

# Research at a Glance

## Disparities in Antibiotic Prescriptions in the Emergency Department

### What's known:

Racial disparities in the delivery of healthcare have been documented including, for example, in the management of pain, performance of laboratory testing or radiologic imaging, as well as in hospital admissions.

The Emergency Department (ED) is an ideal location to explore disparities in healthcare because the ED provides a universally accessible source of healthcare that is available to all patients — regardless of their insurance status or ability to pay.

### What's new:

The research team sought to understand whether there were racial and ethnic differences in the receipt of unnecessary antibiotics to children diagnosed with viral infections in the ED. According to the Centers for Disease Control and Prevention, antibiotics do not fight colds, flus, most sore throats, or other infections caused by viruses. In the past decade, there has been a push to reduce antibiotic overuse. The research team retrospectively examined a registry powered by electronic health records gathered from seven pediatric EDs. Non-Hispanic white children of any age were more likely to receive antibiotics, while non-Hispanic black children were least likely to receive antibiotics. Because antibiotics should not be prescribed for viral infections, shielding minority patients from antibiotic overuse ultimately provided them with better care.

---

### Questions for future research:

- Q:** Which patient-level variables, such as parental requests, factor into racial/ethnic disparities in emergency care?
- Q:** Which provider-level variables, such as assumptions and bias, factor into racial/ethnic disparities in emergency care?
- Q:** Which hospital-level variables, such as patients' physical proximity to high-cost, low-quality hospitals or use of standardized checklists by staff, factor into racial/ethnic disparities in emergency care?