



Social and Emotional Support during the COVID-19 Pandemic by Sexual Orientation and Rurality

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Key Findings

- Rural lesbian, gay, and bisexual (LGB) adults reported the lowest levels of having their social and emotional needs met.
- Approximately 32.7% of rural LGB adults said those needs were always met (versus 55.7% of rural heterosexual adults, $P < 0.01$).
- Rural LGB adults also reported the greatest decrease in social and emotional support during the COVID-19 pandemic, with 23.5% saying they had less support than they had a year ago.

Purpose

Social and emotional supports are important contributors to positive health outcomes. However, not everyone has equal access to the social support they need and the COVID-19 pandemic introduced new challenges to social well-being. This brief identifies differences in social and emotional support and changes to that support during the COVID-19 pandemic by rurality and sexual orientation.

Background and Policy Context

Humans are social beings and social well-being is a key ingredient to good health.¹ Unfortunately, not everyone has equal access to social and emotional supports, both because of interpersonal differences in relationships (e.g., spouses, partners, parents, children, friends, and neighbors) and because of structural barriers to connecting with others.² While rural residents tend to report larger and stronger social networks than urban residents,³ they also face distinct risks for social isolation and loneliness (that is, a lack of social and emotional support), including transportation barriers to recreational centers and more limited access to broadband Internet.^{2,4,5} Meanwhile, lesbian, gay, and bisexual (LGB) adults report lower social cohesion in their neighborhoods, which may be perpetuated by discrimination and homophobia from neighbors or members of their community.⁶

The COVID-19 pandemic made social connection both more challenging and, perhaps, more important than ever. Public health prevention measures required people to socially isolate themselves and limit their physical contact with others. While doing so was critically important for slowing the spread of the COVID-19 virus, it also had widespread implications for social well-being, the impact of which was inequitably distributed, depending on one's access to virtual connectivity and other remote resources.⁷

Both rural residents and LGB adults also experience poorer health outcomes,^{8–10} and addressing social well-being is one important step toward remediating those disparities. After all, social connection (e.g., social support, social isolation, and social capital) is recognized as an important causal and social determinant of health.¹¹ However, there is limited research available examining differences in social well-being at the intersection of rurality and sexual orientation. This study seeks to address that gap using nationally representative data on social and emotional supports during the COVID-19 pandemic by rurality and sexual orientation.

Approach

For this study, we used data from the 2020 National Health Interview Survey (NHIS), accessed through the IPUMS Health Surveys.¹² The NHIS is a nationally-representative survey of the civilian, noninstitutionalized population in the U.S., which has been fielded by the Centers for Disease Control and Prevention (CDC) annually since 1957.

Our outcome measures of social well-being were based on the degree to which people felt supported, socially and emotionally, by the people in their lives, and whether respondents perceived a change in their social support compared with a year earlier. The former was assessed by asking respondents, “How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely, or never?” The latter was assessed by asking respondents, “Compared with 12 months ago, would you say that you now receive more social and emotional support, less social and emotional support, or about the same?” Both questions were only asked in Quarters 3 and 4 (July – December) of 2020, which limited our final sample size to 16,812 adult respondents. While these questions do not specifically ask about changes in social and emotional support due to COVID-19, they were asked during the pandemic and were included as part of a larger module in the survey related to COVID-19.¹³

The NHIS uses the 2013 NCHS Urban-Rural Classification Scheme to classify rurality, with all non-metropolitan counties defined as “rural” and all metropolitan counties as “urban.” We classified sexual orientation using the following question: “Do you think of yourself as gay/lesbian; straight, that is, not gay/lesbian; bisexual;

something else; or you do not know the answer?” For this brief, we defined lesbian, gay, bisexual (LGB) as including all respondents who responded gay/lesbian, bisexual, or something else and heterosexual as all respondents who answered “straight.”

We used chi-squared tests to determine statistically significant differences within rural (LGB vs. heterosexual) and within urban (LGB vs. heterosexual) respondents in both measures of social and emotional support. We conducted all analyses in Stata v. 16, using survey weights to approximate nationally representative estimates.

Results

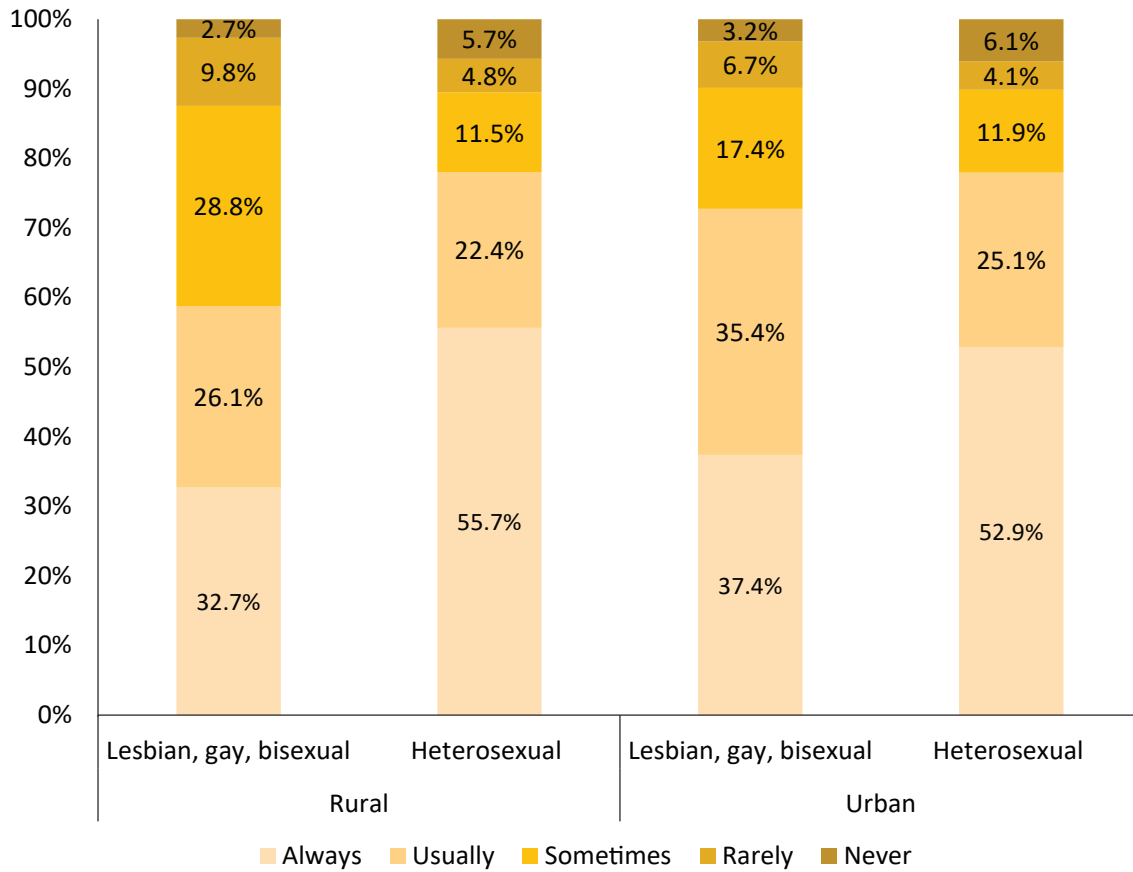
Figure 1 presents the prevalence with which U.S. adults receive the social and emotional support they need by sexual orientation and rural/urban location. Rural LGB adults were the least likely to say that they always receive the support they need, while rural heterosexual adults were the most likely to say they always receive that support (32.7% versus 55.7%; $P < 0.01$). Combining categories of rarely and never receiving adequate social support, rural LGB adults were the most likely to say that they rarely or never receive the support they need (12.5%) compared to other adults.

Figure 2 presents the change in the prevalence of social support twelve months into the COVID-19 pandemic. Rural LGB adults were the most likely of any group to say that they received less social and emotional support compared to the year before the COVID-19 pandemic. Nearly one-quarter of all rural LGB adults reported that they had less support than they had a year ago, compared with just over ten percent of rural heterosexual adults (23.5% versus 11.0%; $P < 0.05$). Urban LGB adults were the most likely of any group to say that they received more support than they had a year ago (22.9%).

Discussion and Implications

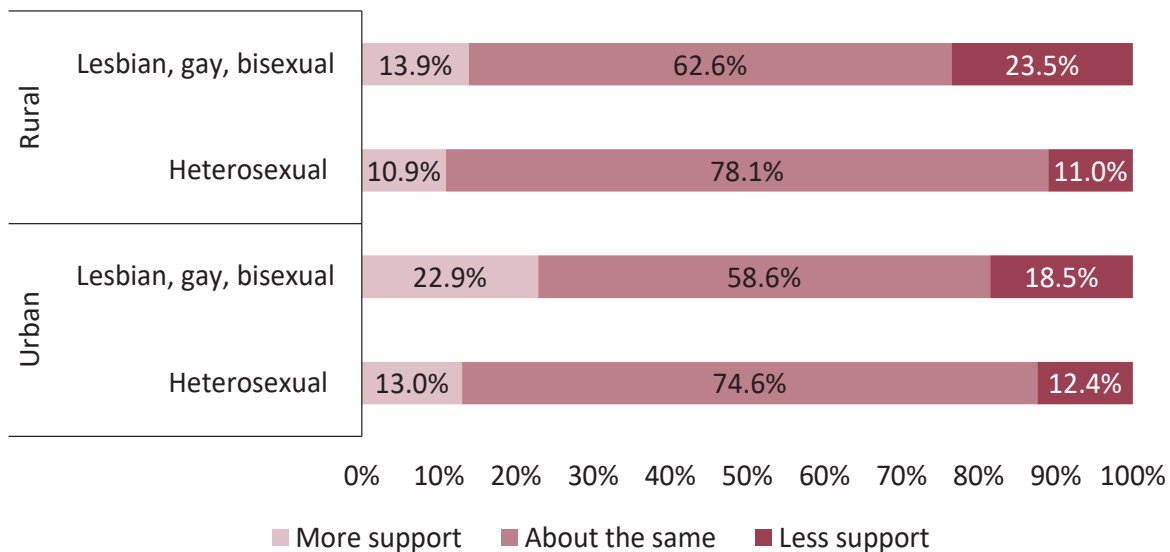
Social support, social networks, and social connections are not only important for community health, but they are important drivers of individual-level health.¹¹ People with stronger social supports are more likely to access health services and report better mental, physical, and overall health.¹¹ Unfortunately, social supports are not uniformly available, and some rural residents and

Figure 1. Prevalence of Social and Emotional Support by Rurality and Sexual Orientation



Note: Data are from the 2020 National Health Interview Survey (n=16,812). Differences by sexual orientation among rural adults were statistically significant at P<0.01; differences by sexual orientation among urban adults were statistically significant at P<0.001.

Figure 2. Change in the Prevalence of Social Support 12 Months into the COVID-19 Pandemic



Note: Data are from the 2020 National Health Interview Survey (n=16,812). Differences by sexual orientation among rural adults significant at P<0.01; differences by sexual orientation among urban adults significant at P<0.001.

LGB adults may be at greater risk of social isolation and loneliness.^{3,5,6} We found that rural LGB adults reported the lowest levels of social and emotional support and the biggest decreases in social support during the COVID-19 pandemic. This may be reflective of structural barriers to social connection for both rural residents and LGB adults, including infrastructure challenges, discrimination, and homophobia.

These findings represent an important area for intervention to improve social well-being at the intersection of rurality and sexual orientation. Doing so is necessary to improve health outcomes and reduce health inequities. Rural LGB-serving organizations should be better funded and supported to bolster opportunities for social engagement. Other rural organizations that provide social opportunities (e.g., senior centers, clubs, faith-based organizations, libraries, community centers) should ensure that their programming is welcoming and inclusive of rural residents who identify as LGB. Toward that effort, more social and health services providers in rural areas should be trained on the unique health and social needs of sexual minorities. Even small steps—like earnestly wearing rainbow flags on name badges—will signal affirmation to LGB clients and patients in rural settings.

Further, urban LGB-serving organizations should create inclusive environments for rural LGB peers, including support groups for rural LGB populations (held in-person and virtually) and social events in urban centers while advertising through anonymized social media outlets,¹⁴ including dating apps where profiles may be anonymized. Some older LGB adults living in rural areas have even expressed interest in online get-togethers and virtual support groups during the COVID-19 pandemic.¹⁵

Limitations

There were several limitations to using the NHIS for this study. First, we do not have a large enough sample to examine differences by race and ethnicity, another layer of intersecting identity impacting health equity because of structural and interpersonal racism, nor do we have a large enough sample to look at differences by other intersectional identities, such as religiosity, age, or immigration status. We need more data collection that combines both sexual orientation and rurality in order to increase sample sizes to better examine intersecting

risk factors. Also, we do not have data in the NHIS to look at differences by gender identity. Mental health needs at the intersection of gender and race are likely more pronounced.¹⁶

Conclusion

This study examined disparities in social supports at the intersection of sexual orientation and rurality. We found rural LGB adults were the most likely to report unmet social and emotional support needs — especially one year into the COVID-19 pandemic. These findings point to an urgent need to address the social and emotional well-being of rural LGB adults. Social connection is an essential component of good health, and tailored policy and programmatic interventions to improve it are necessary to addressing the intersecting health disparities faced by rural residents and LGB adults.

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