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Practice Summary & Implementation Guidance

Washington State Nutrition Network

This cutting-edge practice demonstrates how the Nutrition Network builds statewide pediatric nutrition capacity through training, care coordination, interdisciplinary partnerships, and specialized feeding team support for children and youth with special health care needs.

Cutting-Edge | Emerging | Promising | Best

Location	Topic Area	Setting
Washington	Nutrition & Physical Activity	Community

Population Focus	Date Added
CYSHCN, Medical & Public Health Professionals	August 2026

Contact Information

Khimberly Schoenacker, RD, Washington State Department of Health, Khimberly.Schoenacker@doh.wa.gov; Mari Mazon, RD, University of Washington, lilmaro@uw.edu

Section 1: Practice Summary

PRACTICE DESCRIPTION

Children and youth with special health care needs (CYSHCN) represent a substantial and growing proportion of the pediatric population in the United States. The *National Standards for Systems of Care for Children and Youth with Special Health Care Needs* define CYSHCN as children who have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions and who require services beyond those of children generally.[2] In Washington, recent estimates indicate that 28.3% of children meet the expanded CYSHCN criteria—a prevalence higher than the national average that reflects broader screening measures and diagnostic precision.[3] Children with special health care needs are at disproportionately higher risk for nutrition and feeding challenges. Pediatric feeding disorder (PFD) affects approximately 1 in 23 to 1 in 37 US children under 5 years of age. Rates are significantly higher among children with special health care needs, particularly those with developmental disabilities, with estimates ranging from 70 to 89%. [4,5] These figures demonstrate the critical need for building specialized nutrition capacity across care settings.

The Washington State Nutrition Network, a long-standing collaboration between the Washington State Department of Health (DOH), and the University of Washington's Institute on Human Development and Disability (IHDD), focuses on children and youth with special health care needs (CYSHCN) and exemplifies systems-based dietetic practice.[1] Established in 1987 following a survey disseminated to neuromuscular centers as part of a statewide Title V Maternal and Child Health (MCH) needs assessment in 1985, the program is designed to strengthen capacity of Registered Dietitian Nutritionists (RDNs) to meet the complex nutrition and feeding challenges of CYSHCN. The 1985 assessment identified a high prevalence of nutrition risk among CYSHCN but a low number of nutrition consultations. At that time, few Registered Dietitian Nutritionists (RDNs) had specialized training in developmental disabilities, early childhood feeding differences, growth assessment for medically complex children, enteral nutrition management, and family-centered care. As a result, a public health-clinical collaborative formally partnered in 1987 through a contract with Washington State Department of Health and the University of Washington Institute on Human Development and Disability (IHDD). Together, they established the Nutrition Network, a coordinated statewide system for workforce development, training, and support, including an emerging provider referral base in development.

Through foundational 2-day training, annual meetings, continuing education, and mentoring, the program connects dietitians statewide to evidence-based practices, peer support, and multidisciplinary teams. As the Nutrition Network expanded, it became clear that the complex feeding needs of CYSHCN could not be effectively addressed by a single discipline. During the training and annual meetings, dietitians shared the complexity of the feeding concerns they saw in the CYSHCN they served, including oral-motor delays, sensory-based feeding differences, behavioral feeding challenges, and inadequate growth—issues that often require coordinated, interdisciplinary intervention. In response, the partnership between DOH and the IHDD expanded their statement of work in the early 1990s to support the development and training of community feeding teams.

Over the past four decades, the Nutrition Network has evolved into a statewide model that strengthens workforce capacity, supports interdisciplinary collaboration, and improves access to specialized nutrition and feeding services for CYSHCN. This cutting-edge practice demonstrates how by connecting providers across public health, clinical, and community settings, the Network has helped build a sustainable system of pediatric nutrition expertise that can serve as a model for other states seeking to strengthen care for children with chronic and complex needs.

CORE COMPONENTS & PRACTICE ACTIVITIES

The goal of our network is to ensure access to quality nutrition services for CYSHCN across the state of Washington by expanding workforce capacity with the development and support of a network of trained Registered Dietitian Nutritionists (RDNs) who provide clinical nutrition services to CYSHCN with complicated medical, developmental, and/or behavioral conditions. The network acts as a statewide resource for pediatric nutrition information and feeding for CYSHCN including available services, guidelines, standards of practice, and evidence-based procedures with a policy and system focus. The Nutrition Network strives to achieve these goals by relying on the following core components:

1. **The What (Content):**
    - Expanding workforce capacity with the development and support of a network of trained Registered Dietitian Nutritionists (RDNs) who provide clinical pediatric nutrition services to CYSHCN with complicated medical, developmental, and behavioral conditions.
    - Promoting quality, community-based nutrition and feeding team services for CYSHCN within the context of a medical home.
    - Acting as a resource for pediatric nutrition information for CYSHCN including available services, guidelines, standards of practice, and evidence-based procedures with a policy and system focus.
    - Assisting in evaluation of needs, barriers, and environmental changes across the state for access to nutrition services.
    - Expanding skills and providing technical assistance (TA) to dietitians and feeding teams and evaluating areas of need including counties with limited resources.
    - Provide nutrition consultation to other health care providers and partners.

2. **The How & Who (Delivery Mechanisms):**
    - Prior to 2020, the two-day foundational training was held in-person and initially was three days long. Currently, all new Network dietitians participate in virtual two-day foundational training focused on developing core competencies in pediatric nutrition and feeding.
    - The training curricula is supported by the contract holders who are two dietitians. The speakers are local clinicians and experts for the initial training, with many serving in this role for multiple years.

3. **The Why (Methods):**
    - The training uses case studies, hands-on problem-solving, and collaborative discussion to build applied skills. The Network is an opportunity to build ongoing community and knowledge.

Core Components & Practice Activities		
Core Component	**Activities**	**Operational Details**
Expand workforce capacity	Training, journal club, webinars, networking, etc.	Provide information to CYSHCN dietitians about conferences, webinars, workshops,

		and other continuing professional education opportunities as available.
Promote quality feeding team services and nutrition resources	Expand skills of current feeding teams and dietitians in treatment of complex feeding challenges.	Plan and provide 2-day duration foundational training for practicing dietitians, offer opportunities for obtaining additional skills for providing quality evidence-based nutrition services for CYSHCN, expand skills of current feeding teams in treatment of complex feeding challenges and plan and conduct a 1-day CYSHCN Nutrition Network/feeding meeting annually.
Assessment	Surveys, evaluations, statewide needs assessments	Data shared in quarterly deliverables to the state by contract holders
Provide TA and nutrition consultation or education to other partners	Collaborate with medical home regarding increased nutrition content and resources in their training, meeting, and outreach activities. Provide consultation and technical assistance to strengthen the environment through specialized service or skill as needed.	Provide nutrition consultation to other health care providers, partners, and organizations: • Examples of partners include: Local Health Jurisdiction CYSHCN coordinators, Early Intervention centers or providers, Neurodevelopmental Centers, Maxillofacial Review Board Teams, Family Resource Coordinators, Physicians/Dentists, Help Me Grow, and others who work with CYSHCN. • Consultation may be provided in the form of individual provider consultation, participation at a meeting, a presentation, brochures, web links, and newsletters.

COMMUNITY WELLNESS

Washington seeks to make sure all CYSHCN have a fair and just opportunity to be as healthy as possible through quality nutrition services. Our practice has contributed to removing barriers to nutrition services for CYSHCN by strengthening statewide coordination, expanding provider training, and improving access to culturally responsive resources. Through the Washington Nutrition Network model, we support interdisciplinary collaboration across rural and urban regions, increase providers' ability to identify needs early, connect families to specialized services, and share best practices. Serving families with various insurance coverage, including state Medicaid, in areas with or without pediatric hospitals or subspecialists is key to addressing community wellbeing.

Evaluation data from training sessions guide future sessions addressing emerging topics like food insecurity, nutrition considerations for communities that have unmet needs, trauma-informed feeding practices, and culturally inclusive nutrition education about indigenous communities. The overall data demonstrates increased provider confidence and reported changes in nutrition practice. Network participation has also improved communication pathways between counties and specialty centers, reducing delays in referrals and strengthening continuity of care. In addition, the development of freely available online resources and statewide service directories has improved access for families that may have not had . These efforts support service delivery and contribute to improved community wellbeing by reducing geographic, knowledge, and system navigation barriers. As more dietitians join the Network, families gain clearer access points to specialized nutrition services and expert care.

EVIDENCE OF EFFECTIVENESS

Program evaluation includes standardized participant feedback surveys administered following all trainings and statewide meetings to assess perceived relevance, applicability, presenter effectiveness, and satisfaction with educational content. Many presenters have contributed to the foundational training over many years, providing consistency in training delivery and stability in evaluation data. As part of routine program evaluation, all Nutrition Network speakers receive a standardized follow-up letter summarizing participant feedback. Consistently positive feedback has informed continuous program refinement and reinforced the value of the Network's educational model. Program growth is demonstrated through expansion of the statewide provider network, meeting attendance trends, interdisciplinary collaboration, and successful adaptation of training delivery, including the transition to virtual formats during the COVID-19 pandemic. More than 20 continuing education units (CEUs) are offered annually, with participation remaining strong, with 68–71 Nutrition Network dietitians and 135–160 interdisciplinary feeding team members attending in 2024–2025.

The Nutrition Network's impact is reflected in sustained workforce development and systems change. Since 1987, the Network has trained nearly 400 dietitians and expanded from 2 community-based feeding teams to 34 feeding teams, including 428 feeding team professionals serving 19 of the 39 counties in Washington state. This growth has strengthened regional access to specialized nutrition and feeding care for children and youth with special health care needs (CYSHCN), while supporting standardized care, referral pathways, and interdisciplinary collaboration across the state.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

Collaboration has been the foundation of the Washington State Nutrition Network since its inception in 1987. Partners from public health, academia, pediatric health care, and community organizations work together to improve nutrition services for CYSHCN. These long-standing collaborations support shared decision-making, statewide training, and continuous improvements of the Network.

Practice Collaborators and Partners			
Partner/ Collaborator	**How are they involved in decision-making throughout practice processes?**	**How are you partnering with this group?**	**Does this collaborator have personal experience/come from a community impacted by the practice?**
University of Washington IHDD	In response to the 1985 statewide needs assessment findings, DOH partnered with 2 dietitian experts at the public health level and academic-clinical level to establish the Washington Nutrition Network in 1987.	DOH and UW IHDD maintain an ongoing partnership through regular planning meetings, contract management, curriculum development, statewide training, technical assistance, and collaborative grant activities.	The 2 contract holders partially do direct-patient care while also performing contract duties at 0.27 FTE.
Pediatric Dietitians and Feeding Teams	Dietitians and feeding teams help identify emerging workforce needs, provide feedback on training programs, participate in statewide education, and share expertise that informs ongoing program improvements.	This foundational virtual 2-day training event has an average of 15 dietitians a year in attendance. Outreach focuses on rural and medically under-resourced areas in Washington to find RDNs to join the Network or create a feeding team	The dietitians come from all backgrounds of dietetics and feeding teams also come from a community of CYSHCN focused care

Trainers/Speakers – health care providers, CYSHCN partners & caregivers with personal experience	Expert presenters help shape curriculum content, provide current evidence-based practice, and ensure training reflects the needs of clinicians serving CYSHCN across Washington.	The contract holders have regular communication with the presenters on details of expectations, provide a stipend, and a follow-up thank you letter detailing the evaluation data for each presenter/trainer	Yes, they all bring a wealth of personal experience into the training, often sharing stories to connect the training education piece to real life
Department of Health, Clinical Nutrition Consultant through Title V MCH with the University of Washington IHDD	In response to the 1985 statewide needs assessment findings, DOH partnered with 2 dietitian experts at the public health level and academic level to establish the Washington Nutrition Network in 1987.	DOH and UW IHDD maintain an ongoing partnership through regular planning meetings, contract management, curriculum development, statewide training, technical assistance, and collaborative grant activities.	The state dietitian has a history of clinical, community and public health nutrition experience as well as personal experience with a sibling with cerebral palsy.
Families and Caregivers of CYSHCN	Informing training priorities, identifying service gaps, and providing lived experience to guide future improvements. This has most recently been done through the 2017-2018 needs assessment.	Caregivers also regularly present and share their experience at the foundational 2-day training	Yes

REPLICATION

The Nutrition Network model offers features that can be readily adapted by other states seeking to build pediatric nutrition capacity to address nutrition and feeding needs among CYSHCN. The Network is a scalable model that other states could replicate through an existing university or clinical training programs. Interdisciplinary feeding teams demonstrate how regions with limited specialist availability can build cross-sector collaboration, while a centralized digital resource hub ensures consistent dissemination of evidence-based tools. Alignment with Title V CYSHCN priorities enhances feasibility for replication among MCH programs, and an emphasis on relationship building fosters connection and shared problem-solving that sustains the system over time. Key strategies contributing to this systems-based approach include:

- **Leveraging Public Health Infrastructure**

State coordination and a longstanding university partnership provide infrastructure for workforce development, technical assistance, and program continuity. This alignment supports sustainable funding and reinforces system maintenance over time.

- **Building and Distributing Workforce Capacity**

Through statewide training, consultation, and mentorship, the Network has built a decentralized distribution of specialized, pediatric-trained dietitians working across hospitals, early intervention, outpatient clinics, WIC, and feeding teams. This structure reduces geographic barriers and increases access for all.

- **Strengthening Interdisciplinary Practice**

Community feeding teams function as integration hubs, bringing together a dietitian and a feeding therapist at minimum. These teams reduce care fragmentation by supporting shared evaluation processes, coordinated recommendations, and clearer pathways for families.

- **Information Flow and Continuous Learning**

Annual meetings, adaptive learning, mentorship, and consultation channels establish bidirectional communication between state leadership, academic partners, and frontline clinicians. These mechanisms create timely feedback loops that identify emerging needs, allow continuous improvements, disseminate evidence-informed updates, and ultimately, improve patient care.

- **Promoting Access**

Freely available online resources, statewide service directories, and training materials ensure that providers in rural or under-resourced areas receive consistent guidance. As more dietitians join the Network, families gain clearer access points to specialized nutrition services and expert care.

Together, these strategies demonstrate how the Nutrition Network operates not as a collection of isolated activities but as an integrated system that reinforces capacity, supports interdisciplinary practice, and continuously adapts to evolving needs.

INTERNAL CAPACITY

The Nutrition Network is led by the Washington State Department of Health (DOH) Nutrition Consultant within the Children and Youth with Special Health Care Needs (CYSHCN) program. Through a longstanding partnership with the University of Washington, two contracted pediatric registered dietitians support statewide training, technical assistance, clinical consultation, resource development, and coordination of the Nutrition Network and community feeding teams. This state-clinical infrastructure provides the leadership, expertise, and coordination needed to sustain and continuously strengthen the network.

PRACTICE TIMELINE

For more information on the Network's timeline, history and evolution, please contact Khimberly Schoenacker directly at Khimberly.Schoenacker@doh.wa.gov.

PRACTICE COST

The practice is supported through a state contract that funds two University of Washington pediatric dietitians (0.54 combined FTE), indirect costs, and professional activities including training, travel, speaker fees, and technical assistance. In addition, Department of Health staff provide contract management, coordination, and oversight to sustain the statewide CYSHCN Nutrition Network and Feeding Team Model.

Please reach out directly to Khimberly Schoenacker at Khimberly.Schoenacker@doh.wa.gov.

LESSONS LEARNED

Over nearly four decades, the Nutrition Network had demonstrated that sustained partnerships between the Washington State Department of Health and the University of Washington are essential for building pediatric nutrition expertise across the state. Consistent training, mentorship, and technical assistance have strengthened provider confidence, supported the development of community feeding teams, and improved access to specialized nutrition services for CYSHCN.

The Nutrition Network has also highlighted opportunities for continued growth. Recent assessments identified a need to expand training beyond infants and young children to better support older children, adolescents, and youth with medical complexity. Additional opportunities include strengthening systemic evaluation and incorporating family experience measures to better understand the Network's long-term impact on care delivery and outcomes.

Moving from in-person to virtual training following the COVID-19 pandemic reduced opportunities for collaboration and peer networking. In addition, uncertainty surrounding federal funding and delayed notices of awards have required flexibility in scheduling trainings and contract activities. Maintaining transparent communication with partners has been essential to sustaining engagement during these periods of uncertainty.

NEXT STEPS

Future work should prioritize systematic data collection, family experience measures, and long-term evaluation of feeding outcomes across counties. In an increasingly dynamic health care environment, sustaining provider awareness of the Nutrition Network remains an important systems-level strategy to support timely referrals and access to specialized nutrition services. Additional efforts include strengthening partnerships with primary care providers, reaching rural communities, expanding recruitment, and building teams to better serve older children with chronic and complex health conditions. While current training efforts primarily address early childhood feeding and nutrition concerns, expanding expertise in adolescent nutrition represents an important opportunity to support continuity of care across developmental stages.

RESOURCES PROVIDED

1. Nutrition Network. Nutrition Network for Children and Youth with Special Health Care Needs [Internet]. Olympia (WA): Nutrition Network; [cited 2025 Oct 10]. Available from: https://nutritionnetworkwa.org

2. McPherson M, Arango P, Fox H, Lauver C, McManus M, Newacheck P, et al. A new definition of children with special health care needs. Pediatrics. 1998;102(1):137-139. doi:10.1542/peds.102.1.137

3. Child and Adolescent Health Measurement Initiative. 2023-2024 National Survey of Children's Health data query: Washington State [Internet]. Data Resource Center for Child for Child and Adolescent Health; 2025 [cited 2026 July 17]. Available from: https://www.childhealthdata.org

4. Feeding Matters. Pediatric feeding disorder fact sheet [Internet]. Phoenix (AZ): Feeding Matters; 2021 [cited 2025 October 12]. Available from: https://www.feedingmatters.org

5. Benjasuwantep B, Chaithirayanon S, Eiamudomkan M. Feeding problems in healthy young children: prevalence, related factors and feeding practices. Pediatr Rep. 2013;5(2):38-42. doi.org/10.4081/pr.2013.e10

6. Health Resources and Services Administration. Title V Maternal and Child Health Services Block Grant to States program guidance [Internet]. Rockville (MD): U.S. Department of Health and Human Services; 2022 [cited 2025 Dec 3]. Available from: https://mchb.hrsa.gov