**History**

The UCR School of Medicine has a mission distinctive among U.S. medical schools. Created to expand and diversify the physician workforce in Inland Southern California, the School of Medicine’s goals include development of research and healthcare delivery programs to improve the health of underserved populations living in the region. Inland Southern California – a geographically large, ethnically diverse, and rapidly growing region of 4.3 million people – has the state’s greatest shortage of primary care physicians, with just 43 primary care physicians per 100,000 people, according to the California HealthCare Foundation. The shortage of physicians in the region is likely to worsen considerably with full implementation of the Affordable Care Act. An estimated 500,000 additional residents in the region will gain health coverage either through expanded Medi-Cal (Medicaid) eligibility or the health exchange, further stressing an already overtaxed system.

Responding to these regional needs, in 2013 UCR opened a community-based medical school – the sixth school of medicine in the University of California system and the first public medical school on the West Coast in more than 40 years. The curriculum focuses on care for the underserved, ambulatory settings, prevention, wellness, chronic disease management, health disparities, and cultural competence. The three-year-old school currently enrolls a total of 150 students in the first through third years of medical school. The fourth year of the curriculum will be rolled out beginning in summer 2016.

Pre-clinical education occurs on the UCR campus, principally in the School of Medicine Education Building featuring two large classrooms, eight small-group problem-based learning rooms, 10 clinical exam rooms, a simulation center and anatomy lab – all equipped with smart classroom technology. *Clinical training facilities:* From the very beginning of medical school, students get exposure to the clinical aspects of medicine through the Longitudinal Ambulatory Care Experience, a continuity-of-care training module spanning the first three years of medical school in a variety of community-based locations, including hospitals, group and individual physician practices and community clinics. In years 3 and 4 of the curriculum, students will perform required and elective rotations in these same community-based clinical settings in Riverside and San Bernardino counties.

**Affiliated Educational and Research Programs**

The medical school’s research enterprise focuses on both population health and the biomedical sciences. The new Center for Healthy Communities (CHC) within the medical school serves to use innovative community-engaged research and to promote the health of people in Inland Southern California. CHC is building bridges with community groups and interdisciplinary health-field faculty to promote the health of the culturally and economically diverse population surrounding UCR, particularly the medically underserved. Scientific research programs are intended to span the continuum between basic and clinical science, in which discoveries are rapidly advanced from the molecular and cellular biology level through animal models and, ultimately, to clinical testing. Related to the current proposal is the Center for Glial-Neuronal Interactions, an interdisciplinary research center of the medical school focused on glial-neuronal interactions in central nervous system (CNS) health and disease. High-resolution *in vivo* imaging has shown glia are constantly active in the healthy CNS, and studies across genetics, molecular biology, and epidemiology have shown glia can play causative roles in the pathogenesis of CNS disorders including Alzheimer’s, Parkinson’s, and Huntington’s diseases, multiple sclerosis, and ischemia (stroke).

**Faculty and Staff Resources**

Paul Lyons, M.D., is Senior Associate Dean for Education and Chair of Family Medicine in the School of Medicine at the University of California, Riverside (UCR), a federally designated Hispanic Serving Institution. He provides leadership for the M.D. curriculum, in which geriatrics is integrated in large and small group learning models, clinical and biomedical coursework and academic projects. *Affiliated Faculty:* Space limitations preclude our ability to list the names of faculty who are actively involved in teaching and research in the fields related to geriatrics and gerontology.