

2025

Survey of Michigan Nurses

Specialty Brief

Social Determinants of Health and Connecting
Patients with Community Resources



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Office of Nursing Safety and Workforce Planning
Michigan Department of Health and Human Services

Prepared by the Michigan Public Health Institute

Introduction

The Survey of Michigan Nurses has been supported by the Michigan Department of Health and Human Services-Office of Nursing Programs (MDHHS-ONP) annually since 2004 to gather information about the supply of nurses in Michigan. The MDHHS-ONP contracted with the Michigan Public Health Institute (MPHI) to update the annual Survey of Michigan Nurses, collect and analyze the data, and report findings to nursing partners in a variety of formats. A total of 17,148 nurses participated in the 2025 Survey of Michigan Nurses and are included in the 2025 report. When comparing the ages of nurses who participated in the nurse survey compared to those who are in the nurse licensure data, there is an underrepresentation of younger nurses and an overrepresentation of older nurses.

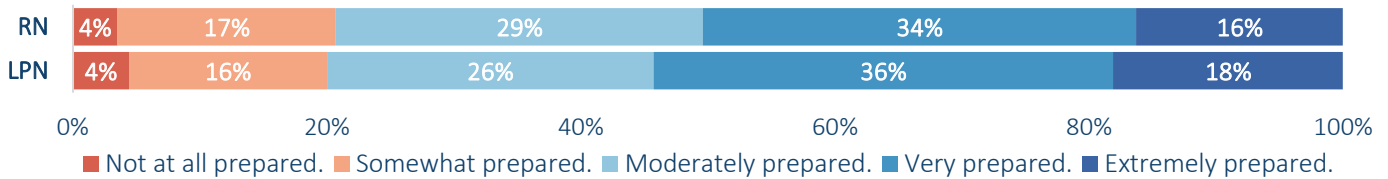
There has been significant partner interest in the topic of Social Determinants of Health (SDOH). Additionally, Healthy People 2030 includes numerous objectives related to SDOH across five key domains. To address these interests, a specialty brief has been developed that explores key SDOH findings from the 2025 Survey of Michigan Nurses results that aim to provide a deeper understanding of the ways SDOH impacts nursing.

SDOH and Connecting Patients to Community Resources

Social Determinants of Health

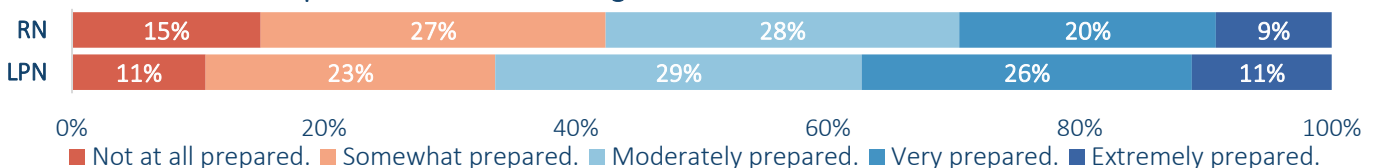
SDOH are the conditions in which individuals are born, grow, live, work, and age. Nurses play a vital role in assessing these factors and connecting patients to appropriate community resources. Among both registered nurses (RNs) and licensed practical nurses (LPNs), the majority reported feeling either very or moderately prepared to evaluate patients' SDOH needs.

Preparedness to Assess SDOH



More than half of all nurses felt that they were very or extremely prepared to assess SDOH needs, but only 29.6% of RNs and 37.3% of LPNs reported they felt very or extremely prepared to connect patients to resources. RNs were significantly more likely to say they were not at all prepared to address SDOH concerns (15.0% vs. 10.6%) and somewhat prepared (27.4% vs. 23.0%) compared to LPNs, while LPNs were statistically more likely to feel very prepared (26.2% vs. 20.4%).

Preparedness for Connecting Patients to Resources to Address SDOH

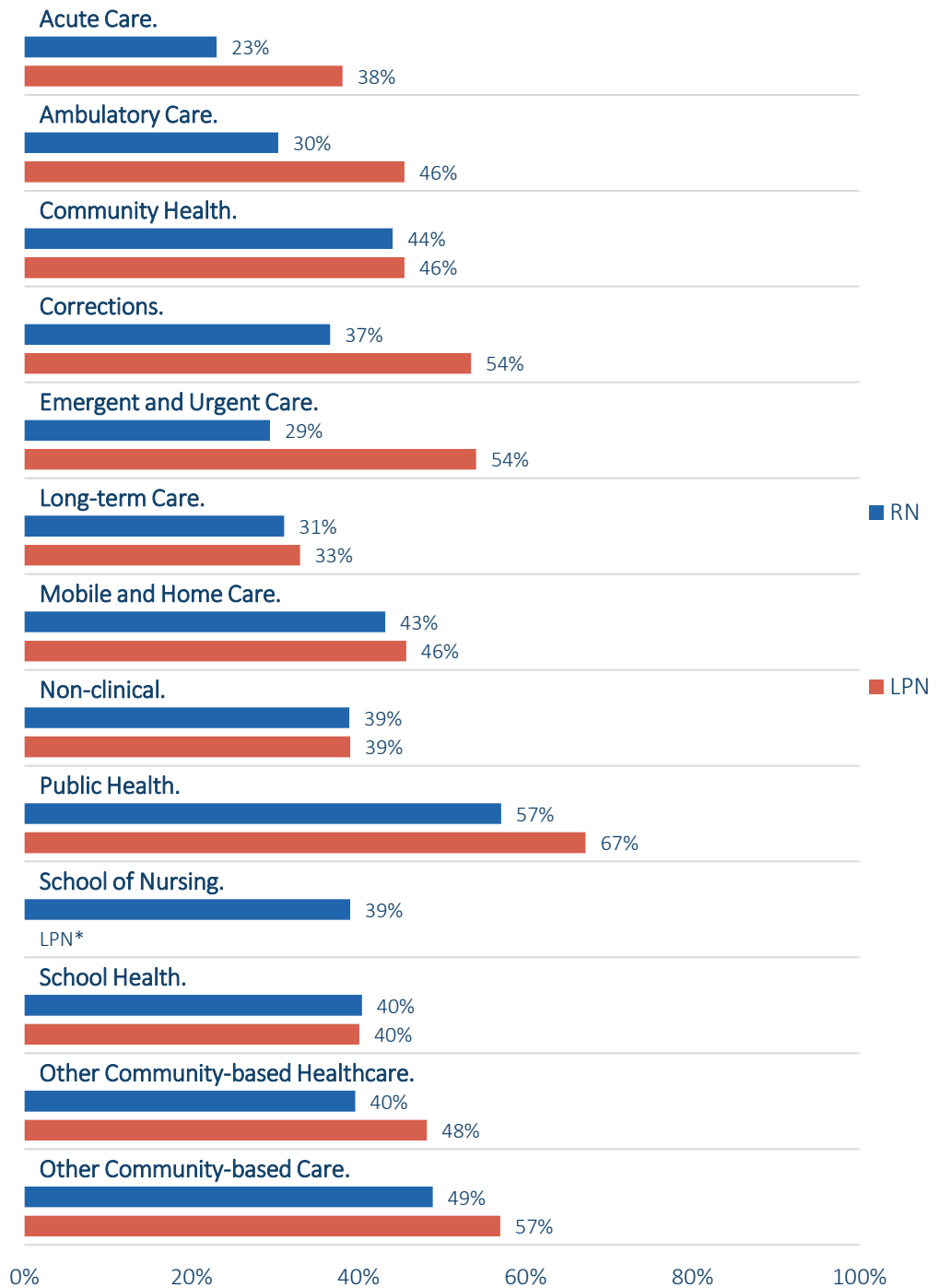


SDOH and Connecting Patients to Community Resources

Connecting Patients to Resources by Setting

In most care settings, RNs were less likely than LPNs to report feeling very or extremely prepared to connect patients with resources to address SDOH. The only exception was school health, where RNs reported slightly higher levels of preparedness than LPNs — though the difference was minimal (40.4% vs. 40.1%). Statistically, LPNs were significantly more likely than RNs to feel well-prepared in acute care, emergent and urgent care, and ambulatory care settings. Among LPNs, those working in public health, emergent and urgent care, and correctional facilities were the most likely to report high levels of preparedness.

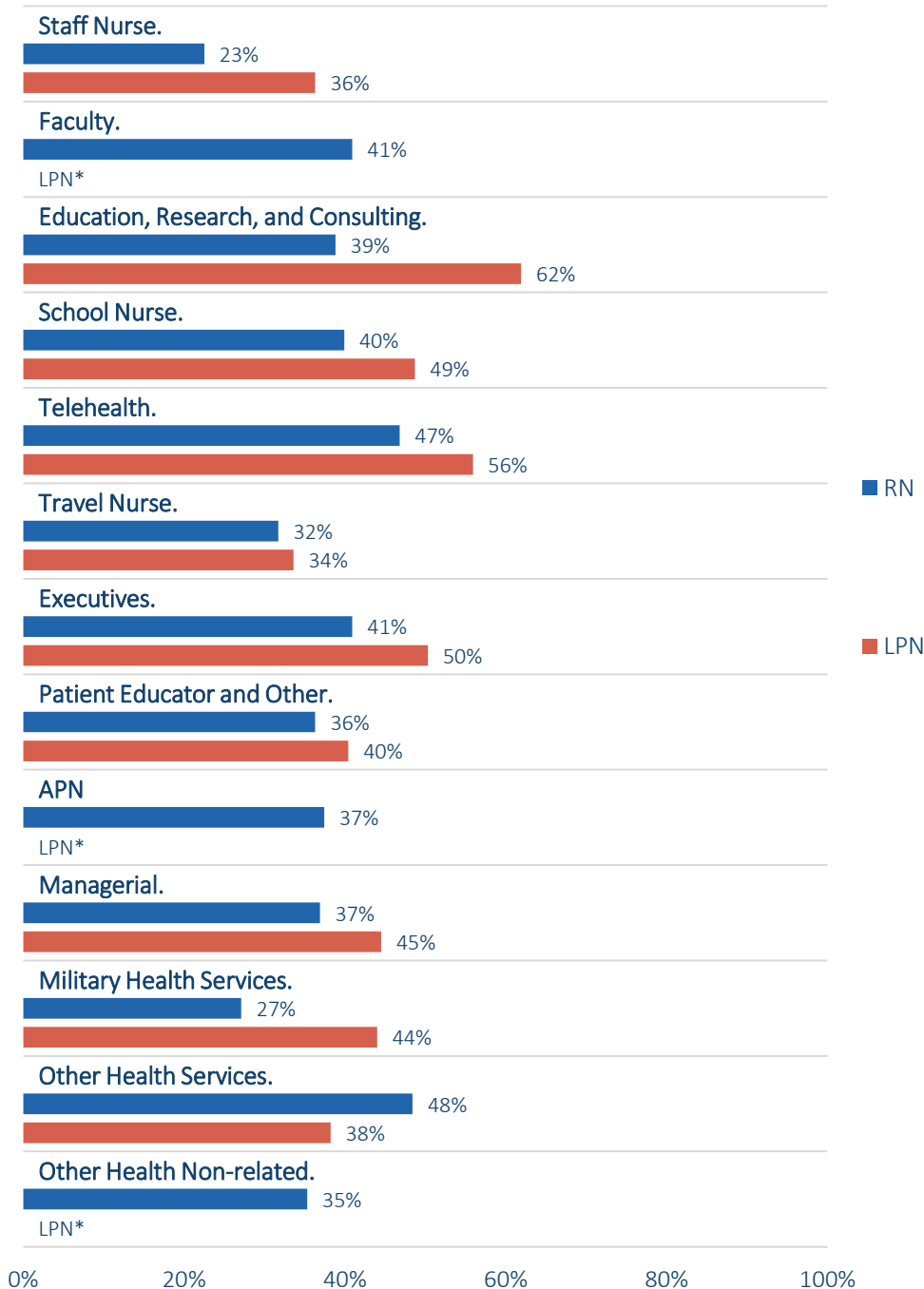
Very or Extremely Prepared for Connecting Patients to Resources to Address SDOH by Setting



*Data are suppressed if count is less than 10.

SDOH and Connecting Patients to Community Resources

Very or Extremely Prepared for Connecting Patients to Resources to Address SDOH by Position



Connecting Patients to Resources by Position

Across all roles, RNs were less likely than LPNs to report feeling very or extremely prepared to connect patients with resources addressing SDOH. Among LPNs, those working in education, research and consulting, telehealth, and executive positions were more likely to feel well-prepared. Statistically, LPNs were significantly more likely than RNs to report high levels of preparedness in both staff nurse roles and positions related to education, research, and consulting.

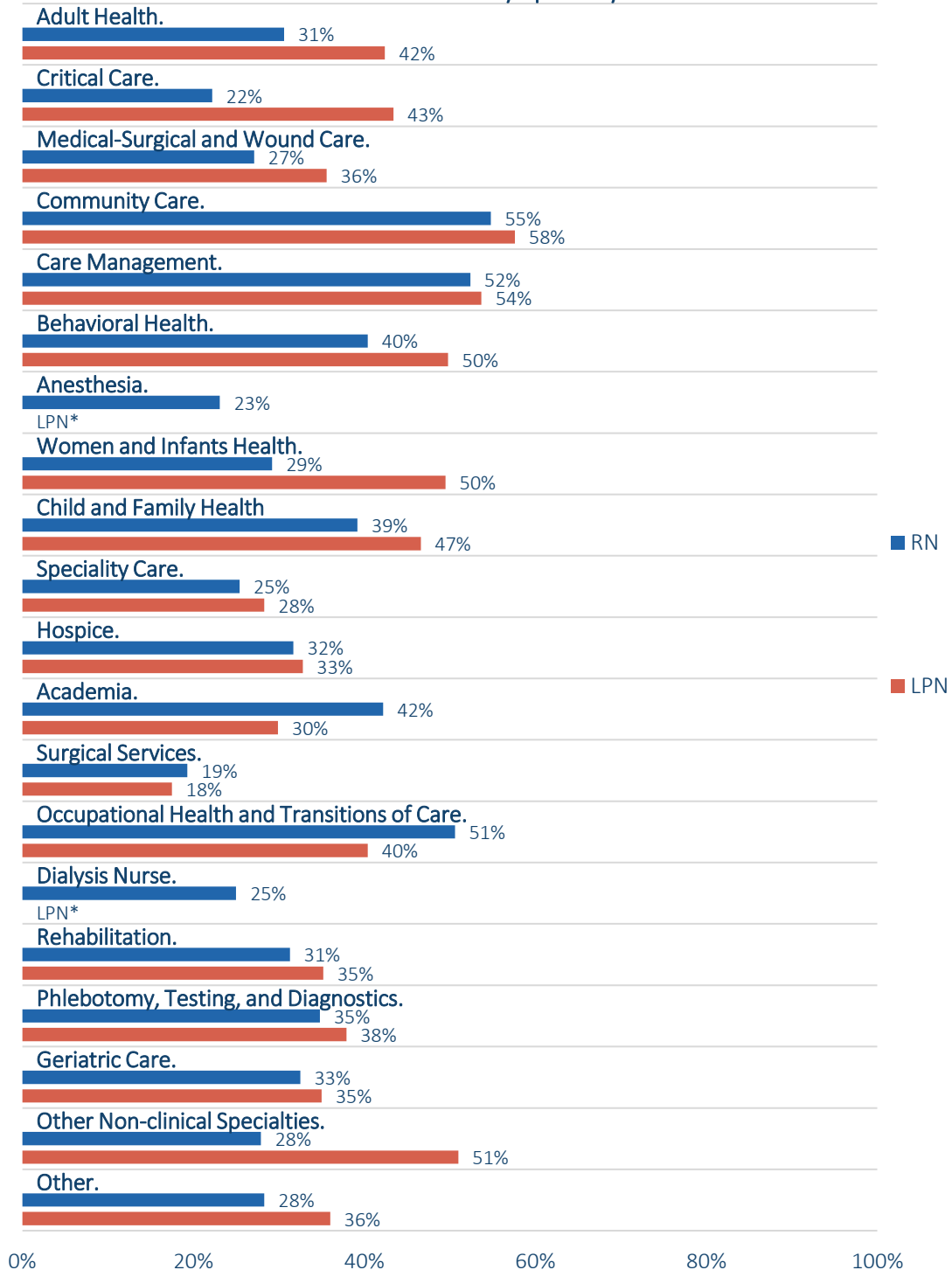
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SDOH and Connecting Patients to Community Resources

Connecting Patients to Resources by Specialty

Among both RNs and LPNs, nurses in most specialties reported feeling less than very prepared to connect patients with resources to address SDOH needs. However, more than half of those working in community care and care management reported feeling very or extremely prepared. Additionally, LPNs were more likely than RNs to report feeling very prepared or extremely prepared to address SDOH needs in specialties such as adult health, critical care, and medical-surgical and wound care.

Very or Extremely Prepared for Connecting Patients to Resources to Address SDOH by Specialty



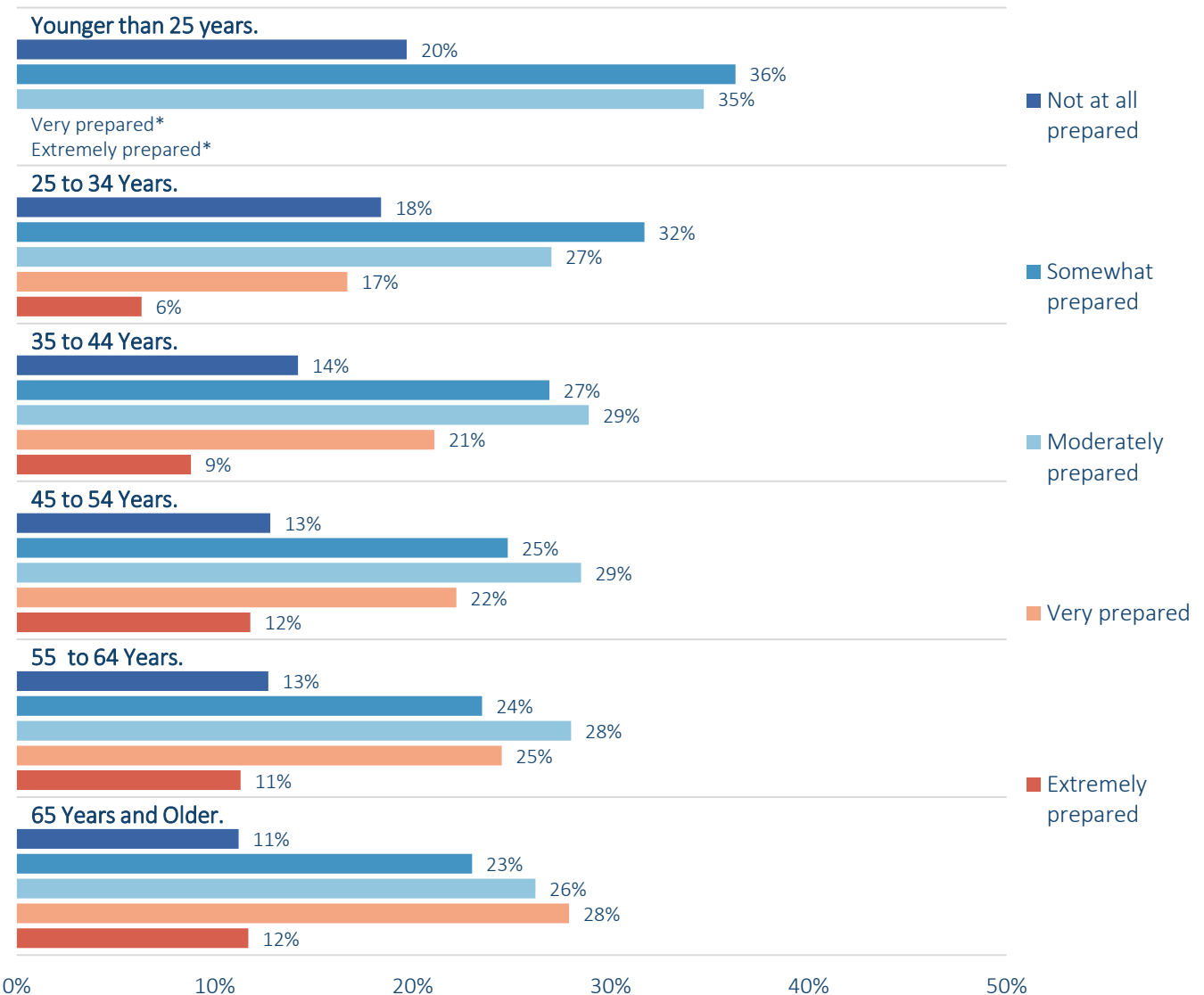
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SDOH and Connecting Patients to Community Resources

Connecting Patients to Resources by Age

Overall, RNs and LPNs across most age groups reported feeling only somewhat or moderately prepared to connect patients with SDOH resources. The level of preparedness tended to increase with age. The only statistically significant difference emerged among nurses aged 25 to 34, where LPNs were notably more likely than RNs to report feeling very prepared.

Preparedness for Connecting Patients to Resources to Address SDOH by Age



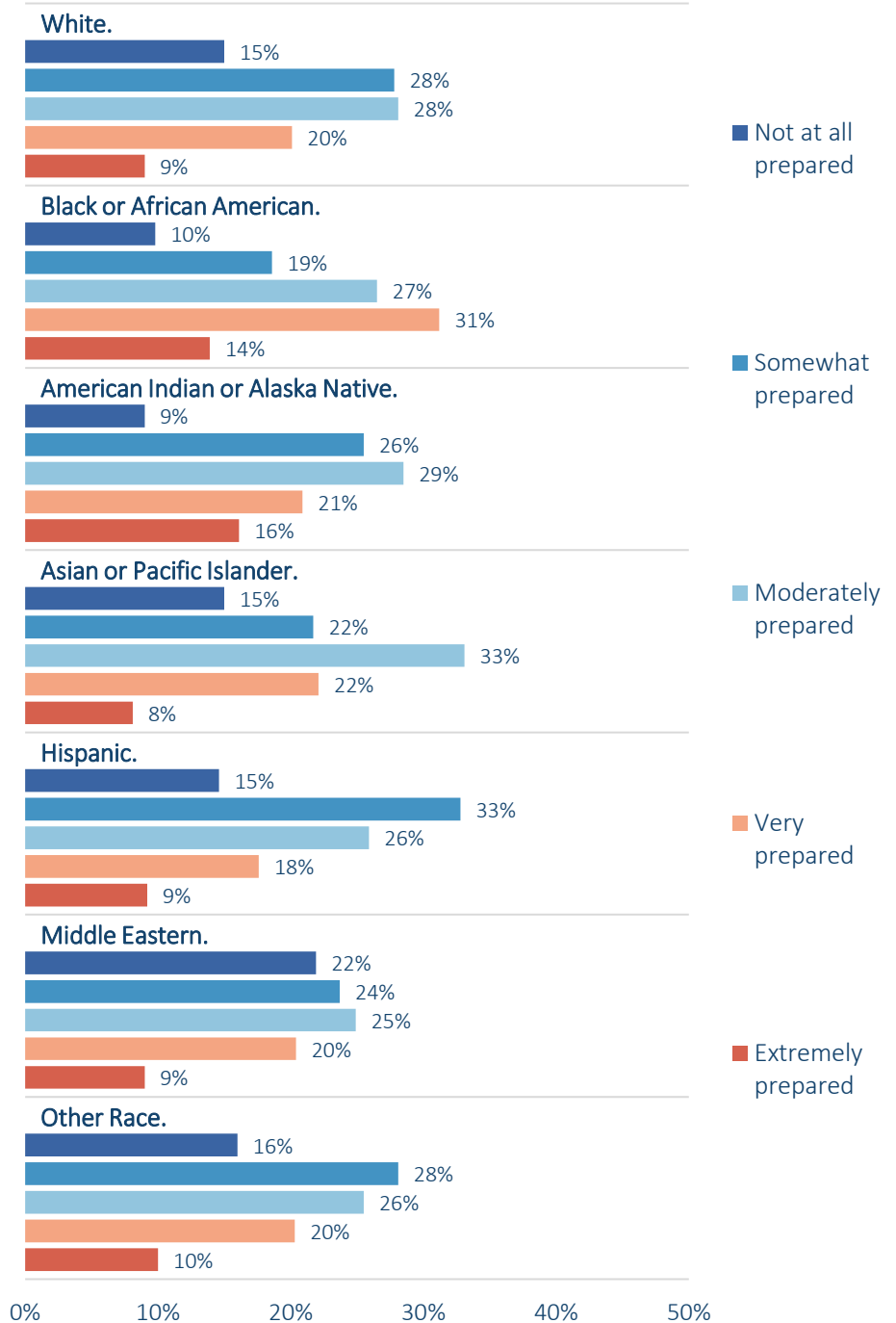
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SDOH and Connecting Patients to Community Resources

Connecting Patients to Resources by Race/Ethnicity

Across all racial and ethnic groups, nurses generally reported feeling somewhat to moderately prepared to connect patients with resources to address SDOH. Among all respondents, Black or African American nurses were the most likely to report feeling very prepared—significantly more so than Hispanic and Middle Eastern nurses. Middle Eastern nurses were the most likely to indicate they were not at all prepared, with statistically higher rates compared to White, Black, and American Indian nurses. When comparing RNs and LPNs of the same groups, Asian or Pacific Islander LPNs were significantly less likely than their RNs counterparts to report feeling not at all prepared (2.7% vs. 23.2%).

Preparedness for Connecting Patients to Resources to Address SDOH by Race and Ethnicity

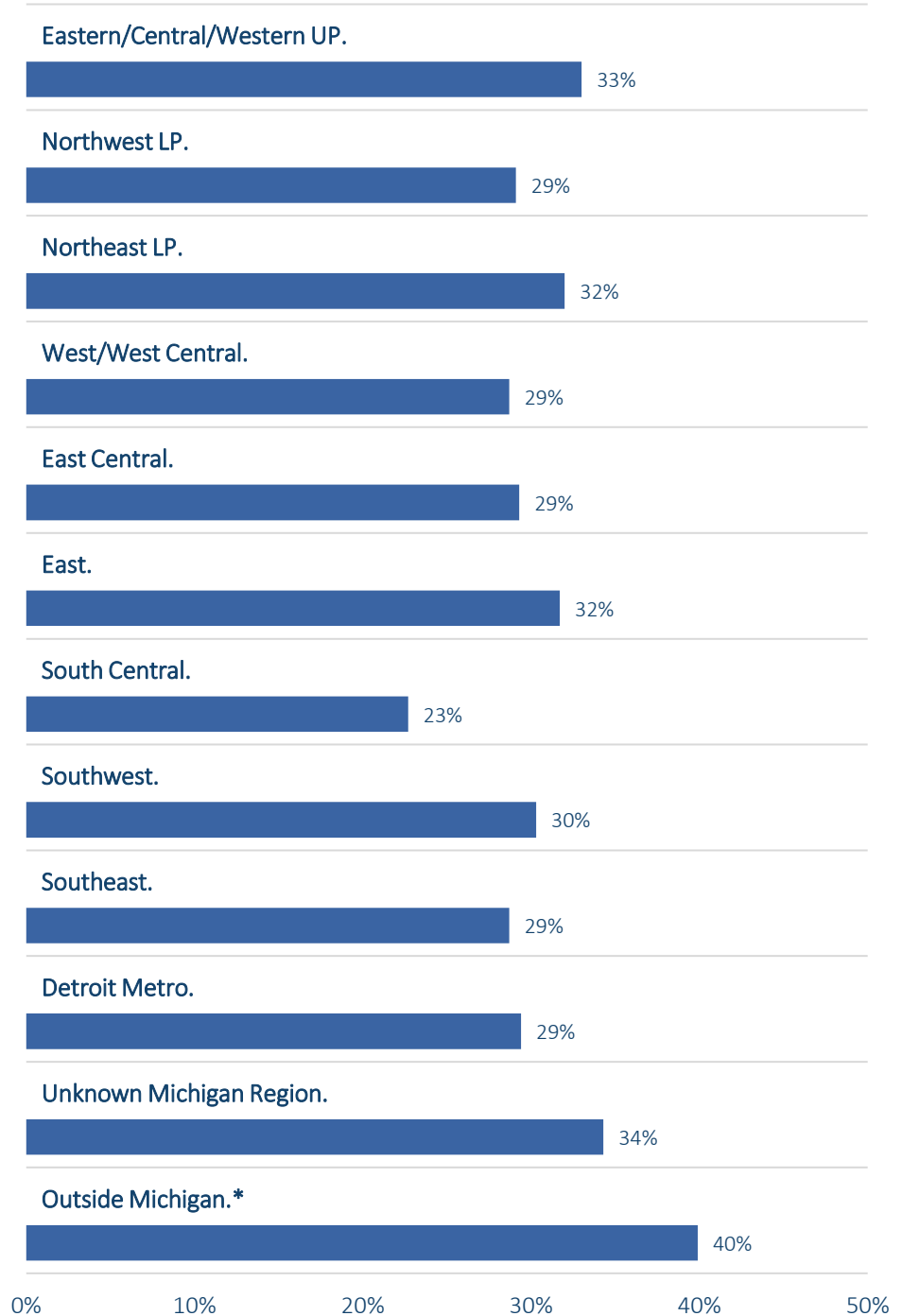


SDOH and Connecting Patients to Community Resources

Connecting Patients to Resources by Region of Residency

Among all nurses, those residing outside of Michigan or in an unknown Michigan region were the most likely to report feeling very or extremely prepared to connect patients with SDOH resources. Within Michigan, the Upper Peninsula emerged as the region with the highest reported levels of preparedness. Among RNs, those residing outside of Michigan reported the greatest sense of preparedness, followed by those in the Upper Peninsula. For LPNs, respondents from an unspecified Michigan region reported the highest levels of feeling very or extremely prepared, with the Northeast Lower Peninsula ranking second. Among LPNs, those in an unknown Michigan region were most likely to feel very or extremely prepared, followed by those in the Northeast Lower Peninsula. Notably, LPNs residing in Detroit were statistically more likely than RNs in the same area to report feeling well-prepared.

Very or Extremely Prepared for Connecting Patients to Resources to Address SDOH by Region of Residency



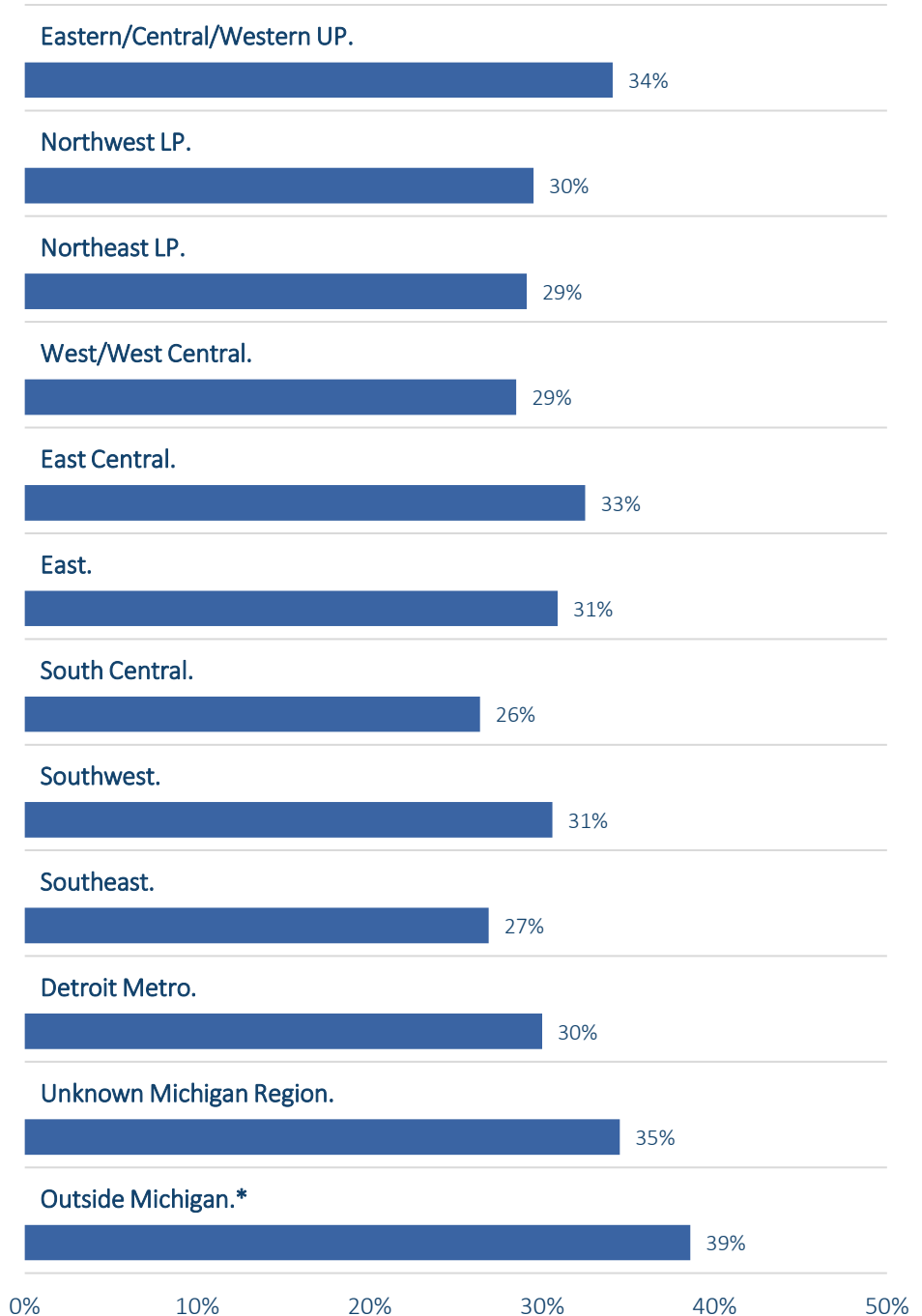
*All nurses surveyed are licensed to practice in Michigan but may work and/or reside in other states.

SDOH and Connecting Patients to Community Resources

Connecting Patients to Resources by Region of Employment

Among both RNs and LPNs, those working outside of Michigan or in an unknown Michigan region were most likely to report feeling very or extremely prepared to connect patients with SDOH resources. Within the state, the Upper Peninsula emerged as the region where nurses felt most prepared—particularly among RNs. For LPNs, those in Southwest Michigan reported the highest levels of preparedness, followed by those in South Central Michigan. Additionally, LPNs working in the Detroit Metro and Southeast Michigan regions were statistically more likely than their RN counterparts to feel very or extremely prepared.

Very or Extremely Prepared for Connecting Patients to Resources to Address SDOH by Region of Employment



*All nurses surveyed are licensed to practice in Michigan but may work and/or reside in other states.

Conclusion

According to the 2025 Survey, more than half of all nurses felt that they were very or extremely prepared to assess SDOH needs, but only 29.6% of RNs and 37.3% of LPNs reported they felt very or extremely prepared to connect patients to resources for SDOH needs. LPNs were especially likely to feel well-prepared in public health, emergent and urgent care, and roles involving education, research, and consulting. Preparedness tended to increase with age and varied by race. Black or African American RNs and Asian LPNs reported the highest levels of preparedness compared to other racial groups. Geographic trends also emerged: RNs living and working outside of Michigan felt very or extremely prepared, and LPNs residing and employed in the Detroit Metro area and South Central Michigan were statistically more likely than their RN counterparts to report high preparedness. For additional insights, the gap between feeling prepared to assess for SDOH needs and being able to connect patients to resources should be further explored.



Additional Information

For additional information related to the 2025 Survey of Michigan Nurses results, past years' reports, and data produced from Michigan's nurse licensure data, please visit minurse.org. For questions or comments related to the content presented in this report, please contact Casey Klein, ONP section manager (kleinc7@michigan.gov).

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