committee developed a cross-sectional research study using an online survey that was administered to LLI members three months post-zoom implementation in May, 2020. Results among the 127 responders demonstrated that a majority of members were not comfortable using zoom (57%) especially the chat, reactions or camera features. More than 80% of responders did report that zoom helped them keep their spirits up. Respondents had specific feedback to improve zoom programming including Youtube videos on use, retraining, training on features (e.g. chat, camera, reaction), closed captioning, program reminders and links sent out more frequently and within 30 minutes of start time. There were also several comments about internet connectivity, identifying opportunities for router and internet plan education. Finally, respondents noted new opportunities to enhance virtual programming including engaging speakers from across the nation and world. In summary, direct feedback from seniors on how to improve the online social and learning environment is pivotal to improving experience, programming and social connection during COVID-19.

PRECAUTIONARY MEASURES AGAINST COVID-19 IN RESIDENTIAL AND COMMUNITY-BASED FACILITIES: SINGAPORE’S RESPONSE
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The COVID-19 pandemic has disproportionately infected older adults who are also at higher risks of developing severe health complications and having case fatality if infected. In particular, older adults in residential and community-based facilities are at greater risks of contracting COVID-19, in part due to close proximities and frequent human interactions in these facilities. In Singapore, the Ministry of Health and its implementation agency, the Agency for Integrated Care (AIC), together with long-term care service providers, have jointly developed a number of precautionary measures against COVID-19. This paper defines and describes Singapore’s response in terms of the ‘ABC’ of COVID-19 safety measures for facilities, namely, safe Access, Behaviors, Compounds (i.e. spatial surroundings). These included infection prevention and control measures, access to PPE, distancing and zoning measures, suspension of visitors, alternative accommodation for long-term care workers, and testing to monitor people with long-term care needs and care workers. Incident response teams to support facilities providers in responding to COVID-19 infections were also swiftly set up. The outreach arm of AIC, the Silver Generation Office, further provided information and services support to older people during the pandemic. We share these measures as a set of practices and learning points for other countries undergoing the current pandemic and for future references.

RECOMBINANT SARS-COV-2 SPIKE PROTEIN MEDIATES GLYCOLYTIC AND INFLAMMATORY ACTIVATION IN HUMAN MONOCYTES
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Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) causes coronavirus disease 2019 (COVID-19) in part through cytokine storm. Metabolic reprogramming in immune cells mediates inflammation, and recent evidence suggests SARS-CoV-2 activates glycolysis in monocytes to facilitate cytokine production. In this study I investigated the ability of the spike protein (subunit 1) from SARS-CoV-2 to cause glycolytic reprogramming and inflammatory activation in isolated human monocytes. Primary human monocytes were isolated from healthy young donors (N=4) by immunomagnetic negative selection and stimulated with recombinant SARS-CoV-2 spike protein subunit 1 (rS1) for 6 hr. Glycolysis was monitored by assessing extracellular acidification using a Seahorse assay. Supernatants and cell lysates were subsequently processed for gene and protein expression assays by qPCR and ELISA respectively. Treatment of monocytes with rS1 at 10 nM and 30 nM led to significant upregulation of glycolysis, as well as a substantial increase in gene and protein expression of interleukin-6. Mouse bone marrow-derived macrophages did not display enhanced glycolysis when stimulated with rS1, suggesting a specific interaction of the protein with the ACE2 receptor, rather than a general inflammatory response caused by contamination with endotoxin or similar. Glycolytic activation in monocytes in response to rS1 suggests that immunometabolic modulators, including common geroprotectors such as rapamycin and metformin, may have efficacy in treating COVID-19.

RESILIENCE TO LONELINESS AMONGST OLDER ADULTS LIVING IN THE BRONX, NY, DURING THE COVID-19 PANDEMIC
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Older adults may be particularly vulnerable to experiencing loneliness as a result of stay-at-home and social distancing orders during the COVID-19 pandemic. This study evaluated change in loneliness following the COVID-19 outbreak, using a longitudinal design and a validated loneliness measure, in a well-characterized sample who are at heightened risk for COVID-19 due to both age and location. The study included n = 226 older adults aged 70-90 years old, living in the Bronx, New York City, who had completed the 3-item Loneliness Scale prior to and during the peak of the COVID-19 outbreak in New York City. There was no evidence of significant increases in mean loneliness from pre- to post-COVID-19 outbreak. Multiple regression analyses were used to identify risk and protective factors for change in loneliness during the COVID-19 outbreak, adjusting for pre-outbreak loneliness. Living alone, higher levels of education, greater worry about contracting the coronavirus, and limiting of daily exercise activities were risk factors for greater loneliness after the outbreak. In contrast, Black race, older age, greater social support and frequent social interactions via video call, all related to lower levels of loneliness after the outbreak. The outcomes of this study demonstrate substantial resilience among older adults to loneliness in response to the COVID-19 pandemic, and highlight key risk and protective factors that may play an important role in individual differences in loneliness as pandemic-driven isolation continues.
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