71% of medical schools do not require the recommended minimum of 25 hours of nutrition education for doctors.

Children with feeding difficulties in Washington state may not receive prompt referrals to feeding specialists.

An improved approach would decrease time waiting lists, contributing to poorer health outcomes.

Most pediatricians (63%) said less than 25% of families report feeding difficulties.

88% of pediatricians said children may not have feeding difficulties in their ability to decide when to refer for feeding difficulties was “more” (Figure 1).

88% of pediatricians said their confidence to support families nutritionally would increase with: (Figure 2)

- Referral resources for families
- Nutrition and feeding handouts for families
- Nutrition and feeding training for pediatricians (case studies, interdisciplinary)

What would increase your confidence in your ability to support families nutritionally? (Check all that apply.)

- Increasing communication with families
- Providing more nutrition education for doctors
- Sourcing the funding to offer nutrition education for doctors
- Building a coalition with the WCAAP, IHDD, and the Medical Home Partnerships Project (essential to families for medical care coordination)

The Institute on Human Development and Disability could consider:

- Sourcing the funding to offer interdisciplinary case study nutrition and feeding training to WCAAP members
- Building a coalition with the WCAAP, IHDD, and the Medical Home Partnerships Project (essential to families for medical care coordination)


Children with Autism have 5x greater risk of feeding difficulties.

“Picky eating” usually resolves around age 3 for children w/o developmental disabilities.

Small kids with small appetites may be seen as “poor eaters” by parents but not have feeding difficulties.

Families with kids who have chronic feeding difficulties report >$1000 out-of-pocket healthcare costs over 1 year.

Most pediatricians (63%) said less than 25% of families report feeding difficulties.

38% said more families (26-50%) report feeding difficulties.

Most pediatricians (75-100%) discuss many nutrition and feeding topics with families (introducing new foods, picky eating, etc.).

Only 50% discuss nutrition and feeding relationship and mealtime environment.

88%-100% of pediatricians said they screen using growth chart, weight loss, child refusing foods, and recurrent GI issues.

Only 25-50% said they use length of mealtimes, distraction or force feeding.

38% of pediatricians said in their ability to decide when to refer for feeding difficulties was “more” (Figure 1).

88%-100% of pediatricians said their confidence to support families nutritionally would increase with: (Figure 2)

- Referral resources for families
- Nutrition and feeding handouts for families
- Nutrition and feeding training for pediatricians (case studies, interdisciplinary)