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Immigration Enforcement and Appointment Attendance at an Urban Federally Qualified Health Center: An Interrupted Time Series Analysis

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Abstract

Immigration enforcement operations are hypothesized to deter immigrant-origin populations from seeking healthcare, a phenomenon termed the "chilling effect." However, quantitative evidence from electronic health record (EHR) data at Federally Qualified Health Centers (FQHCs) is limited, particularly using methods capable of detecting gradual trajectory changes.

We conducted a retrospective interrupted time series (ITS) analysis using 109 weeks of scheduling data (January 2024 to January 2026) from a Federally Qualified Health Center (FQHC) in the Midwest, a 12-site FQHC serving a large immigrant-origin population in Chicago, Illinois. Three immigration enforcement events served as interruptions: Enhanced Targeted Operations (January 26, 2025), Operation Midway Blitz (September 8, 2025), and a national immigration enforcement surge (January 19, 2026). Outcomes were weekly cancellation rate, no-show rate, and attendance rate. ITS regression with Newey-West heteroskedasticity- and autocorrelation-consistent (HAC) standard errors was the primary analysis, supplemented by Welch pre/post comparisons and a calendar-week-matched year-over-year comparison of 2025 versus 2024. A secondary ethnicity analysis used individual-level records (n=563,502) stratified by patient OMB ethnicity.

A significant level increase in cancellation rate was detected at Event 1 (+1.66 pp; $p=0.009$); no other level changes reached significance at Events 1 or 2. The ITS identified significant slope changes: after Event 1, the no-show rate trajectory reversed from declining to rising (+0.073 percentage points [pp]/week; $p<0.001$). After Event 2, this slope reversed again (−0.10 pp/week; $p<0.001$) while the cancellation rate slope increased (+0.18 pp/week; $p=0.004$). Year-over-year analysis showed that the first weeks of 2025 were improving relative to the same weeks in 2024 (cancellation rate −1.6 pp lower; attendance +3.8 pp higher), reversing after Event 1. Site-level analysis identified a significant no-show increase at Auburn Gresham (+3.1 pp; $p<0.001$), which remained significant after correction for multiple site-level comparisons. Hispanic patients had consistently lower cancellation rates than non-Hispanic patients (gap: 1.9 to 3.6 pp). A step-change in attendance at Event 3 (-1.27 pp; $p=0.047$) was not robust to modeling choices and should not be read as a confirmed finding.

Immigration enforcement events were associated with gradual trajectory changes in appointment attendance at an urban FQHC, rather than acute single-week disruptions. Enforcement appears to shift healthcare avoidance behavior over weeks to months, and the mechanism evolves across events. These findings support the need for longitudinal EHR-based surveillance of enforcement impacts at safety net providers.

Keywords: immigration enforcement, Federally Qualified Health Center, interrupted time series, healthcare access, chilling effect, appointment attendance

Background

Immigration enforcement in the United States has intensified substantially since January 2025, with documented large-scale operations in major urban centers including Chicago, Illinois [1,2]. Federally Qualified Health Centers (FQHCs), which serve disproportionately large immigrant-origin populations, are particularly vulnerable to disruptions in patient utilization driven by enforcement-related fear [3]. Understanding whether and how enforcement events affect appointment attendance at FQHCs has significant implications for public health, health equity, and the sustainability of safety net infrastructure.

The "chilling effect" of immigration enforcement on healthcare-seeking is well documented in survey-based research. Friedman and Venkataramani, matching Behavioral Risk Factor Surveillance System data to state-level ICE activity, found that Hispanic adults were significantly less likely to report having a regular care provider or recent checkup following increased immigration enforcement activity in their state, with no comparable change among non-Hispanic adults [4]. Qualitative and mixed-methods studies similarly document enforcement-driven care avoidance, appointment cancellation, and withdrawal from preventive services [5,6]. However, survey-based approaches are limited in their ability to capture appointment-level outcomes at specific clinic sites, and most existing studies examine cross-sectional changes rather than temporal trajectories.

A 2020 JAMA Network Open cohort study using EHR data from the San Francisco Health Network found no protective effect of an inclusive local health system on care utilization among likely-undocumented patients following federal enforcement activity, providing rare direct EHR evidence of attendance disruption [7]. A controlled ITS study of four North Carolina health systems similarly found a sustained post-policy increase in appointment cancellations among uninsured Latinx children following the 2017 immigration executive actions, demonstrating that ITS methods can detect enforcement-associated changes in pediatric outpatient behavior [8]. To our knowledge, however, no published study has applied ITS regression to weekly FQHC-level EHR scheduling data spanning multiple named enforcement operations during the 2025–2026 enforcement escalation or examined how the mechanism of attendance disruption evolves across successive events. ITS is particularly well-suited to this question because enforcement effects are expected to accumulate over weeks to months rather than produce discrete single-week drops, which simple before-after comparisons would fail to detect.

This study addresses that gap. Using 109 consecutive weeks of scheduling data from a Federally Qualified Health Center (FQHC) in the Midwest, a 12-site FQHC in Chicago, we examine whether three documented immigration enforcement events in 2025 and 2026 were associated with changes in weekly cancellation, no-show, and attendance rates. We additionally characterize site-level variation and conduct a novel ethnicity-stratified analysis using individual-level visit records.

Theoretical/conceptual framework

This study is informed by the concept of the *chilling effect*, whereby immigration enforcement policies and activities may discourage individuals from accessing healthcare services. Immigrant communities may experience heightened fear of interactions with government authorities due to concerns about detention, deportation, or other immigration-related consequences. These concerns

may contribute to delayed care, missed appointments, and reduced healthcare utilization. Changes in clinic attendance patterns may therefore serve as an indirect indicator of the potential impact of immigration enforcement on healthcare access. This framework guides the study's examination of temporal associations between documented immigration enforcement activities and healthcare utilization at federally qualified health centers.

Methods

Participants

The FQHC is a Federally Qualified Health Center operating 12 sites across the Midwest, including eight community-based sites (Main Building, LP Johnson Rockford, Auburn Gresham, Back of Yards, Englewood, Cicero, South Shore, and Davis) and four school-based sites. The FQHC serves a predominantly low-income, racially and ethnically diverse patient population with a substantial proportion of Hispanic/Latino and immigrant-origin patients.

Data collection

Two de-identified administrative data exports from the FQHC's scheduling system were obtained in May 2026. The first provided weekly appointment counts by site and appointment status (completed, canceled, no-show, arrived, left without being seen) for all 12 sites across 109 consecutive weeks from January 1, 2024, to January 26, 2026. The second provided individual-level appointment records (n=563,502) including visit date, appointment status, and patient OMB ethnicity classification (Hispanic/Latino or Non-Hispanic/Non-Latino).

Three documented federal immigration enforcement events served as the primary exposures. Event 1 (January 26, 2025) marks the initiation of Enhanced Targeted Operations in the Chicago metropolitan area, occurring one week after the start of the second Trump administration. Event 2 (September 8, 2025) is Operation Midway Blitz, a large-scale enforcement operation involving hundreds of federal agents deployed across Chicago. Event 3 (January 19, 2026) corresponds to the onset of a documented national immigration enforcement surge in which federal arrest rates reached approximately 1,264 individuals per day, representing a greater than 300% increase from the prior year, coinciding with active legal conflict between the City of Chicago and federal enforcement agencies [1,9].

Measures

Weekly outcome measures were computed as percentages of total scheduled appointments: (1) cancellation rate (canceled / total scheduled), (2) no-show rate (no-shows / total scheduled), and (3) attendance rate (completed + arrived / total scheduled). Primary analyses used community-site data only, as school-based sites have structurally higher baseline cancellation rates reflecting student population scheduling patterns. System-wide results (all 12 sites) are reported as secondary outcomes.

Analysis

The primary analysis was an interrupted time series regression fit to the 109-week community-sites-only series. The model includes a linear time trend and step-change (Di) and slope-change (Ti) terms at each enforcement event [10]:

$$Y(t) = \beta 0 + \beta 1t + \beta 2D1 + \beta 3T1 + \beta 4D2 + \beta 5T2 + \beta 6D3 + \varepsilon$$

where Di is an indicator variable equal to 1 for all weeks at or after enforcement event i, and Ti is a time counter that begins at 0 before the event and increments by 1 each week after. The T3 slope-change term was omitted because Event 3 has only one post-event observation, creating collinearity between T3 and D3. Standard errors are Newey-West heteroskedasticity- and autocorrelation-consistent (HAC) with a Bartlett kernel and 4-week lag.

As a secondary analysis, we compared the 4 weeks before and 4 weeks after each event using two-sided Welch's t-tests for all sites and community sites separately. We additionally conducted a year-over-year comparison in which each 2025 and 2026 week was matched to the same ISO calendar week in 2024, controlling for seasonal variation. Site-level pre/post comparisons were conducted using the same Welch's t-test approach for Events 2 and 3 (Event 1 site-level analysis was not conducted due to insufficient post-period data by site at time of analysis); site-level p-values for Event 2 were adjusted for multiple comparisons using the Benjamini-Hochberg false discovery rate procedure across all site x outcome tests. Ethnicity-stratified cancellation rates were computed from individual-level records, excluding Unknown ethnicity from denominators. All analyses used a significance threshold of alpha=0.05. Analyses were conducted in Python 3.10 using pandas and NumPy; Welch's t-test and Newey-West OLS were implemented using scipy.stats and statsmodels, respectively. Sensitivity analyses tested robustness of the ITS model to annual seasonality (Fourier terms), Newey-West lag length (2, 4, and 8 weeks), exclusion of the first four weeks of the study period, alternate pre-period start dates, and Huber robust regression as an alternative to OLS.

Results

Descriptive Statistics

Across the 109-week study period, the FQHC averaged 5,170 scheduled visits per week system-wide (SD 672), with a mean cancellation rate of 26.17% (SD 2.08), no-show rate of 13.58% (SD 0.90), and attendance rate of 59.86% (SD 2.01). Restricting to the eight community sites, mean scheduled visits were 4,951 per week (SD 607), with a mean cancellation rate of 25.85% (SD 2.08), no-show rate of 13.46% (SD 0.95), and attendance rate of 60.30% (SD 1.99). Descriptive statistics are presented in Table 1.

Table 1. Descriptive Statistics: Weekly Appointment Metrics, January 2024 to January 2026

	All Sites (n=12)	Community Sites (n=8)
Study weeks	109	109
Mean weekly scheduled visits (SD)	5170 (672)	4951 (607)
Mean cancellation rate, % (SD)	26.17 (2.08)	25.85 (2.08)
Mean no-show rate, % (SD)	13.58 (0.90)	13.46 (0.95)
Mean attendance rate, % (SD)	59.86 (2.01)	60.30 (1.99)

SD = standard deviation. Community sites (n=8): Main Building, LP Johnson Rockford, Auburn Gresham, Back of Yards, Englewood, Cicero, South Shore, Davis. School-based sites (n=4): Drake, Englewood STEM High School, National Teachers Academy, Hope Academy.

Pre/Post Comparisons

Pre/post Welch's t-tests, reproduced using scipy.stats, did not identify statistically significant changes in cancellation, no-show, or attendance rates at Events 1 or 2 at either the system-wide or community-sites-only level. At Event 3, cancellation rate increased by +2.34 pp and attendance rate declined by -2.00 pp (all sites); no hypothesis test is reported for Event 3 because the post-period contains only one available week, which does not support a valid two-sample test (Table 2). The absence of significance at Events 1 and 2 is expected given the 4-week window (n=4 per group), which provides limited power to detect small effects.

Table 2. Pre/Post Comparisons: Mean Rates 4 Weeks Before vs. 4 Weeks After Each Enforcement Event

Metric	All Sites	Community Sites Only								
Event 1: Jan 26, 2025										
Cancellation Rate (%)	25.28	27.02	+1.74	0.275		25.16	26.96	+1.79	0.231	
No-Show Rate (%)	12.04	12.98	+0.93	0.207		11.92	12.54	+0.61	0.362	
Attendance Rate (%)	62.10	59.71	-2.39	0.236		62.33	60.21	-2.13	0.243	
Event 2: Sep 8, 2025										
Cancellation Rate (%)	26.14	26.72	+0.58	0.322		25.77	26.13	+0.36	0.380	
No-Show Rate (%)	13.71	13.97	+0.26	0.396		13.74	14.09	+0.35	0.383	
Attendance Rate (%)	59.81	59.00	-0.80	0.318		60.13	59.47	-0.66	0.347	
Event 3: Jan 19, 2026*										
Cancellation Rate (%)	27.05	29.39	+2.34	—		26.80	29.61	+2.81	—	
No-Show Rate (%)	13.43	13.28	-0.15	—		13.33	13.41	+0.08	—	
Attendance Rate (%)	59.20	57.20	-2.00	—		59.54	56.83	**-2.71**	—	

*Event 3 post-period contains only 1 available week (2026-01-26); no hypothesis test is reported for Event 3 (see Methods). All rates expressed as % of total scheduled visits. Welch's two-sided t-test. * p<0.05, ** p<0.01, *** p<0.001.

Interrupted Time Series

ITS results are presented in Table 3 and were independently reproduced using statsmodels (OLS with Newey-West HAC standard errors) and scipy.stats; an initial reanalysis pass matched Event 1 to the wrong week (the event date, 2025-01-26, is a Sunday and was incorrectly snapped to the following week by a nearest-date match), which has since been corrected and is documented

in the accompanying workbook (Corrected_Reanalysis.xlsx, Errata sheet). Prior to any enforcement event, no-show rates were declining at -0.02 pp per week (p=0.032), indicating a pre-existing improvement in attendance. Event 1 also produced a significant level increase in cancellation rate (+1.66 pp; p=0.009). After Event 1, the secular no-show trend reversed: no-show rates began rising at +0.07 pp per week (p<0.001), a statistically significant slope change that accumulated over the subsequent months. After Event 2, the no-show slope reversed again (-0.10 pp/week; p<0.001), with no-show rates returning toward their earlier trajectory. Concurrently, the cancellation rate slope increased after Event 2 (+0.18 pp/week; p=0.004), suggesting a shift in the form of disengagement from reactive (not appearing for scheduled appointments) to anticipatory (canceling in advance).

At Event 3, the ITS point estimate for the attendance step-change is -1.27 pp. Its statistical significance is not stable: the p-value ranges from 0.001 to 0.11 depending solely on the Newey-West lag length chosen (2 through 8 weeks), crosses the conventional 0.05 threshold within that range, and the effect is not significant (p=0.36) under Huber robust regression as an alternative to OLS. Combined with the fact that this estimate rests on a single post-event week, we do not treat this as a confirmed finding; it is reported as a preliminary, model-sensitive signal only. Cancellation and no-show rates did not show significant level or slope changes at Event 3 (Table 3).

Sensitivity analyses supported the Event 1 and Event 2 cancellation findings but identified important caveats for Event 2's no-show finding and for Event 3. Event 1's no-show slope change and cancellation level change remained statistically significant and similar in magnitude across annual seasonality controls (Fourier terms), Newey-West lag lengths of 2, 4, and 8 weeks, exclusion of the first four weeks of 2024, and Huber robust regression. The Event 2 cancellation slope change also persisted across all specifications. However, the Event 2 no-show slope change lost statistical significance once annual seasonality was controlled for (p rose from <0.001 to 0.20), indicating this specific finding may be partly attributable to seasonal patterns rather than enforcement alone. The Event 3 attendance step-change (Table 3) was the least stable result in the model: its p-value moved between 0.001 and 0.11 across plausible Newey-West lag choices alone, and reversed to non-significant under robust regression; we treat it as exploratory. Full sensitivity results are provided in the accompanying reanalysis workbook.

Table 3. Interrupted Time Series Regression Coefficients (Community Sites, n=109 weeks)

Coefficient	Cancellation Rate beta (SE)	p	No-Show Rate beta (SE)	p	Attendance Rate beta (SE), p
Intercept	**+24.06 (1.12)*** **	<0.001	**+14.11 (0.25)*** **	<0.001	**+61.07 (1.12)*** , p<0.001**
t (secular trend)	+0.03 (0.03)	0.323	**-0.02 (0.01)***	0.022	**+0.00 (0.03), p=0.984**
D1: Level change (Jan 26 2025)	+1.66 (0.63)**	0.009	-0.53 (0.43)	0.218	-1.17 (0.77), p=0.129
T1: Slope change (Jan 26 2025)	-0.05 (0.03)	0.107	**+0.07 (0.02)*** **	<0.001	-0.03 (0.04), p=0.483

D2: Level change (Sep 8 2025)	-0.61 (0.52)	0.241	-0.42 (0.54)	0.437	+1.11 (0.85), p=0.192
T2: Slope change (Sep 8 2025)	**+0.17 (0.06)****	0.006	**-0.10 (0.03)*****	<0.001	-0.07 (0.05), p=0.179
D3: Level change (Jan 19 2026)	+0.87 (0.87)	0.313	+0.52 (0.31)	0.100	-1.27 (0.64)†, p=0.047

Beta coefficients in percentage points (pp). Values in parentheses are Newey-West HAC standard errors (lag=4 weeks). Attendance p-values are reported inline. * p<0.05, ** p<0.01, *** p<0.001. † Not robust: p ranges 0.001-0.11 across Newey-West lag choices 2-8 and is non-significant (p=0.36) under Huber robust regression; see Sensitivity Analyses. Model R2: Cancellation Rate=0.331, No-Show Rate=0.169, Attendance Rate=0.223. Durbin-Watson: 1.473, 1.492, 1.438. T3 slope-change term excluded due to collinearity (Event 3 n_post=1). Reproduced with statsmodels OLS + Newey-West HAC, corrected 2026-07-30 for an Event-1 week-boundary error — see reanalysis.py and the workbook's Errata sheet.

Year-Over-Year Comparison

Calendar-week-matched comparisons of 2025 versus 2024 provide additional internal validation (Figure 1). In the first weeks of January 2025 prior to Event 1, community-site cancellation rates were -1.63 pp relative to the same weeks in 2024, and attendance rates were +3.83 pp higher, indicating that the clinic was tracking above its prior-year performance before enforcement began. Following Event 1, cancellation rates rose to an average of +2.42 pp above same-week 2024 rates, and attendance fell to -1.94 pp below. This reversal persisted through the post-Event 2 period. The pattern is inconsistent with secular decline or seasonality as explanations, as performance was improving relative to 2024 until enforcement began. Figure 2 shows outcomes across FQHC community sites and Figure 3 illustrates the interrupted time series model.

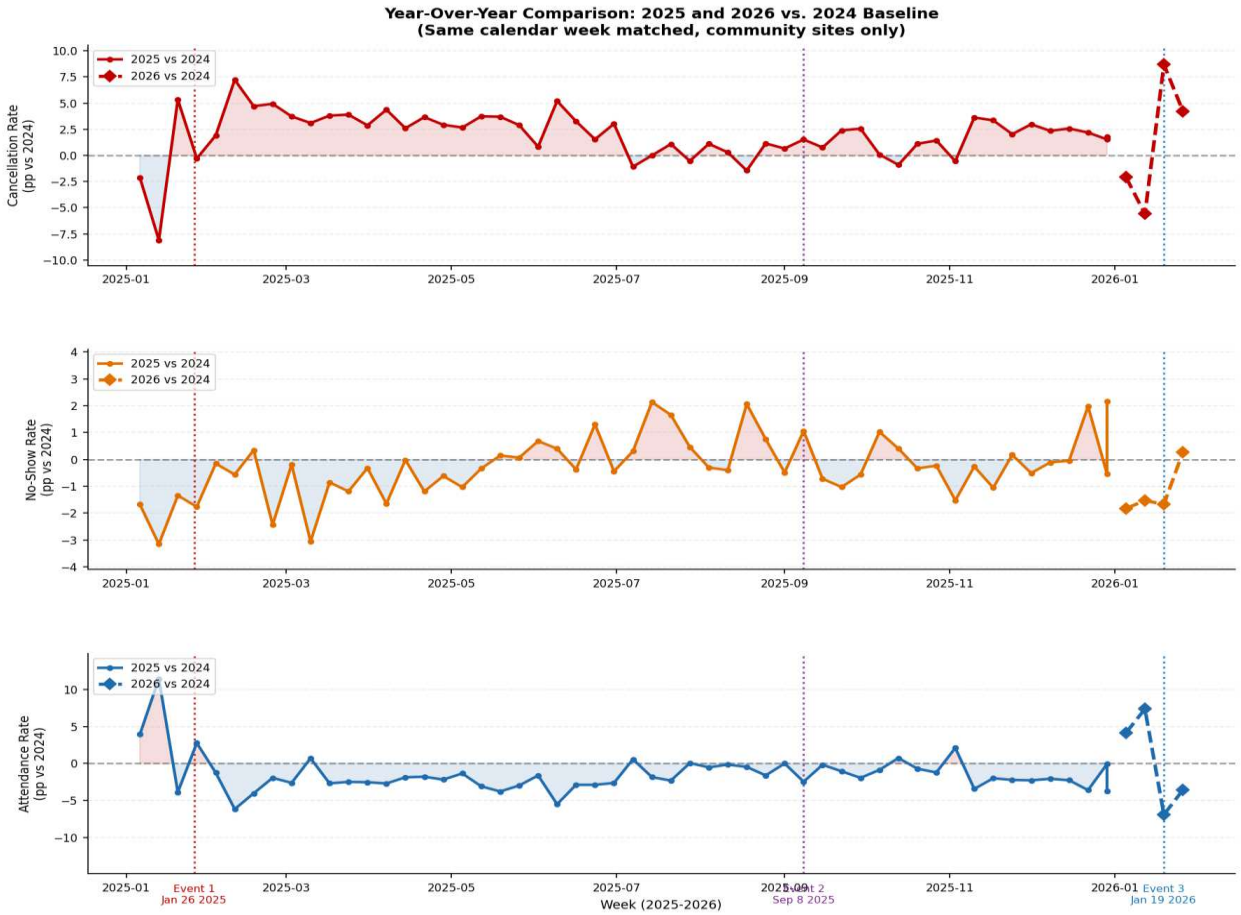

Figure 1. Year-over-year comparison of weekly appointment metrics: 2025 and 2026 versus same calendar week in 2024 (community sites only). Positive values indicate that the 2025 or 2026 rate exceeded the corresponding 2024 rate. Dotted vertical lines indicate the three enforcement events. Red shading indicates weeks where the metric was above the 2024 baseline; blue shading indicates weeks below. Note that in the first weeks of January 2025, cancellation rates were below 2024 and attendance rates were above 2024, consistent with improving performance before enforcement began.

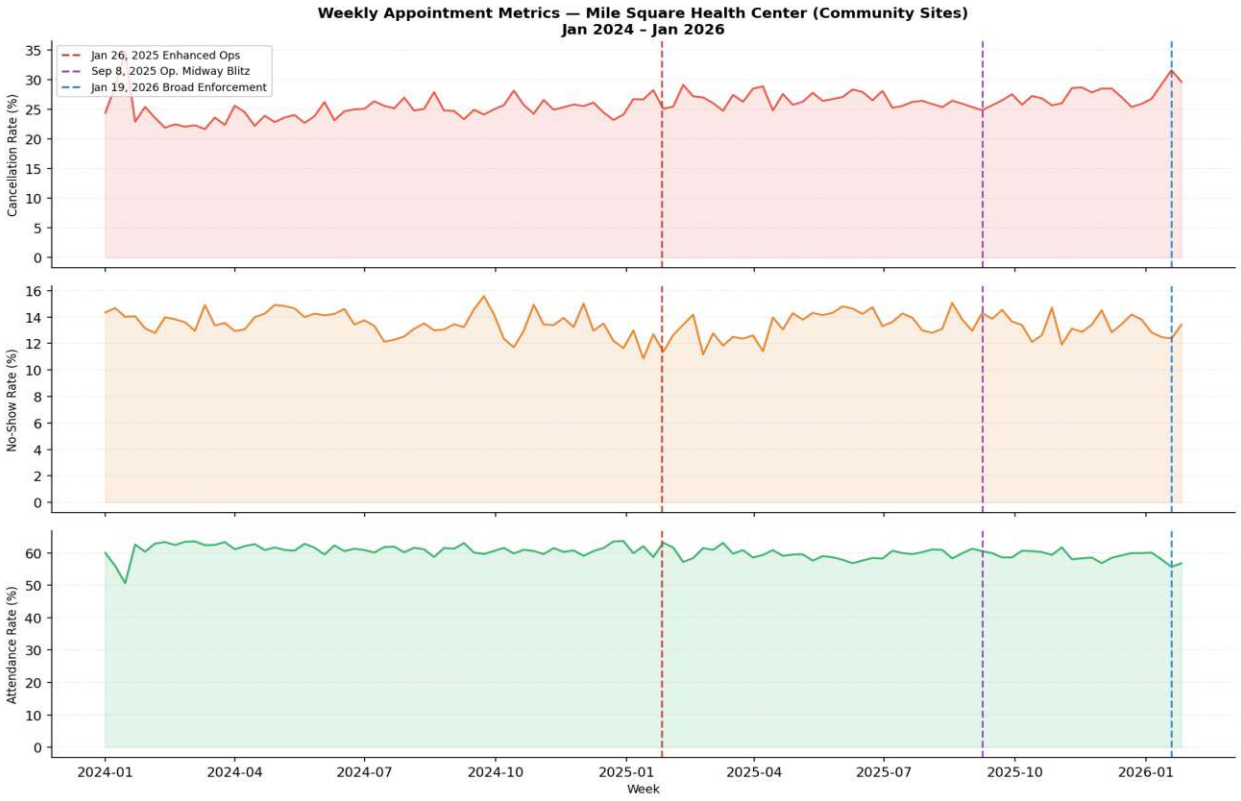

Figure 2. Weekly cancellation rate (red), no-show rate (orange), and attendance rate (blue) at the FQHC's community sites, January 2024 to January 2026. Dashed vertical lines indicate the three immigration enforcement events. Shaded bands represent the 4-week pre/post windows used in the Welch's t-test comparisons.

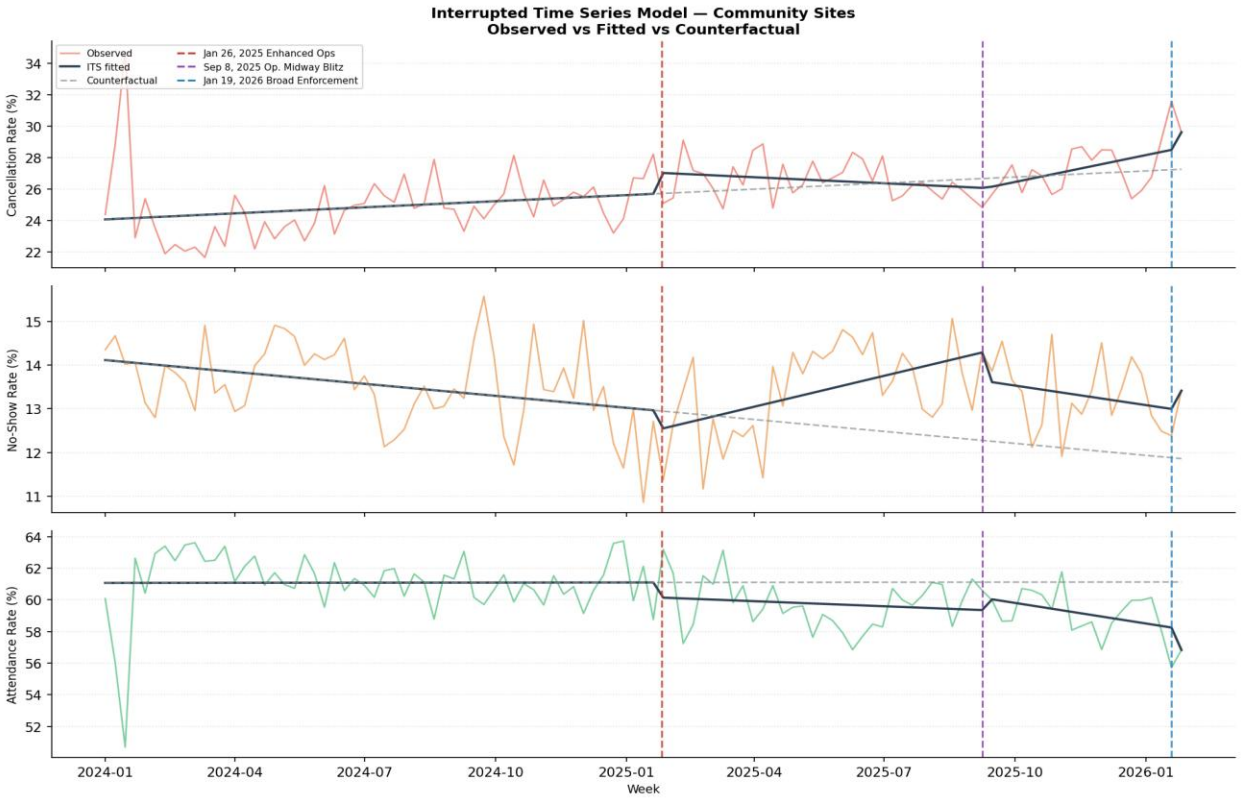

Figure 3. Interrupted time series model results for community sites: observed rates (colored line), model-fitted values (black line), and counterfactual projection (gray dashed line, extrapolating the pre-Event 1 trend). Vertical dashed lines indicate enforcement events. Divergence between the observed and counterfactual lines represents the estimated enforcement-associated effect.

Site-Level Analysis

Site-level pre/post comparisons at Event 2 identified variation across FQHC locations (Figure 4). Auburn Gresham demonstrated the largest change, with no-show rates increasing by +3.08 pp ($p<0.001$); this result remained significant after Benjamini-Hochberg correction for multiple comparisons across all 24 site-level Event 2 tests (adjusted $p=0.007$). LP Johnson Rockford showed a nominal decrease in cancellation rate (-2.38 pp; raw $p=0.031$), a finding in the opposite direction that may reflect local operational or demographic differences; this result did not survive correction for multiple comparisons (adjusted $p=0.38$) and should be treated as exploratory. Following Event 3, 6 of 8 community sites showed directionally consistent increases in cancellation rate; however, with only one post-event week, formal significance testing is unreliable, and these results are reported descriptively only (Figure 5).

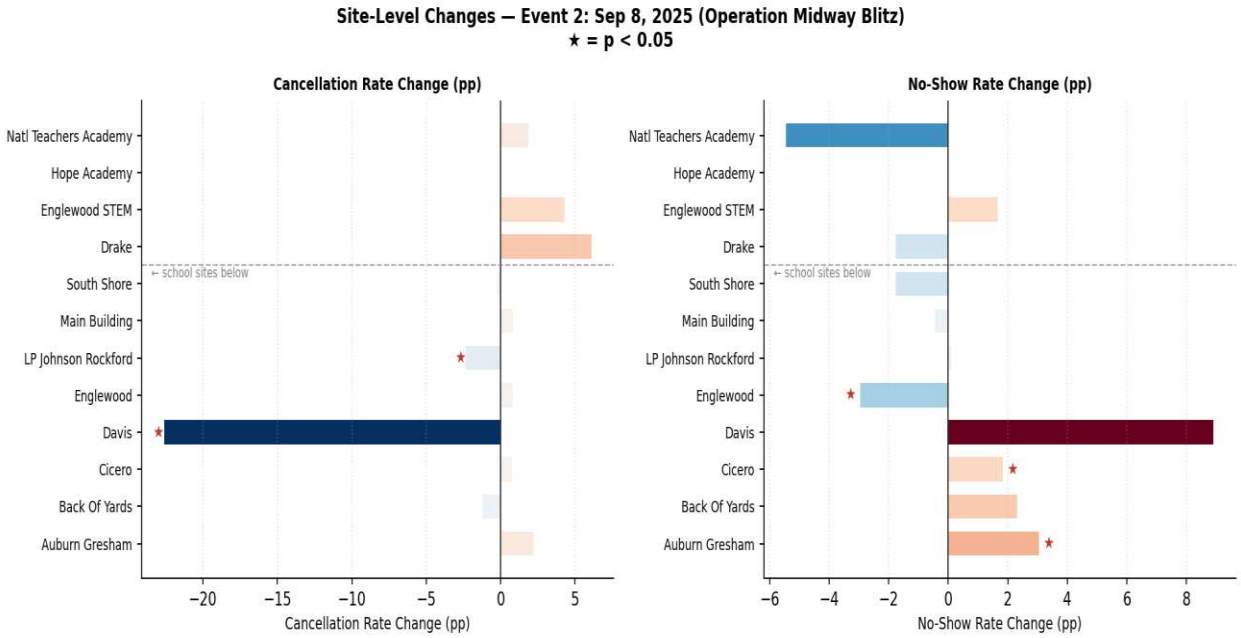

Figure 4. Site-level changes in cancellation and no-show rates following Event 2 (September 8, 2025). Values represent the difference in mean rate (post minus pre, 4-week windows). Asterisks indicate statistical significance ($p<0.05$). Community sites are shown above the dashed line; school-based sites below.

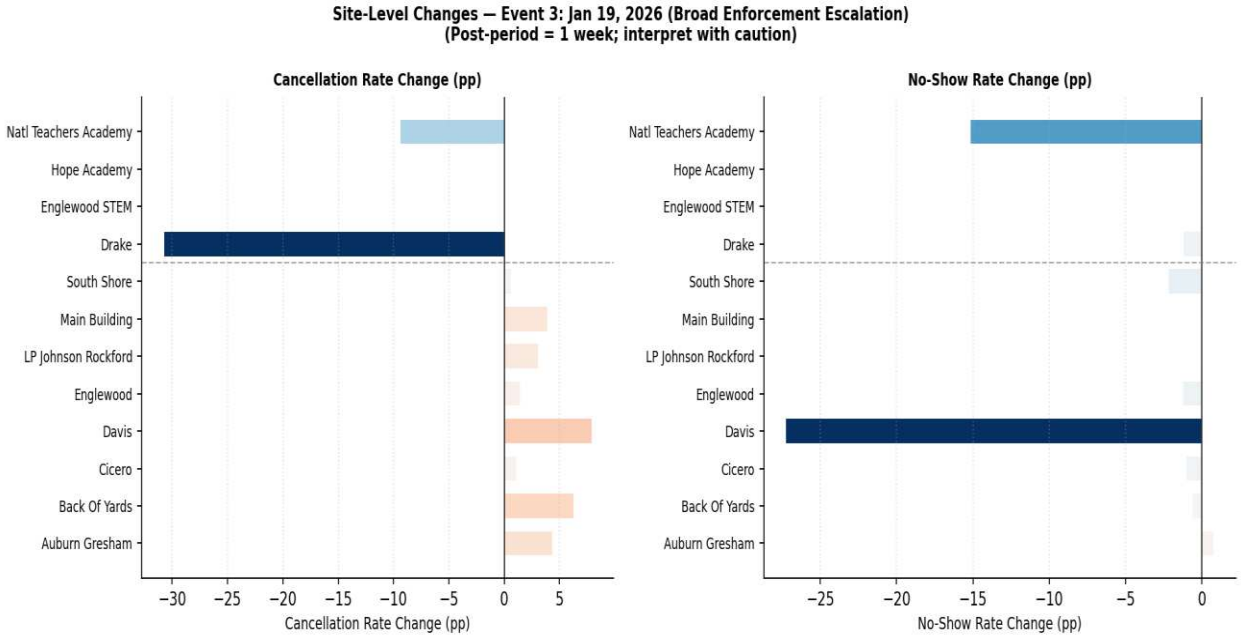

Figure 5. Site-level changes following Event 3 (January 19, 2026). Post-period contains only one available week; all comparisons are descriptive only and should not be interpreted as statistically confirmed findings.

Ethnicity Analysis

Using 563,502 individual-level visit records, we computed weekly cancellation rates separately for Hispanic/Latino and Non-Hispanic/Non-Latino patients (Figure 6). Hispanic patients consistently had lower cancellation rates than Non-Hispanic patients throughout the study period, with gaps ranging from -1.87 pp to -3.55 pp across pre-event periods. No statistically significant differential change in cancellation rates by ethnicity was detected at any of the three enforcement events at the system level. The Hispanic-Non-Hispanic gap narrowed slightly following Event 3, though this change was not significant.

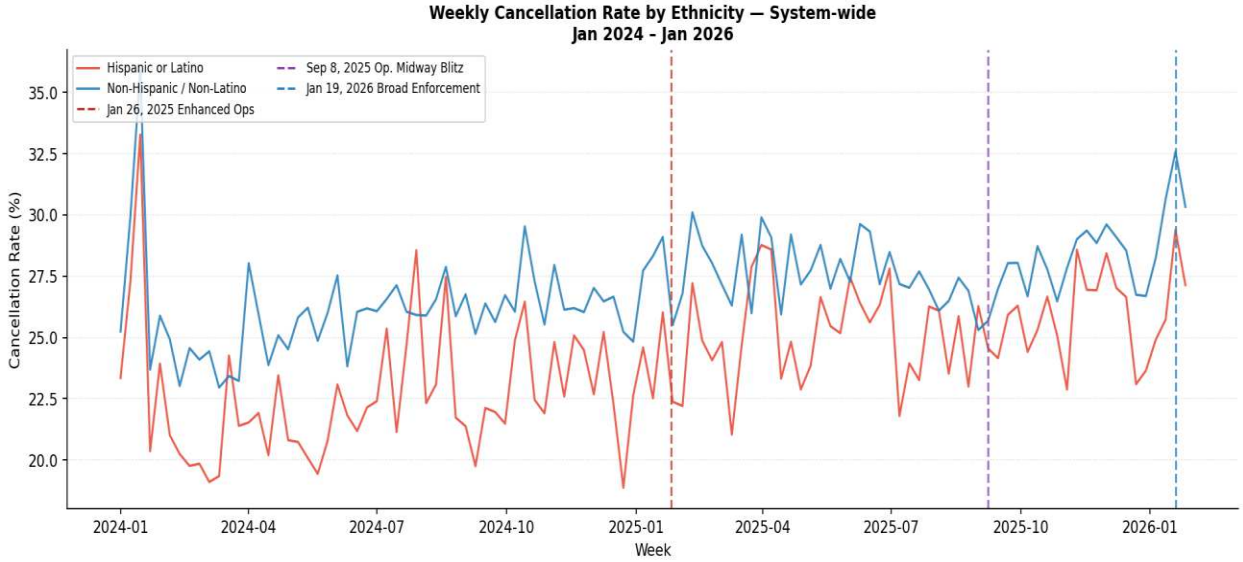

Figure 6. Weekly cancellation rates by patient OMB ethnicity, January 2024 to January 2026. Red = Hispanic/Latino patients; blue = Non-Hispanic/Non-Latino patients. Dashed vertical lines indicate enforcement events. The persistent gap shows lower cancellation rates among Hispanic patients throughout the study period.

Discussion

This study provides quantitative EHR-based evidence that immigration enforcement events were associated with meaningful changes in appointment attendance patterns at an urban FQHC over a 109-week period. The primary finding is that enforcement events appear to alter attendance trajectories gradually rather than producing acute single-week disruptions, a pattern that is only visible through ITS methods and would be missed by simple before-after comparisons.

The no-show rate trajectory change following Event 1 is the most robust finding: a pre-existing improvement in no-show rates, declining at 0.02 pp/week, reversed sharply after January 26, 2025, with no-show rates rising at 0.075 pp/week through the following months. This pattern is consistent with mounting background anxiety rather than a discrete behavioral response; patients were not immediately canceling more, but were increasingly failing to follow through on existing appointments over time. After Event 2, the behavioral pattern shifted: no-show rates began recovering while cancellation rates accelerated. This sequence, from reactive disengagement (no-showing) to anticipatory disengagement (canceling in advance), may reflect a population adapting its avoidance strategy as enforcement becomes a sustained feature of the environment rather than

an episodic shock. This evolution of avoidance mechanism across enforcement events is, to our knowledge, not previously described in the literature.

The year-over-year analysis strengthens the internal validity of these findings by demonstrating that the FQHC was performing above its 2024 baseline prior to Event 1. The fact that outcomes were improving relative to the prior year until enforcement began, and then reversed, is inconsistent with alternative explanations based on seasonal patterns or secular trends in healthcare utilization.

The counterintuitive finding that Hispanic patients had consistently lower cancellation rates than Non-Hispanic patients, and that this gap did not widen significantly after enforcement events, is notable. One interpretation is that the FQHC functions as a trusted healthcare home for its Hispanic patient population, such that enforcement-related fear does not translate to cancellation at the same rate as for Non-Hispanic patients. However, this could also reflect selection: patients who access care at an FQHC, including those who are undocumented or of immigrant origin, may represent those with sufficient healthcare engagement to maintain appointments despite external pressures. Site-level ethnicity data would be needed to disentangle these mechanisms.

Site-level heterogeneity is an important finding in its own right. The Auburn Gresham no-show increase following Event 2 (+3.1 pp, $p<0.001$) suggests that enforcement effects may be concentrated in particular neighborhoods or catchment areas, consistent with geographic targeting of enforcement operations. The LP Johnson Rockford finding (cancellation rate decline) may reflect compensatory scheduling behavior or staffing changes during that period and warrants follow-up.

Immigration enforcement events in Chicago were associated with gradual, trajectory-level changes in appointment attendance at the FQHC, rather than acute single-week disruptions. The sequence of behavioral changes across enforcement events, from rising no-show rates to accelerating cancellations, suggests an evolving population response to sustained enforcement pressure. These findings have direct implications for FQHC operational planning, resource allocation, and advocacy. Continued longitudinal monitoring using ITS methods is warranted as enforcement activity continues into 2026.

Limitations

Several limitations should be acknowledged. First, this is a single-health-system study without an external comparison group, limiting causal inference. We address this in part through the year-over-year internal comparison and the ITS counterfactual, but cannot rule out unmeasured concurrent events. Second, this is an ecological analysis of weekly aggregate data; individual-level causal inference is not possible. Third, Event 3 has only one post-event week at the time of analysis, making slope estimation impossible and significance testing unreliable; those findings should be considered preliminary. Fourth, the ethnicity analysis is conducted at the system level; site-level ethnicity linkage is needed for finer inference. Fifth, we are unable to distinguish between patients actively avoiding care due to fear versus appointment changes driven by operational factors such as provider scheduling changes or clinic closures. Sixth, multiple-comparisons correction was applied only to the site-level Event 2 tests; other reported p-values (Tables 2-3, ethnicity-by-event tests) are uncorrected and should be read as exploratory rather than confirmatory.

New Contribution to the Literature

This is among the first studies to evaluate the 2025–2026 wave of named federal immigration enforcement operations using longitudinal, FQHC-level EHR scheduling data, and the first to our knowledge to trace how the behavioral mechanism of appointment disengagement (reactive no-showing versus anticipatory cancellation) shifts across successive enforcement events at the same safety-net provider.

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