Capsule Commentary on White et al., The Partnership to Improve Diabetes Education Trial: a Cluster Randomized Trial Addressing Health Communication in Diabetes Care

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The cluster randomized trial by White et al.¹ compared two provider-focused diabetes education programs in 10 randomly assigned safety-net clinics. Providers at five clinics were trained in the Partnership to Improve Diabetes Education (PRIDE)² diabetes education toolkit with low-literacy/numeracy content and received health communications training. Providers at the comparison clinics were trained in the National Diabetes Education Program (NDEP)³ as standard diabetes education. The authors found that both the PRIDE and NDEP arms significantly improved the primary outcome of 12-month A1c levels and the secondary outcomes of odds of poor eating, treatment satisfaction, and self-efficacy. There were no significant differences between treatment arms.

While the authors carefully designed and implemented their trial, there was a significant amount of participant loss to follow-up, albeit similar drop-out rates across trial arms. Self-selection bias was also present, given that participants in both trial arms had elevated baseline A1c levels. A third notable limitation was potential trial arm contamination. Clinic staff transferred between trial sites and overlapping discussion about communication strategies occurred in the NDEP group. Finally, the authors do address that it is possible that the intervention improved provider communication skills—but it was not feasible to quantitatively capture this improvement.

To expand on these findings, additional research is needed to ascertain how novel education programs improve provider communication skills. Replications of this study in varied populations are also essential to determine the full impact of PRIDE programming versus a standard of care program. Interestingly, the rigorously delivered standard of care was as

effective as PRIDE. Low-resource practices should consider improving their delivery of the standard of care. This study also highlights the challenges of engaging patients facing socioeconomic barriers, including financial issues, complex social needs, and lack of social support. Clinicians and providers should recognize the importance of patient-provider interactions but acknowledge that addressing communication alone may not be enough. Moving forward, a multifaceted care approach is needed to improve outcomes for this population, as is an understanding of the most impactful aspects of care that drive improved diabetes outcomes.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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