

## Abstract

**Background:** Newcomers including refugees, immigrants, asylees, and migrants face unique health challenges due to the migration process and barriers accessing care. Emergency departments (EDs) or urgent cares (UCs) serve as critical entry points to healthcare for this population. This study examines reasons for ED/UC visits among newcomers and potential predictors of hospitalization.

**Methods:** We conducted a retrospective observational cohort study using electronic medical records of South and Central American newcomers' first visits to the ED/UC in a large, urban safety-net health system between October 2022 and January 2024. Demographic and clinical covariates were evaluated using bivariate analyses. Multivariable logistic regression assessed the association between age and hospitalization at the first encounter.

**Results:** Common chief complaints were abdominal pain, fever, and rash. Primary diagnoses of communicable disease ( $p = 0.09$ ) or injury ( $p = 0.92$ ) were not significantly associated with hospitalization. Patients aged 40+ had higher the odds of hospitalization compared to those aged 18-39 years after adjusting for sex, country of origin, and triage level [odds ratio (OR) = 1.42, 95% CI: 1.06 – 1.90]. Patients aged < 18 years had lower odds compared to those aged 18-39 years after adjusting for key covariates [OR = 0.57, 95% CI: 0.45 – 0.82].

**Conclusions:** This study demonstrated differences by age in rates of hospitalization among newcomers during their first visits to the ED/UC. Additionally, triage level was identified as a confounder between age and hospitalization for patients aged less than 18 years, suggesting that this age demographic typically presented with lower acuity presentations.