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Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

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Permalink

https://escholarship.org/uc/item/9hj9s84c

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 27(3.1)

ISSN

1936-900X

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Publication Date

2026-05-25

DOI

10.5811/westjem.65863

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1 Associations Between Language Proficiency, Insurance Status, and Compensation Redemption in Adolescents with Mild Traumatic Brain Injuries

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Background: Patient compensation is an important tool to enhance enrollment of participants in clinical research. The association between compensation redemption and socioeconomic factors, however, is not well-studied, particularly in pediatric study cohorts. Our objective was to identify key variables associated with redemption of research compensation in a multicenter study of adolescents with mild traumatic brain injuries (TBIs).

Method: We performed a secondary analysis within an ongoing multicenter observational study. Enrolled participants were emailed digital gift card codes after completing baseline surveys, followed by subsequent gift card codes for additional surveys completed after 1 week, 1 month, and 3 months. Our primary outcome was the redemption rate ratio, defined as the number of redemptions per transactions created. We used Poisson regression models with log-transformed transaction counts as offset terms to account for varying exposure periods and estimated associations between redemption rates and demographic and clinical characteristics. These included age, race, ethnicity, sex, area deprivation index, initial Glasgow Coma Scale score, and exposure to adverse childhood experiences. [NK1.1]

Results: We included 353 participants in our analysis. Participants with Spanish-speaking parents had significantly lower gift card redemption rates (rate ratio [RR] 0.58; 95% CI, 0.45–0.74; $p < 0.001$). Participants without health insurance also had lower redemption rates (RR 0.71; 95% CI, 0.52-0.95, $p = 0.03$). Demographic and clinical characteristics were not significantly associated with the redemption rate.

Conclusion: In this study of adolescents with mild TBIs, having Spanish-speaking parents and lacking health insurance were independently associated with lower gift card redemption rates. Digital gift card remuneration, while widely used in research, may inadvertently disadvantage participants facing structural or linguistic barriers.

2 Changes in Acute Care Utilization among Foreign-Born Patients in Response to Immigration Enforcement Escalation in the Los Angeles Safety-Net Healthcare System

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Background: Following the 2024 presidential election the incoming administration increased immigration enforcement. This study seeks to evaluate whether there were differential changes in Emergency Department (ED) and inpatient (hereafter, acute) utilization at Los Angeles County (LAC) safety-net hospitals by patient country of birth after the initiation of increased federal Immigration Enforcement (ICE) and rhetoric in LAC in May 2025.

Methods: This retrospective cross-sectional study used encounter level data for adult patients from three safety-net hospital emergency and inpatient departments in LAC between January and October 2025. Analyses estimated differences in weekly acute encounters by patient country or region of birth before and after the beginning of ICE raids in LAC. The pre-raid period extended from January 1, 2025 through May 27, 2025 and the exposure period started on May 28, 2025. We employ event studies to test for pre-existing trends in the outcome of interest and difference-in-differences regressions to estimate differential changes in acute encounters by country of birth.

Results: There was a reduction of acute care visits[TS1.1] for those identifying as being of Mexicans and Central Americans descent compared to US Born in the post-ICE period. [DC2.1] The hospitals in question recorded more than 196,305 acute encounters from January through October 2025; 43% for US-born patients, 27% for Mexican-born patients, 15% for Central American-born patients, and 4.6% for Asian-born patients. Event study analyses show no change in the relative number of weekly acute encounters by patient country of birth in the pre-ICE period. Difference-in-differences regression results show a relative reduction of 138 [95% CI: 95, 181] visits per week for Mexican-born individuals, 127 [95% CI: 83, 170] visits per week for Central American-born individuals, and 69 [95% CI: 26, 113] visits per week for Asian-born individuals compared to US born individuals in the post-ICE period. These reductions are still statistically significant up to 12 weeks into the post-ICE period.

Conclusions: After increased immigration enforcement

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

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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.