Welcome
Forum on the Wellbeing and Education of Urban Populations

Teik C. Lim, Ph.D.
Provost and Vice President for Academic Affairs
**HIGHLIGHTS**

**EDUCATIONAL SABATOGE**
Rachel Voth Schrag, SSW
Overlooked form of psychological abuse
>$180K in related funding from 3 grants

**BUSINESS TRANSLATION**
Alicia Rueda-Acedo, CoLA
Service Learning Project: Legal Translation and the Hispanic Immigrant Community
>100 students have impacted hundreds of people’s lives

**TECHNOLOGY EDUCATION**
George Siemens, CoS
Learning, knowledge management, and technology
>$2.5M in funding from 7 grants

**TRANSPORTATION ACCESS**
Jandel Crutchfield, SSW
Courtney Cronley, SSW
Kate Hyun, CoE
Access to basic services, such as healthcare, housing, education, and employment
>$20K in funding from Portland State DOT
Forum on the Wellbeing and Education of Urban Populations

Cynthia D. Kilpatrick, Ph.D.

Director, English Language Institute; Assistant Professor, Department of Linguistics and TESOL
CoLA: Modern Languages; Linguistics and TESOL; English Language Institute

• Support for multilingual populations
  – Community and Global Engagement
  – Heritage speakers and language maintenance/revitalization
  – Second language and ESL teaching and teacher training
As we move forward

– Aid students seeking teacher certification for languages other than English
– Leverage the strengths of bilingual and heritage speakers in a multilingual community
– Increase opportunities for global and community engagement
Forum on the Wellbeing and Education of Urban Populations

Carla Amaro-Jiménez, Ed.D.
Associate Professor of Bilingual/ESL Education, College of Education
College of Education’s Efforts

- Meeting the needs of a culturally and linguistically diverse population shapes everything we do – from teaching and service to research.
  - Teacher Academies
  - Teacher, principal and superintendent certification programs (undergraduate and graduate)
  - Variety of Master's programs to prepare and support K-16 teachers and leaders for the changing economic, demographic and technological dynamics of the 21st Century.
  - The Center for Educational Research, Policy and Practice, newly established in 2018, endeavors to improve K-16 education in Texas and the nation by exploring policies across the educational pipeline and the impact they have on outcomes.
College of Education’s Efforts

• Partnerships with ISDs, non-profits, and corporations have facilitated research on how to best serve not just students but families and communities as well.
  – High school to college transitions
  – Pedagogical innovations with and without technology
  – All facets of teacher/principal education
  – First generation and transfer students

• Participation in leadership and service efforts to help shape policy.
• Constant quest for the what works, how and why to help shape the next generation.
Student Homelessness

• UTA students coming to the institution already dealing with homelessness.
  • Financial Need
  • Temporary
  • Family issues
  • Domestic violence
• 2 bedroom temporary emergency apartment
• 7 efficiency apartments (semester/year long placements)
Student Food Insecurity

• Students can’t perform academically if they don’t have access to healthy food options
  • 58.9% of Texas students qualify for free/reduced lunch program.
  • 41% of college students identify as food insecure
  • 40% of UTA Students qualify for Pell grants

• 2 off campus food pantry options
  • Tri-C: bi-weekly Thursdays (avg. 115 students)
  • Episcopal Church: First Saturdays (avg. 125 students)

• Chartwells Assistance
• Future plans
Student Mental Health

• Increasing # of students utilizing CAPS
  • Counselor on Duty
  • MAVSTalk Crisis Line
  • Increase in counseling staff to meet the demand
• Increase in BIT Referrals and Level
• RVSP Utilization
Alcohol and Substance Abuse

- Student use and misuse of alcohol/drugs
  - Increase in DWI cases
  - Marijuana cases on rise
- Alcoholedu
- Implementation of BASICS program
- AOD counseling
- CSR program
Community connectedness is not just about warm fuzzy tales of civic triumph. In measurable and well-documented ways, social capital makes an enormous difference in our lives...Social capital makes us smarter, healthier, safer, richer, and better able to govern a just and stable democracy.

— Robert D. Putnam —
Social Connections connect academic disciplines and areas of specialty

Acute effects of loss of critical social connection: Substantial risk of death after loss of intimate partner

Chronic Loneliness

Lonely older people are likely to be...

- Smoking/drinking (Dyal & Valente, 2015)
- Drug abuse (Nikmanesh, Kazemi, & Khosravi, 2015)
- Overweight and not eat well (Segrin, C., & Passalacqua, 2010)
- Skipping medication (Singh & Misra, 2009)
- Undertaking less physical activity (Hawkley, Thisted, & Cacioppo, 2009)
Chronic Health Effects of Social Isolation

- **Diabetes**
  (Zhang, Norris, Gregg et al. 2007)

- **Stroke**
  (Boden-Albala, Litwak, Elkind et al. Sacco, 2005)

- **Coronary heart disease**
  (Boden-Albala, Litwak, Elkind et al. Sacco, 2005)

- **Arthritis and mobility impairment**
  (Perissinotto, Cenzer, & Covinsky, 2012)

- **Poorer cognition**
  (Cacioppo & Cacioppo, 2014)
The Science of Empathy

Helen Riess, MD

Abstract
Empathy plays a critical interpersonal and societal role, enabling sharing of experiences, needs, and desires between individuals and providing an emotional bridge that promotes pro-social behavior. This capacity requires an exquisite interplay of neural networks and enables us to perceive the emotions of others, resonate with them emotionally and cognitively, to take in the perspective of others, and to distinguish between our own and others’ emotions. Studies show empathy declines during medical training. Without targeted interventions, uncompassionate care and treatment devoid of empathy, results in patients who are dissatisfied. They are then much less likely to follow through with treatment recommendations, resulting in poorer health outcomes and damaged trust in health providers. Cognitive empathy must play a role when a lack of emotional empathy exists because of racial, ethnic, religious, or physical differences. Healthcare settings are no exception to conscious and unconscious biases, and there is no place for discrimination or unequal care afforded to patients who differ from the majority culture or the majority culture of healthcare providers. Much work lies ahead to make healthcare equitable for givers and receivers of healthcare from all cultures. Self- and other-empathy leads to replenishment and renewal of a vital human capacity. If we are to move in the direction of a more empathic society and a more compassionate world, it is clear that working to enhance our native capacities to empathize is critical to strengthening individual, community, national, and international bonds.

Keywords
empathy, Neuroscience, cognitive empathy, perspective taking, empathic concern

The complex relation between morality and empathy

Jean Decety1,2 and Jason M. Cowell1

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2Department of Psychiatry and Behavioral Neuroscience, The University of Chicago, Chicago, IL, USA

Morality and empathy are fundamental components of human nature across cultures. However, the wealth of empirical findings from developmental, behavioral, and social neuroscience demonstrates a complex relation between morality and empathy. At times, empathy guides moral judgment, yet other times empathy can interfere with it. To better understand such relations, we propose abandoning the catchall term of empathy in favor of more precise concepts, such as emotional sharing, empathic concern, and affective perspective-taking.

Introduction

The concept of empathy has received an enormous amount of attention over the past decade. It has appeared increasingly often in the popular press, political campaigns, and in a range of fields, including business, medical practice, ethics, justice, and the law. A simple search on PubMed reveals a 500% growth in the number of scientific publications using the term ‘empathy’ during the past 10 years.

and social conflict, and moral norms provide safeguards against possible well-being or health infringements. Developmental studies provide empirical support for claims that human capacities for moral evaluation are rooted in basic systems that evolved in the context of cooperation necessary for communal living [1]. However, it would be misleading to see morality as a direct product of evolution. It is also a social institution and many moral codes redirect or even oppose our evolved tendencies, such as our inclination for nepotism.

Neuroscience work demonstrates that the brain regions underpinning morality share resources with circuits controlling other capacities, such as emotional saliency, mental state understanding, and decision-making, and involve the posterior superior temporal sulcus, amygdala, insula, ventromedial prefrontal cortex, dorsolateral prefrontal cortex, and medial prefrontal cortex (Figure 1). What has become clear is that these systems are not specific to morality, rather they support more general cognitive processing [2].

After the devastations of World War II, humans were routinely depicted as “killer apes”—in contrast to the real apes, which were regarded as pacifists. Books by Konrad Lorenz, the Austrian ethologist, and Robert Ardrey (mixed) lacks solid archaeological backing. During most of our prehistory, we were nomadic hunter-gatherers, whose cultures are nowadays not particularly known for warfare (3). They do occasionally raid, ambush, and kill their neighbors (4), but more

The Empathy Enigma: An Empirical Study of Decline in Empathy Among Undergraduate Nursing Students

Julia Ward, PhD, RN,* Juliannne Cody, MSN, RN, BA,† Mary Schaal, EdD, RN,‡ and Mohammadreza Hojat, PhD,§,¶

An empathic relationship between caregiver and patient not only defines the quality of the patient’s experience as a recipient of care, it also contributes to patient outcomes. This longitudinal study was designed to examine changes in empathy during an academic year among undergraduate nursing students. Participants were 214 undergraduate nursing students who completed the Jefferson Scale of Empathy at the beginning and at the end of 2006-2007 academic year. Statistical analyses showed a statistically significant decline of empathy for nursing students who were exposed more than others to patient encounters during study period ($F(2, 211) = 4.2, p < 0.01$). Findings are consistent with those found among medical students in that nursing students’ encounters with patients which ironically are supposed to strengthen empathic engagement have shown a decline in student empathy. Suggestions for improving empathic behaviors in nursing students are discussed. (Index words: Empathy; Clinical experience; Nurse–patient relationship; Nursing students) J Prof Nurs 28:34–40, 2012. © 2012 Elsevier Inc. All rights reserved.

The relationship between caregiver and patient is fundamental to the science and art of healing. The nature of the interpersonal interactions between caregiver and patient not only defines the quality of the patient’s experience as a recipient of care but also actually helps determine patient outcomes. Empathic interactions—those that involve an understanding of the

Background and Literature Review

Although the value of empathy in patient care has been acknowledged by physicians for years (Hojat, 2007; Spiro, McCrea Curnen, Peschel, & St James, 1993), its significance in nursing is virtually synonymous with the profession itself, and as old. Peplau, one of the first

It takes a village to raise a child; a community to support everyone
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It is estimated that the risk to health experienced by a chronically lonely person is comparable to smoking 15 cigarettes a day.
Using Mobile Sensing to Test Clinical Models of Depression, Social Anxiety, State Affect, and Social Isolation Among College Students

Philip I Chow¹, PhD; Karl Fua¹, PhD; Yu Huang², MS; Wesley Bonelli²; Haoyi Xiong³, PhD; Laura E Barnes², PhD; Bethany A Teachman¹, PhD

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Abstract

Background: Research in psychology demonstrates a strong link between state affect (moment-to-moment experiences of positive or negative emotionality) and trait affect (eg, relatively enduring depression and social anxiety symptoms), and a tendency to withdraw (eg, spending time at home). However, existing work is based almost exclusively on static, self-reported descriptions of emotions and behavior that limit generalizability. Despite adoption of increasingly sophisticated research designs and technology (eg, mobile sensing using a global positioning system [GPS]), little research has integrated these seemingly disparate forms of data to improve understanding of how emotional experiences in everyday life are associated with time spent at home, and whether this is influenced by depression or social anxiety symptoms.

Objective: We hypothesized that more time spent at home would be associated with more negative and less positive affect.

Methods: We recruited 72 undergraduate participants from a southeast university in the United States. We assessed depression and social anxiety symptoms using self-report instruments at baseline. An app (Sensus) installed on participants' personal mobile phones repeatedly collected in situ self-reported state affect and GPS location data for up to 2 weeks. Time spent at home was a proxy for social isolation.
Possible Funding Sources
Research on biopsychosocial factors of social connectedness and isolation on health, wellbeing, illness, and recovery (R01 Basic Experimental Studies with Humans Required) - PAR-19-384

This funding opportunity announcement (FOA) invites research projects that seek to explain the underlying mechanisms, processes, and trajectories of social relationships and how these factors affect outcomes in human health, illness, recovery, and overall wellbeing. Types of projects submitted under this FOA include studies that prospectively assign human participants to conditions (i.e., experimentally manipulate independent variables) and that assess biomedical and/or behavioral outcomes in humans to understand fundamental aspects of phenomena related to social connectedness and isolatedness. NIH considers such studies as “prospective basic science studies involving human participants” that meet the NIH definition of basic research and fall within the NIH definition of a clinical trials.
Research on biopsychosocial factors of social connectedness and isolation on health, wellbeing, illness, and recovery (R01 Basic Experimental Studies with Humans Required) PAR-19-373

This funding opportunity announcement (FOA) solicits research projects that seek to model the underlying mechanisms, processes, and trajectories of social relationships and how these factors affect outcomes in health, illness, recovery, and overall wellbeing. Both animal and human subjects research projects are welcome. Researchers proposing basic science experimental studies involving human participants should consider this FOA’s companion for basic experimental studies with humans.
VIEW GRANT OPPORTUNITY

PAR-18-881
Short-term Mentored Career Enhancement Awards in Mobile and Wireless Health Technology and Data Analytics: Cross-Training at the intersection of Behavioral and Social Sciences and STEM Disciplines (K18 Independent Clinical Trial Not Allowed)
Department of Health and Human Services
National Institutes of Health

General Information

Document Type: Grants Notice
Funding Opportunity Number: PAR-18-881
Funding Opportunity Title: Short-term Mentored Career Enhancement Awards in Mobile and Wireless Health Technology and Data Analytics: Cross-Training at the intersection of Behavioral and Social Sciences and STEM Disciplines (K18 Independent Clinical Trial Not Allowed)
Opportunity Category: Discretionary
Opportunity Category Explanation: Grant

Version: Synopsis 1
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Current Closing Date for Applications: Jul 12, 2020
Archive Date: Aug 17, 2020
Estimated Total Program Funding:
Award Ceiling:
Award Floor:
Human Networks and Data Science - Infrastructure (HNDS-I)

PROGRAM SOLICITATION
NSF 19-608

REPLACES DOCUMENT(S):
NSF 18-517

National Science Foundation

Directorate for Social, Behavioral and Economic Sciences
SBE Office of Multidisciplinary Activities
Division of Behavioral and Cognitive Sciences
Division of Social and Economic Sciences

Full Proposal Deadline(s) (due by 5 p.m. submitter's local time):
February 24, 2020

IMPORTANT INFORMATION AND REVISION NOTES

The Human Networks and Data Science - Infrastructure (HNDS-I) solicitation replaces the previous Resource Implementations for Data Intensive Research in the Social, Behavioral and Economic Sciences (RIDIR) solicitation and changes the program name.

Any proposal submitted in response to this solicitation should be submitted in accordance with the revised NSF Proposal & Award Policies & Procedures Guide (PAPPG) (NSF 19-1), which is effective for proposals submitted, or due, on or after February 25, 2019.
Thank You