

**From:** [Joan Cleary](#)  
**To:** [\\*COMM Public Comments HIX](#)  
**Subject:** Comments to Health Insurance Exchange Advisory Task Force  
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Chairman Schowalter and Taskforce members,

As a member of the Navigator Work Group, I'd like to thank you for your thoughtful consideration of our recommendations. On behalf of the Minnesota Community Health Worker Alliance, I respectfully offer the following comments:

(1) The launch of the HIX next year is a "cross-over moment." Our state will move to what Massachusetts has called a **culture of coverage**. Viewing our work in terms of a culture change helps us put this shift into a broader perspective.

(2) The media often characterizes the HIX as an electronic marketplace. While decision and transactional tools are critical to the operation of the HIX, effective outreach, education, and application assistance are also essential to success-- especially for the 60% of the uninsured who are eligible for public programs. An emphasis on software solutions and social media campaigns without comparable priority and adequate resources for the navigation function will fall short. **"Warm connections" are needed.**

(3) To date, there's been a lot of focus on the role of insurance agents and brokers in MN's HIX. However, what's received far less attention is the **key role of community-based navigators--often known as community health workers (CHWs)**-- in reaching, informing, and assisting the uninsured, especially those with low income and barriers related to language, literacy, culture, class, place, and trust, among others. CHWs are trusted members of the communities they serve. Their training and scope of practice includes outreach and connecting people with coverage and care. Minnesota's CHWs reflect our state's broad diversity. CHWs represent our African-American, American Indian, Caucasian, Deaf, immigrant and refugee communities.

(4) We can **learn from the Massachusetts experience** where investing in community health worker programs led to the enrollment of thousands of uninsured residents. CHWs also helped the newly-insured learn how to use their health benefits and access care appropriately. In this way, CHWs influence total cost of care.

The Minnesota Community Health Worker Alliance brings together CHWs and stakeholder organizations to address health disparities, help advance the Triple Aim and foster healthier communities. We look forward to continuing to work with agency staff and others to help design and implement an exchange that serves the people of Minnesota.

Best regards

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