



Tried and True: LGBT Cultural Competency and Enrollment

With the first round of coverage having begun on January 1, 2014, enrollment specialists are continuing to conduct outreach, education and enrollment across the country. As many consumers are enrolling in insurance coverage for the first time, understanding how health insurance policies work requires thoughtful education, and safe and unbiased learning opportunities. And while there's much for consumers—people who are signing up for insurance—to learn, there's also an opportunity for enrollment specialists—those helping others gain insurance—to gain a different type of education as well.

Many Lesbian, Gay, Bisexual, and Transgender (LGBT) people have been uninsured and/or underinsured for so long, often because of various types of inaccessibility and stigma. Approaching enrollment with an eye toward cultural competency—the language and the words we use to work with consumers, the materials we share to explain plan offerings, and the humility we listen with—can help bring consumers into the system who have systematically been denied.

Though federal and state-specific Navigator trainings speak to the need for cultural competency, we've collected some guidance from our partners at Raising Women's Voices, Out2Enroll, and the Callen Lorde Community Health Center on cultural competency that goes a bit deeper for LGBT individuals and their families. Enrollment specialists working with LGBT individuals and their families can help ensure all consumers feel welcomed and safe applying for insurance coverage. Most of these tips aim to help us avoid making assumptions about consumers' identities while giving them the space to feel accepted as an eligible consumer, regardless of their relationship status, gender identity, family make-up, or health status (such as HIV/AIDS status). In the end, there's no science to it, but rather, guidelines we can try to follow to ensure we create safe spaces for those who have been, and continue to be marginalized.

A quick note: For those enrollment specialists who do not regularly work with LGBT communities, some of the language and terminology may be new or different. The glossary located in the footnotes of this brief provides some additional LGBT-friendly language that may help to clarify certain terms.¹

The ACA in General:

1. Share that the Affordable Care Act has a strong non-discrimination standard, for gender, gender identity and sexual orientation. By framing the conversation at the beginning with this baseline, consumers may be able to view you, the enrollment specialist, as an ally there to help them to navigate their options without judgment. This is especially

important since many LGBT consumers have experienced bias when seeking insurance and accessing health care.

Respecting Diverse Identities and Family Structures:

2. When speaking about a consumer's relationship, use "spouse" rather than husband or wife, and "child" rather than son or daughter. This avoids assumptions about someone's sexuality or gender.
3. Ask what gender pronouns the consumer prefers before making an assumption. Or, simply call the person by their name without using s/he. It may feel awkward the first few times you ask, but the question is simple: "What pronouns do you use?" This also means avoiding 'Sir' and 'Ma'am' unless you know what the consumer's preference is.
4. Use the term "corrected" to refer to their gender markers rather than something like "current" or "real." This will come up when a consumer is filling out the question about their sex/gender on an application form.
5. When filling out the sex/gender marker on the insurance forms, let the consumer know that they should fill it out with the marker on file with the social security administration, even if it's not their corrected gender. Let them know that you understand that this disconnect is frustrating, but that it won't affect the services they have access to; assure them that it is only to enable the federal government to determine their identity for the eligibility of tax credits and cost-sharing.

Creating a Safe and Informed Space for Enrollment and Education:

6. If you're having people enroll at your workplace, try to designate a gender neutral bathroom. This is a marker that your organization is LGBT-friendly, and that a consumer, especially a transgender person, is amongst allies and won't need to explain his/her needs.
7. Find ways that the materials you share can reach the populations you are striving to support. Deliberately include a range of family types, such as images of families with two moms, or families with children who don't look like their parent(s) and could be adopted. And, have LGBT-friendly magazines in your waiting area.
8. Word of mouth carries weight. If you work with a consumer who is connected to a particular LGBT community, and you are able to help them with unbiased enrollment support, they may encourage friends to meet with you as well, increasing the numbers of consumers enrolled in the Marketplace or your state Medicaid program.
9. In order to be a well-informed enrollment specialist, find out where your state stands on marriage equality and covering Medicaid-eligible same sex couples. Though an eligible couple married in a state with marriage equality will receive tax credits through the Marketplace as a couple, regardless of the state they reside in, Medicaid eligibility is state dependent. Check out [our blog for more information](#).²
10. Some of the questions on the application are sensitive, especially those asking about health statuses such as HIV/AIDS and pregnancy. In order to avoid ostracizing a consumer, let them know, before starting the application, that you will ask the applicant every question on the form, even if some of the questions may appear irrelevant or

inappropriate for this particular applicant. Some questions may be sensitive and you may not be able to predict how applicants will react. For example, an individual who appears male may still need female gynecological services and could even be pregnant. Remind each applicant that you are asking everybody all of the questions and are not making a judgment about this particular individual. It can be helpful to acknowledge that some of questions may touch on sensitive personal areas. Explain that the information is necessary to the application process—and may actually qualify the applicant for certain insurance programs—but will not be shared or used for any other purpose.

11. Because many of the application questions are personal, aim to make the process as comfortable as possible. Give applicants the option to point to answers or write down answers, if saying the answer out loud in a public place could be uncomfortable.

Talking About Coverage Options:

12. It can often be challenging for a consumer to find a lesbian, gay, bisexual, and especially Transgender-friendly and knowledgeable doctor/provider. Ask consumers if they currently have a doctor or a health center that they like and help them narrow down their plan options by identifying what network that doctor participates in, if possible. As a reminder, Navigators cannot recommend specific health plans, but could offer the following information:
 - a. Transgender applicants need to be aware that Medicaid, in most states, does not cover most trans-specific care.
 - b. Transgender applicants, specifically, should check with their preferred health providers about which health plans they accept and then contact those plans about whether trans-specific care is covered before completing the enrollment application and choosing a plan.
13. An HIV-positive applicant may qualify for a Medicaid Special Needs Plan (SNP) and/or specialized programs such as the AIDS Drug Assistance Program (ADAP). Enrollment specialists should be aware of these coverage options and able to make a referral to these programs if an applicant discloses HIV-positive status. Most HIV-positive people sign up for a SNP as part of the current Medicaid application process because SNPs provide better coordinated care for this group of patients. It's important to note, however, that enrollers should not press an applicant to disclose HIV status.

Finally, for additional resources, be sure to visit Out2Enroll.org, RaisingWomensVoices.org and this [report on optimizing LGBT health under the ACA](#).³

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¹ **"Gender"** refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women. *We should be aware of conflating biological sex and gender, as the two are not synonymous.* **Biological Sex** refers to a person's biological anatomy (external genitalia, chromosomes, and internal reproductive system). Sex terms are male, female, transsexual, and intersex. Sex is biological, although social views and experiences of sex are cultural.

Gender identity is a person's internal sense of being male, female, or something else, and it is not necessarily visible to others. For some people, gender identity is in accord with physical anatomy. For transgender people, gender identity may differ from physical anatomy or expected social roles. **Gender expression** is the manner in which a person represents or expresses their gender identity to others through behavior, clothing, hairstyle, voice and emphasizing, de-emphasizing or changing their body's characteristics. Gender expression is not necessarily an indication of sexual orientation. **Gender conformity** is when your gender identity and sex "match"; for example, a male who is masculine and identifies as a man. *Those active in LGBT communities usually refer to these people as cisgendered.* Many academics and activists argue that gender, much like race, is a social construct, and as such, is not just a binary system but rather, a spectrum of identities that can change.

Gender-nonconformity means displaying gender traits that are not normatively associated with their biological sex. "Feminine" behavior or appearance in a male is gender-variant as is "masculine" behavior or appearance a female. Gender-variant behavior is culturally specific. **Sexual identity/orientation** is a person's emotional, sexual, and/or relational attraction to others; usually classified as heterosexual, bisexual, or homosexual (i.e., lesbian or gay). *The terms "lesbian" and "gay" are preferable to "homosexual."* An **asexual** person is someone who is not sexually attracted to any gender but may still have romantic relationships with others.

LGBT and LGBTQ: *These two acronyms are the most commonly used in speaking about Queer people, standing for Lesbian, Gay, Bisexual, and Transgender. The Q, for Queer, is sometimes added, but often implied if not actually part of the listing.*

Transgender: A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth. *Transgender is preferred over "transsexual" or "transvestite."* Transgender or 'trans' is frequently used as an umbrella term to refer to all people who deviate from their assigned gender at birth or the binary gender system. This includes transsexuals, cross-dressers, genderqueers, drag kings, drag queens, two-spirit people, and others. Some transgender people feel they exist not within one of the two standard gender categories, but rather somewhere between, beyond or outside of those two genders, leading people to consider their identity on a spectrum. A **Trans man** is a person who was assigned the female sex at birth but identifies and lives as a male. *'Trans man' is generally preferred over "FTM." A Trans woman is a person who was assigned the male sex at birth but identifies and lives as a female. This term is generally preferred over "MTF."* **Transitioning** refers to a complicated, multi-step process that can take years as transsexuals align their anatomy with their sex identity; this process may ultimately include sex reassignment surgery (SRS), mental health care, and hormone therapy. *Hermaphrodite and intersex are not preferred terms when speaking about people's identities or communities.*

Queer: Used as an umbrella identity term encompassing lesbian, questioning people, gay and lesbian people, bisexuals, non-labeling people, transgender folks, and anyone else who does not strictly identify as heterosexual. "Queer" originated as a derogatory word. Currently, it is being reclaimed by many LGBTQ activists and used as a statement of empowerment. LGBT allies regularly use queer in their lexicon as well. Some people identify as "queer" to distance themselves from the rigid categorization of "straight" and "gay". *Queer is preferred to using the term 'homosexual' as it does not carry assumptions about someone's identity.*

Genderqueer people possess identities which fall outside of the widely accepted sexual (straight vs. gay) binary and can also refer to people who identify as both transgender AND queer, i.e. individuals who challenge both gender and sexuality regimes and see gender identity and sexual orientation as overlapping and interconnected. *Genderqueer is preferred to the term 'androgynous,' As androgynous has come to have a negative connotation, suggesting that the person does not know how they identify.* Genderqueer speaks to the spectrum of gender identities someone may have, rather than queer speaking largely to someone's sexual orientation.

Ally: An ally is a person who is a member of the dominant group who works to end oppression in his or her own personal and professional life by supporting and advocating with the oppressed population. Sometimes, the LGBT acronym expands to include LGBTQQA, adding in Queer, Questioning, Ally, and Asexual. Questioning usually is used by those who do not yet know exactly what their identity is- or are not ready to choose one identifier- and would like to be part of the LGBT spectrum.

Domestic Partner: One who lives with their beloved and/or is at least emotionally and financially connected in a supportive manner with another. Another word for spouse, lover, significant other, etc.

Gender Dysphoria is the new American Psychiatric Association term to indicate "emotional distress over one's gender" rather than confusion or disturbance, thereby carrying less stigma than the previously-used "Gender Identity Disorder." This is an important step for trans activists, not only symbolically but logistically. The term has long been used to blame and stigmatize those with a diagnosis.

Gender Neutral Pronouns: she/he/ze and his/her/hir: Some people express their gender identity ambiguously, meaning you might not know which pronoun to use just by looking at them. For other people, appearances can be deceiving-- even people who clearly look to be one gender may identify as a different gender than you would assume. When someone has a different gender identity than you would assume that means a different pronoun. If you are unsure, it's ok to ask someone what pronouns they prefer. The ze and hir pronouns can be used as all-inclusive plural terms or singular, individual identifiers as well.

² Howitt, Katherine, "States to Decide Medicaid Eligibility for Same-Sex Couples, Health Policy Hub (blog), Nov. 25, 2013, <http://www.communitycatalyst.org/blog/states-to-decide-medicaid-eligibility-for-same-sex-couples#.Ut638eJOM71>.

³ "Optimizing LGBT Health Under the Affordable Care Act: Strategies for Health Centers." <http://www.lgbthealtheducation.org/wp-content/uploads/Brief-Optimizing-LGBT-Health-Under-ACA-FINAL-12-06-2013.pdf>