

unrecognized but modifiable fall-risk factors. Provision of care from rehabilitation services at the right time and place has consistently presented challenges with barriers to access, including referral delays, scheduling delays, transportation, or additional costs. Ongoing staffing and labor pool shortages post-pandemic have further exacerbated the need for boarding of patients within the emergency department, resulting in avoidable complications such as delirium and hospital-acquired deconditioning that have shown worsening clinical outcomes for ill patients. Competing demands by providers and nursing staff in resource-constrained emergency departments make it necessary to task-shift provision of care to other services, including rehabilitation.

**Methods:** Information was obtained by clinical practice and academic literature review via Google Scholar and the use of the University of Colorado library search.

**Results:** Inclusion of a physical therapist within the emergency department has improved the opportunity for collaboration to reduce wait times for care and improved access to care. Patients and health systems have seen additional benefits with a reduction in costs associated with unnecessary hospital admissions, reduced use of narcotics for pain control, and a reduction in demands for imaging. The addition of regularly staffed PT in the ED allows for appropriate care by the appropriate provider in the emergency setting.

**Conclusion:** Staffing a PT within the ED is safe, financially feasible, and well-received by physicians and nursing colleagues.

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## The Impact of Climate Change on Overlooked Populations

Jamla Rizek MBA, MSN, RN, CEN, CPEN, NHDP-BC, NRP<sup>d</sup>, Israel Cross PhD, MA, CDP, EHCM, CAPS<sup>2</sup>

1. BIDMC, United States
2. USPHS, United States

**Summary:** This presentation aims to illuminate the unique challenges faced by older adults in the context of climate change and its compounding effects on health risks. Older individuals, particularly those with comorbidities, experience increased vulnerability due to environmental factors such as poor air quality, extreme weather events, and displacement from natural disasters. The presentation identifies specific health concerns, including:

1. **Neurocognitive Impairments:** Exposure to extreme heat exacerbates conditions like dementia and increases the risk of heat-related illnesses, especially in those with pre-existing cognitive impairments.
2. **Metabolic Disorders:** Climate-induced disruptions in medication access, such as delivery issues, contribute to elevated cortisol levels and exacerbated metabolic conditions.
3. **Cardiovascular and Respiratory Issues:** Poor air quality resulting from industrial pollution and wildfires leads to oxidative stress, adversely affecting cardiovascular and respiratory health.
4. **Renal Health:** Dehydration and electrolyte imbalances result from extreme temperatures and disrupted water supply, impacting kidney function.

5. **Musculoskeletal Pain:** Long-term temperature fluctuations and weather changes can lead to joint pain and mobility issues among older adults.
6. **Psychosocial Effects:** Disruptions to social networks during disasters increase feelings of isolation and vulnerability among older populations.
7. **Immune System Compromise:** The proliferation of waterborne pathogens poses a significant risk to older adults' immune health.
8. **Integumentary Concerns:** Natural disasters can increase exposure to flesh-eating bacteria and diseases such as Melioidosis.

By addressing these challenges, the presentation underscores the urgent need for targeted interventions and policies to support the health and well-being of older adults in the face of climate change.

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## Longitudinal Study of the Psychological Impact of the July 2023 Akita Flooding: 3, 6, 9, and 12 Months After the Heavy Rain

Shuji Seto PhD<sup>1</sup>, Junko Okuyama MD, PhD, CP<sup>2</sup>

1. Akita University, Japan
2. Tokyo University of Agriculture and Technology, Japan

**Introduction:** Natural disasters affect mental health negatively. Compared to earthquakes, climate change often affects the people of a region repeatedly, but there is limited data on the impact of repeated disasters on mental health. In 3, 6, 9, and 12 months after the heavy rain, we conducted a web survey on the mental health of victims of the heavy rain disaster in Akita Prefecture, Japan.

**Methods:** To determine the psychological impact of the torrential rains in Akita Prefecture beginning in July 2023, the survey was administered 4 times: three months (October 13, 2023), six months (January 12, 2024), nine months (April 12, 2024), and one year (July 12, 2024) after the disaster. The municipalities where the participants lived were in the Akita Prefecture in Japan. Depression Anxiety Stress Scale (DASS) -21 and Impact of Event Scale Revised (IES-R) were used to evaluate psychological health.

**Results:** There were significant differences in the scores for depression, anxiety, and stress, as indicated by the DASS-21, at four points: 3, 6, 9, and 12 months after the disaster, as determined by the Kruskal-Wallis tests (depression:  $p = 0.017$ ; anxiety:  $p = 0.037$ ; stress:  $p = 0.005$ ). There were significant differences in the scores for PTSD as indicated by the IES-R between 6, 12, 9, and 12 months after the disaster, as determined by the Kruskal-Wallis test (6 months and 12 months,  $p = 0.000$ ; 9 months and 12 months, stress,  $p = 0.000$ ).

**Conclusion:** Heavy rain is unlike annual snowfall and low levels of sunshine, was found to have a significant impact on mental health immediately after the disaster. Akita Prefecture has a high suicide rate compared to the rest of Japan. In the event of a disaster in such an area, to provide rapid support is necessary to improve mental health.

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