

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