

by the PHN might have led them to proper clinic visits and PCR testing. Telephone consultation is an easy tool to use for general public, especially older persons. Having health professionals respond directly to calls may have had the advantage of providing appropriate guidance for infection control and PCR testing and mental support.

#### DAILY AFFECTIVE EXPERIENCES ACROSS THE LIFESPAN DURING THE COVID-19 OUTBREAK

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**Objectives** Older adults are considered one of the most vulnerable groups to COVID-19. However, previous studies on emotion and aging have found that older adults report better well-being than younger adults in global survey and daily report. To better understand older adults' well-being during the COVID-19 outbreak, we examined age differences in daily affective experiences in this study. **Method** A total of participants from mainland China aged 18 to 85 were recruited to participate in the 14-day daily diary study, after a pretest. Their trait affect and demographic information were measured in the pretest. Their daily affect and stress levels were measured in the daily assessments. **Results** We found that older adults reported a higher level of low arousal positive affect (e.g., calm) and lower levels of high arousal negative affect (HAN; e.g., anxiety), low arousal negative affect (LAN; e.g., dullness), and perceived stress related to COVID-19 in daily life, compared to younger adults. **Discussion** These results provide initial evidence of daily affective well-being across different age groups in adulthood during the COVID-19 outbreak. Such information is important for developing interventions to promote better well-being during the COVID-19 outbreak.

#### DAILY STRESS PROCESSES IN A PANDEMIC: THE EFFECTS OF AFFECT, WORRY, AND AGE

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On March 13th, 2020, the World Health Organization declared a novel coronavirus, COVID-19, a pandemic. Given the day-to-day behavioral changes necessitated by this global threat, the current study examined daily stress reactivity and its potential moderators during the COVID-19 pandemic. Two-level, multilevel modeling was used to examine the daily relationship between perceived stress and negative affect, as well as the moderating effects of daily positive affect, average pandemic worry, and age, on this process. Participants included 349 individuals from the young adult, midlife, and later-life cohorts of the Notre Dame Study of Health & Well-being who completed a 28-day, daily diary study amidst the COVID-19 pandemic (NDHWB; Age Range = 26-89). Individuals were affectively reactive to perceived stress during the COVID-19 pandemic, experiencing higher negative affect on days of higher perceived stress. Regarding moderators, older individuals were less stress reactive than younger individuals, and the extent of individuals' pandemic worry exacerbated their stress reactivity. Furthermore, daily positive affect buffered daily stress reactivity, regardless of pandemic worry and age. In sum, individuals who were younger or more worried about the pandemic tended to be more stress reactive than older or less worried individuals. Furthermore, daily positive affect buffered stress reactivity, and this buffering effect did not depend on age or the extent to which

individuals were worried about the pandemic. Thus, mobilizing positive affect during the COVID-19 pandemic may be a promising avenue for intervention in daily stress processes.

#### DEMENTIA CARE PROVIDERS' DELIVERY OF FAMILY CAREGIVER SUPPORT DURING COVID-19

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Family caregiver support is a cornerstone of dementia care. Yet the transition to virtual care during COVID raised questions about the ability of dementia care teams to maintain caregiver support services. We surveyed Veterans Affairs clinicians about dementia caregiver support delivery following the COVID surge in the six New England states. 38 out of 68 (55%) clinicians from 6 states responded in June and July 2020. We found: 1) Clinicians continued providing the same types of support services for family caregivers before and after COVID, with over 50% of providers interacting with caregivers daily or multiple times per week. The most prevalent services were caregiver needs assessments, information and referrals, and assistance with accessing services. Two-thirds reported continuing to offer caregiver skills training and counseling, including peer support groups. 2) Caregiver support modality changed, most frequently through the combined use of phone and video, followed by only phone, and rarely, by only video. 3) Providers indicated that phone, more than video, increased to replace in-person interactions, because of multiple factors: caregivers (who continued to call for support on an as-needed basis but declined video encounters), providers (who began to provide group support via phone), and service factors (ad hoc versus scheduled encounters). Results suggest clinicians continued providing caregiver support despite suspension of in-person interactions, but future research is needed to assess the impacts of caregiver support delivery mostly by phone and factors underlying the limited use of video in delivering caregiver support.

#### DEMENTIA CARE UNDER COVID-19 AND INFECTIOUS DISEASE PANDEMIC RESTRICTIONS

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Emergency measures including social distancing and program restrictions during COVID-19 has reduced supports for people living with dementia and family/friend caregivers in the community. Consequently, these reductions in dementia services and resources have added to existing challenges and (in)equities for this stigmatized population. The objectives of this study were to identify how community-based resources and services for people with dementia and their caregivers are impacted by public health emergency measures enacted during COVID-19 and other infectious pandemics and secondly, use an intersectional health equity perspective to explore how supports for people and families living with dementia are affected

by social determinants of health. A scoping review using JBI methodology was conducted. Academic databases searched included Embase, Medline, CINAHL and PAIS. Grey literature was searched using the CADTH tool. English articles published after 2000 in high-income countries were included. Data was extracted by two reviewers using an adaptation of the Health Equity Impact Assessment tool to explore factors related to health equity. Findings included articles discussing the COVID-19 pandemic (N=15). Most alterations to dementia services included switching to telehealth platforms with some advantages/disadvantages of this method discussed. Limited information on how different populations experienced service changes was identified and more research is needed to address issues of (in)equities for people living with dementia and their caregivers during public health emergencies. Information on how health emergency responses affects dementia services and their users will provide important information on resources for current and future efforts to analyze and assess their impacts.

#### DEVELOPMENT OF SERUM ANTIBODIES TO SARS-COV-2 AND EVIDENCE OF IMMUNITY IN OLDER ADULTS CONVALESCING FROM COVID-19

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The presence and magnitude of SARS-CoV-2 IgG, IgM, and Neutralizing Antibody (NAbs) response was investigated in study cohort comprised of 58 volunteers who survived COVID-19 in a Virginia LTC facility. All subjects were confirmed positive by PCR nasal swab at least once and blood samples were drawn a minimum of 14 days post symptom onset or first positive COVID-19 test. The cohort was split between LTC residents (n=32, mean age 77.8 yrs, age range 48-97), and the LTC staff (n=26, mean age 41.3 yrs, range 23-61); the age difference between groups was statistically significant (P<0.001). Serum IgG measurement was quantitative over 5 orders of magnitude (0.6-1250µg/mL) and IgM was qualitative, measured with sandwich ELISA; NAbs were measured with surrogate virus neutralization assay (sVNT) competition ELISA (both Genscript). The convalescent older adult LTC patients were fully immuno-competent and showed no significant difference in IgG, IgM, or NAbs compared to the younger staff group. All older adults developed NAbs and were positive for either IgG, IgM, or both. All study participants were then grouped by age range and IgG, IgM, and NAbs compared between the following groups: ≤ 50 yrs old (n=20), 51-60 (n=6), 61-70 (n=8), 71-80 (n=14), 81-90 (n=6), and ≥91 (n=4). There was no significant difference in immune response parameters between the age groups. Furthermore, repeat testing at 3 months on a subset of participants showed that NAbs, IgG and IgM persist. We conclude that development of competent immune response was age-independent, and that presence of NAbs in serum suggests older adults may develop true immunity.

#### DIFFERENTIAL IMPACT OF THE COVID-19 PANDEMIC ON STUDENTS, FACULTY AND STAFF AT A FLORIDA HBCU

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The COVID-19 pandemic has caused major disruption to society, including education, the economy, daily life, etc. To understand the impact of the pandemic on both short-term and anticipated long-term mental and physical health, as well as potential period and cohort differences, surveys were emailed to all students, faculty and staff at a Florida HBCU. The survey included the GAD-7 anxiety scale, PHQ-9 scale of depression severity and the UCLA Revised Loneliness Scale (3rd revision), as well as questions about the pandemic's impact on physical and mental wellbeing in the month of April and long-term physical and mental health. Although loneliness did not differ among groups, students reported the highest levels of moderate/severe depression (46.6%), followed by faculty (21.1%) and staff (6.9%). Students also reported the highest levels of moderate/severe anxiety (48.6%) compared with faculty (29.4%) and staff (12.1%). Students were more likely to say the pandemic moderately or very much impacted their overall physical and mental wellbeing in April. However, faculty were more likely to report that their long-term physical and mental health would be somewhat/greatly affected, followed by students, and then staff. Staff reported the highest levels of optimism about the future, followed by students and faculty. Taken together, these findings indicate substantial differences in the perceived impact of the COVID-19 pandemic.

#### DIGITAL TECHNOLOGIES TO ENHANCE SOCIAL CONNECTEDNESS IN LONG-TERM CARE FACILITIES DURING COVID-19: A REVIEW

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A consequence of the strict visitor restrictions implemented by many Long-term Care Facilities (LTCFs), during the COVID-19 pandemic, was the exacerbation of loneliness and social isolation felt by older adult residents. While there had been a shift by some persons to utilize digital solutions to mitigate the effects of the imposed social isolation, many facilities did not have sufficient information regarding available solutions to implement institutional strategies to support social connectedness through digital solutions. To support our partners in evidence-based policy-making we conducted a scoping review to identify existing virtual technology solutions, apps, and platforms feasible to promote social connectedness among persons residing in a long-term care facility context during times of lockdown such as experienced during the COVID-19 pandemic. Initial identification of relevant literature involved a combination of keywords and subject headings searches within 5 databases (PubMed, CINAHL EBSCO, PsychINFO EBSCO, Embase OVIDSP, and Web of Science ISI). DistillerSR was used to screen, chart and summarize the data. There is growth in the availability of technologies focused on promoting health and well-being in later life for persons in long-term care facilities however a gap remains in widespread uptake. We will describe the breadth of technologies identified in this review and discuss how they vary in utility in smaller scale facilities common in rural areas. Of the technologies that can be used to mitigate the impacts of social isolation felt by long-term care residents, many "solutions" depend on stable highspeed internet, which remains a challenge in rural and northern areas.