make significant changes, which have enhanced the educational experience for the medical students in compliance with LCME requirements pertaining to study, lounge, and storage space.

With the exception of the Center for Simulated Patient Care (CSPC) and Anatomy lab activities, all medical school didactics and curricular activities have been relocated from the Orbach Library and Education Building I to SOM Ed II, enabling students to have access to a larger classroom space with state-of-the-art technology, fully utilize and enjoy ample relaxation and study space across the building, and have the necessary lockers and other space that has been limited in the past. The educational space across the building, which included medical education support staff offices, are located mostly across floors one through three, making it very convenient for the students to attend their educational sessions across floors one and two, while having close proximity to advisors, financial aid, and other relevant support staff on floor three.

Space Changes Prompted with the Opening of SOM Ed II

Effective FY24, most medical educational activities have been relocated to the Education II building. The School of Medicine Education Building I (SOM Ed I) will continue to provide educational and administrative space, including space for small-group, problem-based learning sessions and Objective Structured Clinical Examinations. It will also continue to provide space for Biomedical Sciences' Doctor of Philosophy (PhD) and Master of Science (MS) courses, as well as Master of Public Health (MPH) classes in FY25. The recently upgraded Center for Simulated Patient Care (CSPC) will continue to be utilized exclusively for medical educational activities and is in convenient proximity to the SOM Education Buildings I and II. The principal and guiding objective of the center continues to be to advance and improve patient care and patient & care-provider safety. This objective is accomplished by a combination of exploration, team-building opportunities, and analysis of innovative techniques of instruction, treatment, management, communication, and recovery. As previously noted, the CSPC provides the necessary space needed to expand medical simulation and clinical skills training facilities. The original project budget for CSPC was \$7.0 million and funded by campus funds. Construction on this nearly 13,000 gross square feet (gsf) of renovated space became available for use in March 2021.

In addition to the changes related to Education Building I, the SOM Ed II project has also enabled the school to make strategic accommodation for the Clinical Sciences Division and other school-wide administrative groups. Plans to integrate these critical units with other members of the School in Education Buildings I and II are still in progress, thus the decommissioning of most of the UC

Intellicenter Building which is located six miles away from campus. Specifically, all of the clinical academic units now have assigned space in SOM Ed II for every Chair and their immediate support staff, while most of the finance and administration staff, as well as compliance and other key administrative units providing support to the entire School, have either been relocated or will be relocated to SOM Ed II before the end of this fiscal year. The SOM Ed II project has enabled the School to accommodate its growth and bring the UCR SOM community together in one place, creating a stronger support group and foundation for the medical students and the UCR SOM community altogether. Needless to say, the distance from the School of Medicine and teaching space to the off-campus site had created barriers for students, staff, and fragmented the overall local learning environment over the years. Lastly, the UCR School of Medicine will continue to make use of key research buildings on campus with some changes for administrative staff.

The School of Medicine Research Building (a \$37 million project opened in 2010) which is a three-floor, 58,000- square-foot building, will continue to serve as the initial research platform for the medical school enabling the recruitment of additional faculty needed to support scholarly work among the trainees and work on innovative projects to improve health outcomes. However, the research staff in this building will be relocated to SOM Ed I to allow more space for research faculty, but most importantly to bring research teams together. As a result of the overarching space changes, the School of Medicine was also able to relocate the Social Medicine and Population Health (SMPPH) and Center for Healthy Communities (CHC) to campus and will be part of the occupants in SOM Ed I building.

Additional laboratory space for medical school faculty provided in 2019 in the recently completed Multidisciplinary Research Building (MRB) on campus will remain in use by the School. The 180,000 gsf, five-floor building provides wet and dry research laboratories, shared instrumentation, a vivarium, and faculty and administrative support. The MRB building is shared among several UCR schools and colleges and will help accommodate planned growth of the medical school's basic science faculty into the next decade.

VII. RESIDENCY TRAINING AND MEETING HEALTHCARE DELIVERY NEEDS

A. Graduate Medical Education Training

A key strategy for addressing inland Southern California’s physician shortage and improving access to care is creating a broad range of residency training programs. The UCR SOM has established residency training program in the following primary care and short-supply specialties: general internal medicine, family medicine, and psychiatry. In addition, fellowship programs have been established and are operating in child and adolescent psychiatry, gastroenterology, cardiovascular disease, critical care medicine (internal medicine), minimally invasive gynecologic surgery and interventional cardiology. There are a total of 127 resident and fellow physicians training in UCR-sponsored postgraduate programs for the academic year 2023-2024.

Number of Trainees in UCR SOM-Sponsored Training Programs – FY24

| Residency Programs | |
|--|------------|
| Internal Medicine | 55 |
| Family Medicine | 9 |
| Psychiatry | 31 |
| Fellowships | |
| Cardiovascular Disease | 12 |
| Child and Adolescent Psychiatry | 5 |
| Gastroenterology | 6 |
| Interventional Cardiology | 1 |
| Critical Care Medicine (Internal Medicine) | 6 |
| Minimally Invasive Gynecologic Surgery | 2 |
| Total | 127 |

In 2023, UCR SOM-sponsored residencies and fellowships graduated a total of 49 residents in Internal Medicine, Family Medicine, Psychiatry, and fellows in Cardiovascular Disease, Interventional Cardiology, Addiction Medicine, and Child & Adolescent Psychiatry. Among these graduates, 78% remained in California, and 39% chose to stay in inland Southern California to practice. Since 2016, 218 residents and fellows have completed residencies and fellowships sponsored by the UCR SOM.

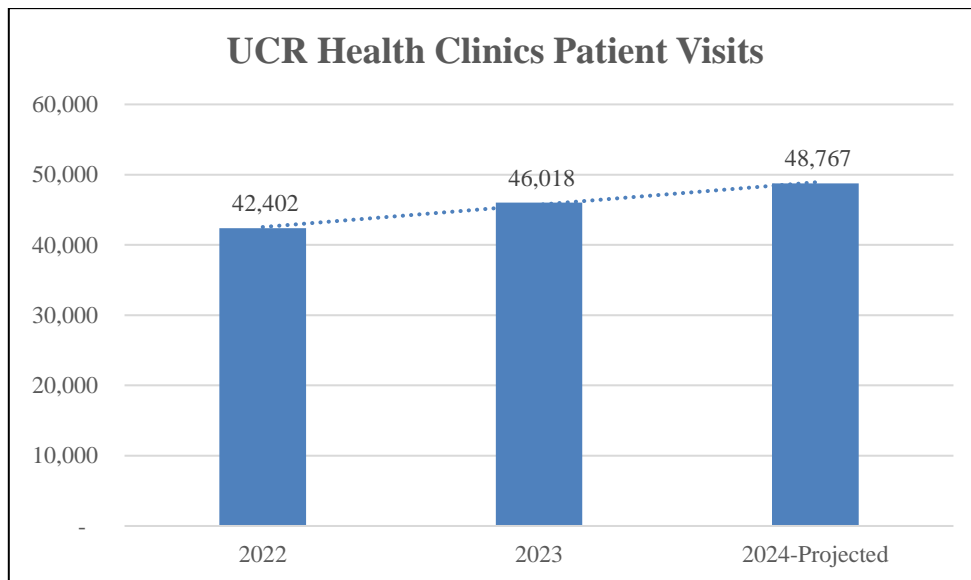
The medical school continues to be successful in securing extramural funding to partially support several GME programs through the HCAI-Song-Brown Workforce Training grants and through CalMedForce grants. The medical school also received support in the State Budget Act of 2018 to expand the psychiatry residency program and psychiatric telemedicine in underserved areas.

Sixty-three individuals, or 97%, of the sixty-five UCR SOM Class of 2023 graduates matched into residency training programs. For the Class of 2023, 27 graduates (44%) secured residency training in

inland Southern California, including five in UCR psychiatry programs. Fifty-five graduates (90%) remained in California to complete their residency training.

B. UCR Health

UCR Health continues to be a vital component of the School of Medicine, enabling the School’s ability to meet two critical roles, which include the delivery of healthcare services to the Inland Empire community and providing a training platform for our medical students and residents. By Fall 2024, UCR Health consists of five outpatient clinics across the Riverside and Coachella Valley and is expecting to open one more clinic before the end of the FY24 fiscal year. As illustrated below, UCR Health has been very effective not only in sustaining but in increasing patient volume with an increase of 9% in FY2023 and a projected growth of 6% in FY2024. A summary of the volume trend is illustrated below.



VIII. FACULTY RESEARCH ACTIVITIES

The UCR School of Medicine continues to build on the current research strengths at UCR through the recruitment and retention of clinical, population, and basic science faculty and an enhanced support infrastructure. Faculty are pursuing new medical discoveries and healthcare innovations to serve the needs of the region while training physicians in basic principles of evidence-based medical research and practice. School of Medicine faculty demonstrate success in a broad range of scholarship from traditional “wet-lab” biomedical research to securing grants that support innovation in teaching and healthcare delivery, and population and community health.

Many research activities are organized as specialized centers with goals that align with the School’s unique mission:

- The Center for Healthy Communities, established in 2014, pursues research to improve the health of the culturally and economically diverse communities in Inland Southern California.
- The Center for Molecular and Translational Medicine is a multi-disciplinary center that translates basic science findings into diagnostic therapeutics and tools.

- The BREATHE Center (Bridging Regional Ecology, Aerosolized Toxins, and Health Effects) focuses on regional climate modeling, culture and policy studies on (1) air quality and health, (2) environmental justice and health disparities, and (3) health impacts.
- The Center for Glial-Neuronal Interactions is a “brain health” center that focuses on prevention and therapeutic intervention of neurodevelopmental, neurologic, and neurodegenerative diseases, such as Alzheimer’s disease, autism spectrum disorders and epilepsy, among others.
- The Center for Health Disparities Research was established in July 2019 with a five-year, \$16 million grant from the National Institutes of Health. One of only 13 centers in the nation, this Center brings together environmental scientists, biomedical scientists, and social scientists to study health disparities. In addition, the Center offers pilot grants to UCR researchers interested in working on health disparity projects and provides training and support to the next generation of investigators seeking to develop community-engaged research projects.

The ongoing COVID-19 pandemic has spurred several creative and critical research activities in the School of Medicine. One of the School’s Biomedical Sciences research faculty is participating in a University of California Multicampus Research Programs and Initiatives (UC MRPI) project to study coronavirus viral capsid assembly. Another Biomedical Sciences faculty member has reported on the protein structures of key SARS-CoV-2 components, which will aid vaccine and antiviral drug design. The impact of COVID-19 has been disproportionately severe among underserved communities, and the Center for Health Disparities Research has been active in community-based research on this question with our community partners.

Medical school faculty have been successful in competing for research funding from diverse sources including the National Institutes of Health, the National Cancer Institute, Patient-Centered Outcomes Research Institute (PCORI), and private foundations. Examples of grant awards and funding from this academic year include:

- Dr. Andrew Subica, an associate professor in the UC Riverside School of Medicine’s Department of Social Medicine, Population, and Public Health (SMPPH), has received a \$3 million grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), of the National Institutes of Health to conduct research aimed at preventing these disorders and harms in Pacific Islander young adults.
- Dr. Evelyn Vázquez, a faculty member in the UC Riverside School of Medicine’s SMPPH has received a two-year funding award of nearly \$250,000 from the Eugene Washington Patient-Centered Outcomes Research Institute (PCORI) Engagement Awards program to improve the mental health of graduate students. The program builds on two UC-wide networks: the UC Graduate and Professional Council (UCGPC) and Healthy Campus Network.
- Dr. Ann Cheney, an associate professor in the UC Riverside School of Medicine’s Department of Social Medicine, Population, and Public Health, received a \$249,999 grant from PCORI aimed at empowering Latinx and Indigenous Latin American caregivers of children with asthma.

- Professor of Biomedical Sciences Changcheng Zhou has received an eight-year award of nearly \$6.8 million from the Revolutionizing Innovative, Visionary Environmental Health Research (RIVER) program of the National Institute of Environmental Health Sciences, or NIEHS, to investigate how interactions between genes and endocrine disrupting chemicals, or EDCs, may increase CVD risk. Only five scientists, including Zhou, received RIVER grants this year. The grant rewards outstanding environmental health sciences researchers who demonstrate a broad vision and potential for continuing their impactful research with increased scientific flexibility, stability in funding, and administrative efficiency.
- Armida Labs, a startup pharmaceutical company founded by UCR SOM Prof. of Biomedical Sciences Maurizio Pellecchia and former grad student Carlo Baggio has received a \$400k Phase I Small Business Innovation Research Grant from the National Cancer Institute of the National Institutes of Health. The grant will allow the company to complete the next steps towards the development of the drug Targefrin as a potential therapeutic for pancreatic cancer and possibly other cancers.

IX. CONCLUSION

The UCR SOM has set its course towards increasing enrollment to 500 total medical students, and towards incrementally building the necessary infrastructure, expanding faculty hires, and addressing other critical needs. The State Budget Act of 2021 provided \$35 million in one-time funding for both the SOM/UCR Health expansion and to explore the future model of UCR's academic health system. With the additional \$25 million in annual operating support authorized in the State Budget Act of 2020, the UCR School of Medicine's ongoing state funding now totals \$42 million. This increase in State funding has allowed the SOM to reduce the need for subsidies from the UC Riverside campus and to continue its focus on the advancement and strategic growth in the academic and patient care missions. It has also allowed for the completion of the Education II building which provides state-of-the-art space for the medical school's educational, research and innovation needs. As the school seeks to increase enrollment to 500 medical students, the need to double the capacity for clinical rotations is a key priority. UCR SOM is exploring multiple strategies to secure this training capacity with existing affiliate partners and through alternative means. Until this challenge is solved, the school will be unable to fully grow as planned, and the ability to expand clinical specialties and residencies will remain severely limited. The School is currently focused on investing much time and effort to secure reliable training sites and high-quality faculty to address the physician shortage in the Inland Empire and to improve access to health for people in the region.

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