



Capacity Building in Disability for Dietitians Project

Project partners and collaborators



Australian Federation of
Disability Organisations



Project background

Our goal

To address the need for disability-specific Continuous Professional Development (CPD) for dietitians, Dietitians Australia (DA) partnered with the Australian Federation of Disability Organisations (AFDO) to design and deliver the Capacity Building in Disability for Dietitians (CBDD) program in 2019.

The initiative sought to enhance dietitians' knowledge, skills, awareness, confidence, intentions to change practice and perceived benefits to people with disability, with the ultimate goal to improve access to high-quality dietetic services in mainstream healthcare settings.

Design

The program was guided by an Advisory Group and informed by the social and biopsychosocial models of disability, adult and social learning theories. The advisory group, established by AFDO and DA, included two people with disability, two dietitians and organization representatives.

The needs assessment phase involved a desktop review, surveys and focus group interviews of people with disability, families and carers as well as surveys and focus group interviews of dietitians (members and non-members of Dietitians Australia who worked in client-facing roles). This needs assessment and the advisory group assisted in identifying gaps in training and service access, thus informing the programs development, implementation and outputs.

Funding

This project is funded by the Department of Health Disability and Aging through The Information Linkages and Capacity Building (ILC) grant, under the Mainstream Capacity Building Program.

Phases of the CBDD Project



Education program activities

Initial activities

Development of online course Introduction to Disability and Inclusion for Dietitians

Online, self paced 5 module course covering:

- Disability Foundations
- Health and Function
- Communication
- Supporting people with disability where they live, work and play
- Navigating Funding

In-Practice Workshops

Online, small group live sessions.
5 Workshops covering:

- NDIS Basics
- Supporting clients with communication disabilities
- Meal-time management
- A focus on function
- NDIS reporting

Supervision Groups

- Online
- 12 Supervisors, with groups of 4 supervisees
- Monthly for 6 months

Extension activities

Introductory Course Review

- Updated module content
- Reviewed case studies, added videos, added quizzes.
- Development of accompanying written resources

Intermediate course development

- Intermediate course development accessible via the DA Shop from July 2026

In-Practice Workshops: Clinical Focus

- Online, small group live sessions (completed)
- 3 workshops covering:
 1. Neurological disabilities
 2. Paediatric disabilities
 3. Psychosocial disabilities
- Accompanying LMS courses, self paced.

Supervision Groups

- Online
- 8 Supervisors, with groups of 4 supervisees
- Monthly for 6 months

Webinar Series

19 webinars developed, live and recorded.
Topics included:

- NDIS and core dietetic practice skills
- Physical disabilities
- Paediatrics
- Neurological disabilities
- Cultural considerations

A snapshot of our resources



Paediatric Disability Nutrition Assessment Tool

This guide explores a range of common referral reasons and helps dietitians capture key information in their assessment and work within the multidisciplinary team. Found within the Paediatric Disability In-Practice Workshop LMS.

Community Disability Dietitian Toolbox

This toolbox prompts and inspires dietitians to think broadly, act effectively and overcome challenges when supporting their clients with disability. Found within the Introductory Course.





Food and Health

Understanding Diet-Related Conditions

Health Condition: Diabetes

What is Diabetes?
Diabetes is a condition where there is too much glucose (sugar) in the blood. This causes health problems.

You can find out more about Diabetes here: [https://www.diabetesaustralia.com.au/what-is-diabetes](#)

Food and Diabetes: For people with Diabetes, the foods we eat have a big effect on our blood sugar levels.

This leads to high blood glucose (sugar) levels. They need to stay between 5 to 10 mmol/L (fasting) and 5 to 10 mmol/L (after meals).

Diabetes can be managed with the right diet, exercise, and sometimes insulin.

Health problems in Diabetes:

- High blood sugar can damage the heart, kidneys, eyes, and nerves.
- It can also lead to foot problems.

✔ Eat more healthy carbs:

- High fibre
- Whole grains
- Vegetables
- Legumes
- Low glycaemic index

❌ Eat less high sugar and processed carbs:

- Sweetened drinks
- Highly processed grains
- Highly processed meats
- Highly processed oils

Small Changes For Big Health Benefits

- Swap sugary drinks for water or unsweetened tea.
- Choose whole grains over refined grains.
- Swap saturated fats for unsaturated fats.
- Swap red meat for lean meats.
- Swap high sodium for low sodium.
- Swap high fat for low fat.
- Swap high sugar for low sugar.
- Swap high calorie for low calorie.

Healthy Eating

For Strong Bodies and Minds

Being good for your body and mind means eating the right foods. It's not just about how much you eat, but what you eat. Eating good food helps you feel better and live longer.

Good Food for Healthy Living: Eating good food helps you feel better and live longer.

Eating Deadly Foods: Traditional foods like kangaroo, Bush Tomatoes, and native Bees are rich in nutrients and have been part of First Nations diets for thousands of years.

These Systems:

- High in protein
- High in fibre and antioxidants
- Low in fat

These foods also strengthen cultural connections and identity.

Many traditional foods have a low sodium, low sugar, and low fat content. They are also rich in fibre, protein, and healthy fats. This makes them a great choice for people with health conditions like diabetes, heart disease, and high blood pressure.

Building Relationships

Culturally Safe Dietetic Care for First Nations Peoples with Disability

Family and Community Dynamics: In many First Nations communities, care and support are provided by family members, often including grandparents and other relatives. This is a key part of the cultural and social structure. It's important to understand these dynamics when providing care.

Common Disabilities in Communities: Many First Nations communities have higher rates of physical, cognitive, and psychosocial disabilities. This is often due to historical and ongoing trauma, including the impacts of colonisation, racism, and intergenerational trauma.

Communication Tips: Here are some key tips for communicating effectively with First Nations People with disability in a healthcare setting.

- Build trust through consistent, respectful, and non-judgmental care.
- Use plain language and avoid medical jargon.
- Use interpreters and cultural brokers.
- Be patient and allow time for decision making.
- Respect cultural beliefs and practices.
- Use visual aids and diagrams.
- Be flexible and adaptable.
- Use a trauma-informed approach.
- Be aware of your own biases and assumptions.
- Use a strengths-based approach.
- Use a person-centred approach.
- Use a holistic approach.
- Use a collaborative approach.
- Use a respectful approach.
- Use a respectful approach.

Inclusive Care

Supporting First Nations Peoples with Disability

Cultural Context: Many First Nations communities have higher rates of disability. This is often due to historical and ongoing trauma, including the impacts of colonisation, racism, and intergenerational trauma.

Common Disabilities in Communities: Many First Nations communities have higher rates of physical, cognitive, and psychosocial disabilities. This is often due to historical and ongoing trauma, including the impacts of colonisation, racism, and intergenerational trauma.

Neurodevelopmental/Psychosocial: ADHD, Autism, Anxiety, Depression, Bipolar Disorder, Borderline Personality Disorder, PTSD, Schizophrenia, etc.

Physical: Hearing and vision impairment, Intellectual Disability, etc.

Sensory: Hearing and vision impairment, Intellectual Disability, etc.

Cognitive: Intellectual Disability, etc.

First Peoples Disability Network x Dietitians Australia

We have collaborated with First Peoples Disability Network to create 4 written resources to support Dietitians to deliver culturally considerate care and educate First Nations communities to build healthier eating habits. These resources accompany FPDNs Webinar.

Sean and Marley Cooking Series

We partnered with the team at Get Down with Sean and Marley to raise awareness of the value of nutrition and support of a dietitian in promoting health, function and wellbeing. This video explores a "Nourish Bowl" recipe. Thanks to the team at AFDO, this recipe was also developed into Easy Read Recipes.

Nourish Bowl Recipe

Get Down with Sean and Marley

Dietitians Australia

Nourish Bowls!

A nourish bowl is a bowl of different foods on one plate.

You can choose foods that are good for you and that you like to eat.

Publication papers

- “Evaluation of the Capacity Building in Disability for Dietitians education program”. This report on interview findings was completed by Centre for Health Service Development, University of Wollongong and is available via the DA website.
- “Evaluating Disability Education Program for Dietitians: A Cross-Sectional Study of Self-Reported Outcomes” This comprehensive evaluation paper has been finalised and submitted for publication.

Visit the Capacity Building in Disability for Dietitians website

To access all the resources, please scan the QR code. The website is your one stop shop for everything mentioned here, including videos, written resources, recipes, webinars, course and publication papers.

