

WHOLE HEALTH In the States Initiative

State-Based Stakeholder Innovation Collaboratives for Health

The population of the United States is more than 329 million people. Geography, poverty, social determinants of health, trauma, political climate and culture play significant roles in a person's health and well-being. There is not a one-size-fits-all solution to addressing many health issues and disparities, especially pain and the opioid epidemic. Issues this complex and systemic in nature necessitate multi-stakeholder, multi-sector facilitated collaboration at the state level.

The seriousness of the opioid epidemic is well established in the U.S. The ramifications of opioid misuse and dependence are staggering and have contributed to unprecedented increases in overdose and death, homelessness, foster care entries, infants born prematurely with neonatal abstinence syndrome

and a myriad of other societal, economic, individual and workplace impacts.

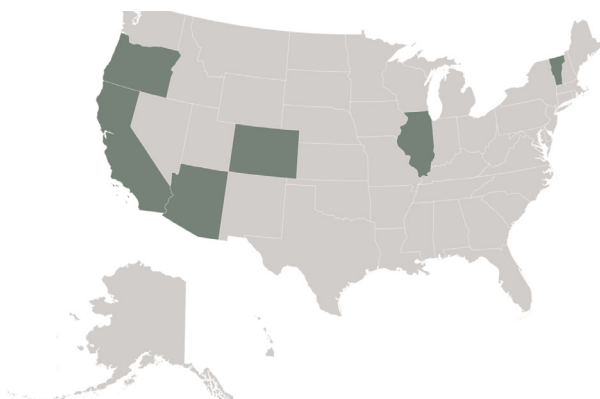
Federal and state policy efforts aimed at addressing the opioid epidemic have predominantly focused on prescribing & tapering guidelines, medication assisted treatment and treating addiction. These are critical components of the overall solution yet barriers to evidence-based nonpharmacologic treatments & effective *comprehensive* pain care persist & remain largely unaddressed from health policy & education perspectives.

Efforts in various states have demonstrated that state-level interdisciplinary, collaborative efforts can yield significant results towards comprehensive pain care services in Medicaid & Federally Qualified Health Centers.

About the WHITS Initiative

The Whole Health in the States (WHITS) Initiative is a coalition of state-level collaboratives that use a multi-stakeholder approach to solve a range of problems that states face in providing whole person care to underserved patients. In a key program area, the WHITS Initiative is supporting efforts in 6 pilot states + Washington, DC to create consensus and deploy action around strategies to increase *access* to evidence-based nonpharmacologic treatments and drive *utilization* of high quality, comprehensive pain care for underserved populations. These efforts, tailored to the unique characteristics and needs of each state, will address the critical need to operationalize how nonpharmacologic therapies for pain are integrated into traditional pain care. Key stakeholders include but are not limited to academic institutions, state associations representing health professions, Federally Qualified Health Centers (FQHCs), state health departments, public & private insurers, health systems, hospitals and clinics, VA hospitals/systems, health care providers, pain patients, nonprofits & consultants.

Participating states and other states will benefit from a Multi-State Learning Collaborative. Over time, state-based collaboratives can address other health conditions and undertake additional activities that promote whole health in their regions for underserved populations. Other states are encouraged to start engaging in this initiative & participate as new funding sources are expanded.



Whole Health in the States Pilot Regions:

- Arizona
- California
- Colorado
- Illinois
- Oregon
- Vermont
- Washington, DC