engaging networks (e.g., direct outreach to skilled nursing facility staff) and anticipating needs (e.g., preparing for shorter hospital stays). Findings highlight the importance of monitoring the contextual challenges to implementing an evidence-based intervention and actively engaging partners in identifying strategies to achieve fidelity.

CHANGES IN MODIFIABLE HEALTH BEHAVIORS DURING THE PANDEMIC AND EFFECTS ON MENTAL HEALTH: EVIDENCE FROM ENGLAND
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COVID-19 mitigation efforts (including lockdowns and advice to stay at home as much as possible) are likely to have resulted in changes in health behaviours such as the amount of sleep, physical exercise, alcohol use, and eating. To date, little is known about how and to what extent these changes in health behaviours since the beginning of the pandemic are related to mental health. Using pre-pandemic data from Wave 9 (2018/19) and from two Covid-19 sub-studies (with data collection in June/July and November/December 2020) of the English Longitudinal Study of Ageing, we investigate how changes in health behaviour during the initial months of the pandemic are associated with subsequent mental health among older people. In our regression analyses, we considered depression and anxiety and controlled for pre-pandemic measures of mental health. Between March and June/July 2020, about a third of older people reported less physical activity; one in five less sleep; and one in ten eating less food and drinking more. Compared to respondents who did not change their behaviours, those who reported sleeping and eating both more and less, and who mentioned less physical activity were more likely to report depression and anxiety, even taking into account pre-pandemic mental health. An increase in drinking was also marginally associated with higher depression. Policymakers should encourage older people who have engaged in unhealthier behaviours to modify them to reduce the negative long-term effects on their mental health.

IMPACT OF COVID-19 MORTALITY ON U.S. LIFE EXPECTANCY BY SOCIOECONOMIC RANK OF COUNTY OF RESIDENCE
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Mortality disparities due to COVID-19 pandemic in the US accentuated the gap in the targeted public health and education response among disadvantaged communities. We use county data from John Hopkins University of Medicine in conjunction with county socioeconomic decile rankings, and weekly national data from the Centers for Disease Control to uncover the impact of county-level socioeconomic deprivation on the spatio-temporal dynamic of COVID-19 mortality. We estimate that over the course of 2020, the pandemic reduced the life expectancy at birth by 1.33 years (95% CI 1.0-1.56), and by 0.84 years (95% CI 0.59-1.0) by age 85 across all county SES decile groups, relative to the previous year’s projection. The highest losses occurred in counties at the ends of the deprivation spectrum, and least affecting those in its middle. Decomposition of the impact of the COVID-19 mortality by seasonal time periods of 2020 reveals that coastal urban and high-SES counties endured a heavy death toll in the initial stages of the pandemic, though managed to cut it by more than a half by the end of 2020. The least affluent, inland, and rural counties have experienced a dramatic and lasting increase in deaths toward the second half of the year. We find that preexisting socioeconomic disparities before COVID-19 remained in force during the pandemic, leaving populations at all ages residing in underserved communities at a greater risk. This both calls into question and further instructs the ongoing public health interventions enabling more effective and equitable infectious disease mitigation strategies.

IMPACT OF HURRICANE SANDY ON HOSPITAL ADMISSIONS 2 YEARS LATER
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Disaster exposure is often followed by acute illness and injuries requiring hospital admission in the weeks after the disaster. It is not known whether disaster exposure is associated with hospitalization in the years after the disaster. We examined the extent to which disaster exposure is associated with hospitalization two years after Hurricane Sandy. The analyses fill a gap in our understanding of long-term physical health consequences of disaster exposure by identifying older adults at greatest risk for hospitalization two years after disaster exposure. Older adults (n=909) who participated in a longitudinal panel study provided data before and after Hurricane Sandy. These data were linked with Medicare inpatient files to assess the impact of Hurricane Sandy on hospital admissions after the post-hurricane interview. Those who reported experiencing a lot of fear and distress in the midst of Hurricane Sandy were at an increased risk of being hospitalized in the second or third years after the hurricane [Hazard Ratio=1.81 (1.15 – 2.85)]. Findings held after controlling for pre-hurricane demographics, social risks, chronic conditions, and decline in physical functioning after the hurricane. These findings are the first to show that disaster exposure increases risk for hospital admissions two years after a disaster, and that older adults’ appraisal of their emotional distress during the disaster has prognostic significance that is not explained by known risks for hospital admissions. The findings suggest that interventions during the storm and after the storm, may reduce long-term health consequences of disaster exposure among older adults.

SOCIOCULTURAL FACTORS INFLUENCING THE MANAGEMENT OF MENINGITIS AMONG OLDER ADULTS IN KWARA STATE, NIGERIA
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During epidemic and non-epidemic seasons, the Kwara North, Nigeria, has consistently reported high incidence rates for meningitis, a disease which mostly affects older members of the community. Limited studies have investigated the nexus between climate change-meningitis and socio-cultural factors influencing the management and control of meningitis among the older adults. This study explored the lived