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activity in LAC there was a decrease in overall visits among non-US born patients, with largest reductions in those identifying as Mexican or Central American. These data suggest that immigration enforcement led immigrant patients to avoid acute care, with potential health and economic consequences.

3 Chronic Pain Severity & Alcohol Use Risk Among ED Patients at LA General Medical Center

Mark Tello-Rincón, Destiny Bui, Jamileth Zaragoza Godinez, Cassandra Olmos, Alexcia Garcia, Chun Nok Lam, PhD, MPH, Emily Johnson, MD, MPH

Background: Chronic pain and alcohol use often co-occur, yet their relationship in emergency department (ED) settings is not well understood. Alcohol may be used to cope with chronic pain, but evidence on how pain severity relates to alcohol use among ED patients is limited. This study examines the association between chronic pain severity and alcohol use risk among ED patients at LA General Medical Center.

Methods: We conducted a cross-sectional analysis at a large urban level-one trauma and tertiary care center across three collection periods (Summer 2024, Spring 2025, Summer 2025). Eligible participants were ≥21 years and completed surveys in English or Spanish. Alcohol use was measured with AUDIT-C and categorized as no risk, low risk, or moderate-severe risk. Chronic pain severity was assessed using the Graded Chronic Pain Scale and grouped into two categories: Grade 0-1 (low-level chronic pain) versus Grade 2-3 (moderate-high impact chronic pain). Multinomial logistic regression examined associations between pain severity and alcohol risk, adjusting for age, gender, & Hispanic ethnicity.

Results: The sample included 337 ED patients with chronic pain (mean age 49.5 years; 55% male; 78% Hispanic/Latino). 66% reported Grade 2-3 chronic pain severity. Alcohol risk levels were 65.5% no risk, 22.5% low risk, and 12.0% moderate-severe risk. Higher chronic pain severity was associated with significantly lower relative log-odds of moderate-severe AUD compared to lower pain severity (coef = -0.86; 95% CI [-1.56, -0.16]; p = 0.016).

Conclusion: Greater chronic pain severity was linked to lower relative log-odds of moderate-severe alcohol use. These findings suggest complex interactions among pain, coping behaviors, and healthcare engagement. Further research should explore cultural influences, service access, and coping strategies to guide ED-based screening and interventions for patients with chronic pain.

4 Current Challenges Transgender and Non-Binary Patients Face in the Emergency Department and Global Perspectives to Improve Provider Education

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Transgender and Nonbinary (TNB) individuals face mistreatment, misgendering and discrimination when seeking care in US Emergency Departments (ED), leading to delays in care and poor health outcomes. The lack of standardized education and guidelines for TNB patient care reinforces an environment where patients are likely to be harmed or ignored. The goal of this project is to identify areas of discrimination, evaluate gaps in education practices, and create models for ED Physicians to provide affirming healthcare for TNB patients across the US. A comprehensive literature review using PubMed, national surveys, institutional reports including the 2015 & 2022 U.S. Transgender Survey (USTS), emergency medicine education studies, and qualitative reviews of patient experiences. Our review revealed that 31% of TNB patients reported verbal harassment or denial of care, 27% were misgendered by staff, and 23% avoided the ED entirely due to fear of discrimination. Additionally, most ED residencies reported less than 2 hours of LGBTQIA+ curriculum, with low provider confidence in treating this community. International models have promoted gender-affirming care practices by initiating increased medical education for this community, inclusive intake forms, patient-led training, and policy changes within hospitals. These countries serve as important models to initiate change in the US health education and care systems. Due to the lack of standardized education for this community in medical settings, an LGBTQ+ lecture series was started at Rocky Vista University (RVU) with the goal to increase student confidence in treating this community. Considering 35% of DO students matched into EM residencies in 2025, it is crucial to improve education for future providers entering into the field. A survey was conducted before and after each lecture topic that assessed student's confidence and understanding of the subject presented. The hypothesis is that increasing education will decrease discrimination for the TNB community when seeking healthcare, particularly in the ED. The long term goal of this ongoing project is to present the data, results and conclusion of the study to the RVU board in hopes to further implement LGBTQ+ healthcare into medical education.