



THE
WELLBEING
LAB
COMMUNITY
REPORT

THE STATE OF WELLBEING IN MICHIGAN COMMUNITIES
MARCH 2021

THEWELLBEINGLAB
A MICHELLEMCQUAID PROGRAM

THIS RESEARCH WAS MADE POSSIBLE THANKS TO THE SUPPORT OF:



AND THROUGH THE DISTRIBUTION OF THESE NETWORKS OF SUPPORT:

- Michigan Association of Preventive Medicine and Public Health Physicians (MAPPP)
- Michigan Association of Counties
- Municipal League of Michigan
- Great Lakes Bay Conscious Capitalism
- Midland County Department of Public Health
- Ross School of Business Center for Positive Organizational Scholarship
- Michigan Banner
- Community Drive
- KHP Consultants

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ABOUT THIS STUDY

The Wellbeing Lab Survey was first conducted in America in February 2019. A sample of 1,026 randomly selected workers representative of the U.S. national workforce completed the survey. In early May 2020, with non-essential workplaces shut down due to the COVID-19 pandemic, another sample of 1,073 representative American workers was gathered.

This new study provides an up-to-date snapshot of American workplaces, along with an expansion to the broader community. This study used a variant of The PERMAH Wellbeing Survey (www.permahsurvey.com), developed by **Dr. Peggy Kern** from the University of Melbourne’s Centre for Wellbeing Science, which focuses specifically on workplace functioning. An additional set of questions was added to capture families and communities, the impact of the COVID-19 pandemic, and allyship. The study specifically focuses on people living in Michigan, providing insights on wellbeing and functioning in the local community, including 1,492 randomly selected adults.

The past year has brought some of the toughest circumstances that many Michiganders have ever faced. More than 16,000 residents have died of COVID-19. Massive flooding occurred when local dams broke. There was racial and political unrest. But with COVID-19 vaccinations and economic stimulus packages rolling out, there is reason for cautious optimism that despite current and future challenges, for Michiganders, a more normal way of life is on the horizon.

GENDER	
Men	791
Women	685
Nonbinary	11

AGE GROUPS	
18 – 24 years	151
25 – 34 years	249
35 – 44 years	348
45 – 54 years	286
55 – 99 years	458

ETHNICITY	
White/Caucasian	1234
Black/African American	122
Asian	38
Other	87

HOUSEHOLD SIZE	
Just me	295
2 – 4 people	1021
5 – 8 people	156
More than 9 people	8

INCOME LEVEL	
Under \$20,000	206
\$20,000 to \$50,000	499
\$50,001 to \$100,000	470
\$100,001 to \$150,000	168
Over \$150,000	85

WORK STATUS	
Full-time work 30+ hours	620
Part-time work <30 hours	158
Student	72
Carer	17
Retired	333
Currently unemployed	161
Unable to work	92

If you would like more information about this report or additional findings by gender, age, location, job role or industry (not reported), please contact **chelle@thewellbeinglab.com**.

1.

CURRENT STATE: WELLBEING IN MICHIGAN COMMUNITIES

Wellbeing, simply put, refers to the ability to feel good and function effectively as we navigate the inevitable highs and lows of life. Studies – including ours – find that how we feel (physically, mentally, and socially) and how we interact with our families, workplaces, and communities have a mutually reinforcing impact. Community involvement provides opportunities for ongoing learning and development, meaningful achievement, and connection with others, which nourish our wellbeing. And when we feel physically, mentally, and socially well, we are able to bring more energy, focus, and motivation to our interactions with others. Thriving occurs not only when we feel and function well but when we also experience a high sense of wellbeing. We might assume that thriving would only occur in good times. However, our findings have consistently demonstrated that it is possible to thrive despite struggle, and that sustaining high levels of wellbeing is less dependent on our situations and more dependent on our abilities to effectively navigate both the good times and the challenging times that occur. Michiganders were no different, with a significant number of people living well despite the struggles that the past year has brought.



41.7%

OF MICHIGAN PEOPLE
WERE LIVING WELL,
DESPITE STRUGGLE.

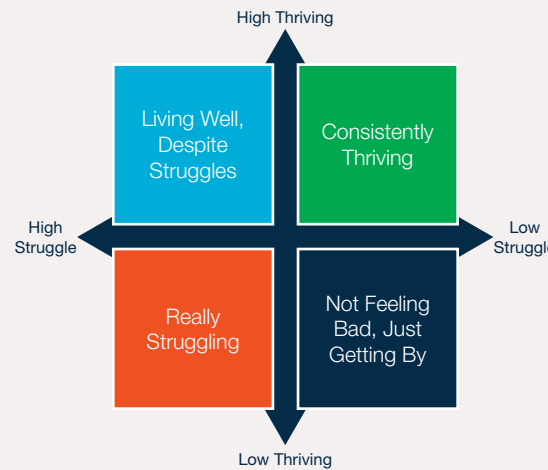
THRIVING ≠ PROBLEM FREE

Wellbeing ranges from languishing (low levels of wellbeing) to thriving (high levels of wellbeing). Across five different surveys with thousands of Australian and American workers, we have replicated the findings that workers who reported that they were *consistently thriving* as well as workers who reported that they were *living well, despite struggles* were statistically more likely to have higher levels of work satisfaction, better performance at work, and greater commitment to their workplace.

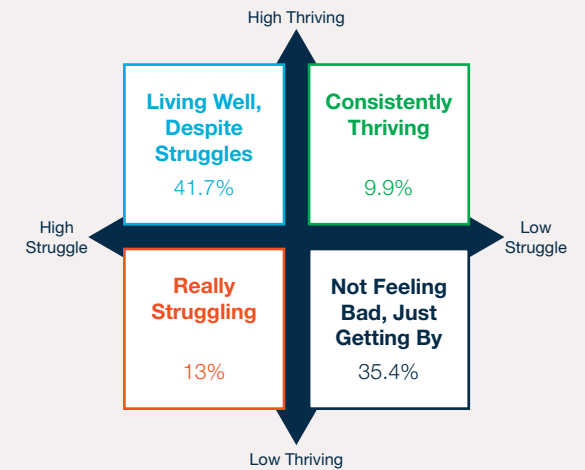
In the current study, approximately half the sample was not working. Our findings remained consistent. Michiganders who were *consistently thriving* or *living well, despite struggles* reported higher levels of satisfaction with their lives, their families and their communities. Meanwhile, those who were *not feeling bad, just getting by*, or *really struggling* reported significantly lower levels of satisfaction.

Even when facing a global pandemic, a changing political and economic landscape, and numerous personal and professional challenges, it appears that it is possible to thrive *despite* struggle.

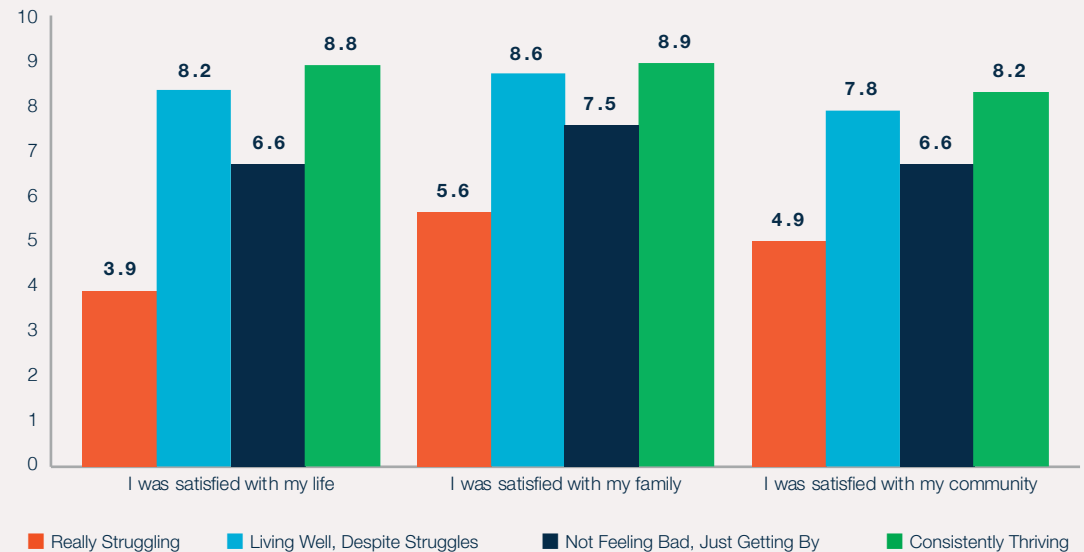
STATE OF WELLBEING



STATES OF WELLBEING IN MICHIGAN %



STATES OF WELLBEING BY LEVELS OF SATISFACTION MEANS



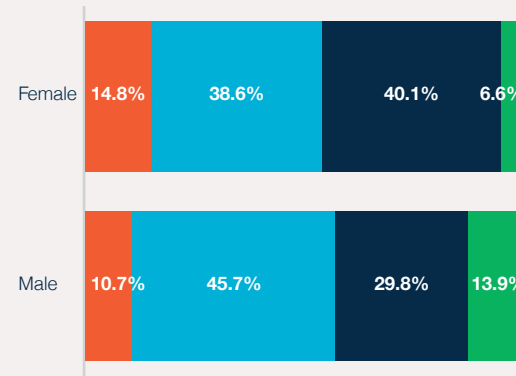
OUR PERSONAL CONTEXT MATTERS

Women were twice as likely to report that they were *really struggling* compared to our previous samples and were more likely to struggle than men. This may reflect the well-documented burden of income loss, unpaid care, and domestic work that many women have had since the COVID-19 pandemic, or in line with other studies, women may be at greater risk for wellbeing challenges.

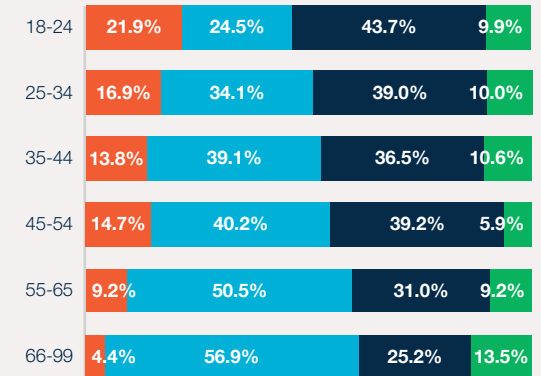
Researchers have suggested that from the age of 18 – 50 people’s overall levels of wellbeing tend to decline, then slowly increases to surpass previous levels from the age of 70 onwards. Our past data has found a similar pattern, however in this sample, young people were significantly more likely to report they were *really struggling*. Other studies have also pointed to the challenges that the pandemic has brought to Millennials and people in Gen Z.

Researchers often find that BIPOC (Black, Indigenous, People Of Color) are at risk for greater struggle. We found that people from “other” ethnicities were significantly more likely to be *really struggling*, and many Asians in this community reported *not feeling bad, just getting by*. Notably, Black/African Americans and White/Caucasians reported similar levels of wellbeing across all categories. Other researchers have also noted that Black/African Americans have remained the most optimistic and reported significantly better levels of mental health despite the challenges of the past year.

STATES OF WELLBEING BY GENDER %

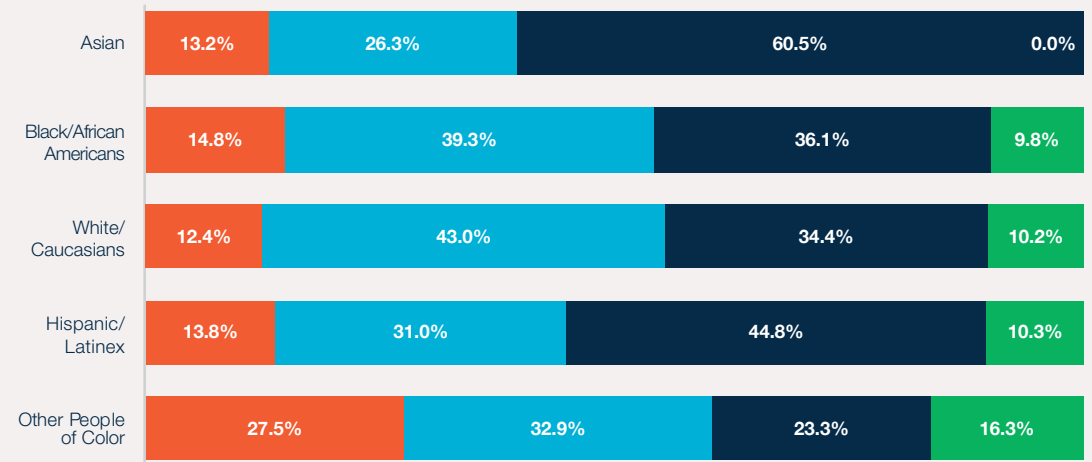


STATES OF WELLBEING BY AGE %



Really Struggling Living Well, Despite Struggles Not Feeling Bad, Just Getting By Consistently Thriving

STATES OF WELLBEING BY ETHNICITY %



Really Struggling Living Well, Despite Struggles Not Feeling Bad, Just Getting By Consistently Thriving

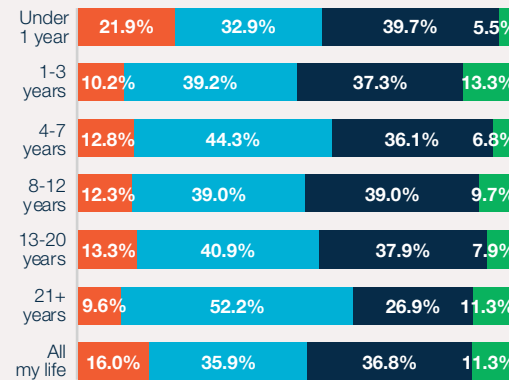
OUR EXPERIENCES MATTERS

Despite the challenges of the year, communities often provide an important form of stability and support. Michiganders who reported living in their community for less than a year were significantly more likely to be *really struggling* compared to other residents. This aligns with research suggesting that moving is one of the most stressful life experiences that people experience.

Employment increases people’s financial, psychological and social capital. People in full-time and part-time work were statistically more likely to thrive compared to others, except for retirees, who were more likely to be *living well, despite struggles*. Although some studies find mixed impacts of retirement, like with older age, reviews suggest that many retirees report high levels of wellbeing and functioning.

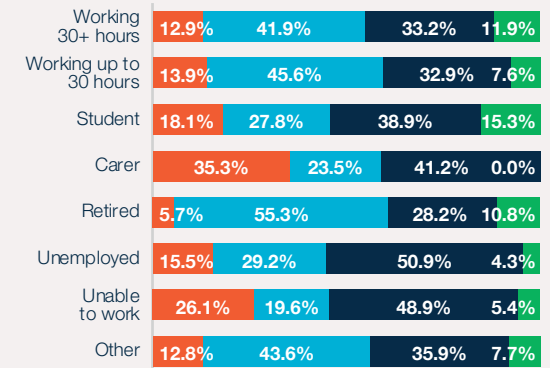
Studies repeatedly find that sufficient income to meet the needs of one’s family is needed to experience high levels of wellbeing, with diminishing impacts at higher income levels. In our data, those earning less than \$20,000 per annum were significantly more likely to be *really struggling*. With the recent Michigan ALICE (Asset Limited, Income Constrained, Employed) report finding 38% of households don’t earn enough for basic needs, the percentage who are *really struggling* is concerning.

STATES OF WELLBEING BY TIME IN COMMUNITY %

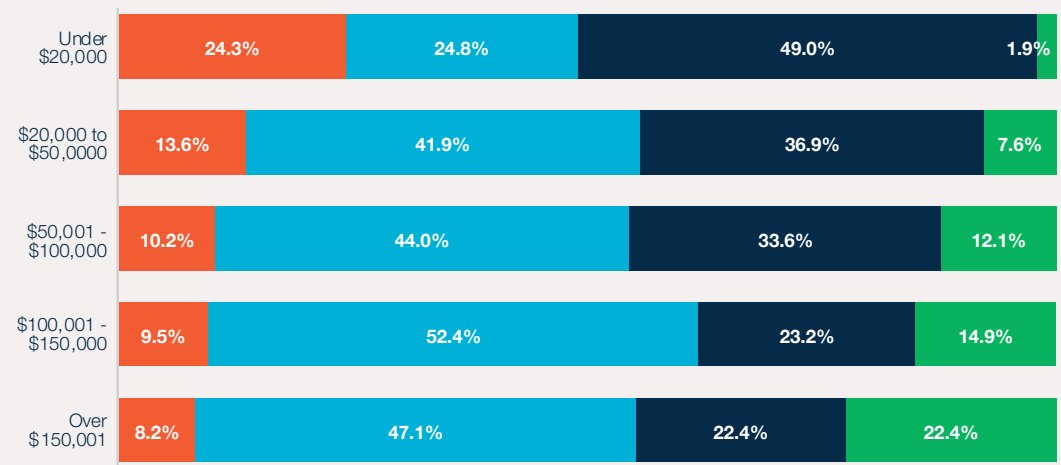


Really Struggling Living Well, Despite Struggles Not Feeling Bad, Just Getting By Consistently Thriving

STATES OF WELLBEING BY EMPLOYMENT STATUS %



STATES OF WELLBEING BY HOUSEHOLD INCOME %



Really Struggling Living Well, Despite Struggles Not Feeling Bad, Just Getting By Consistently Thriving

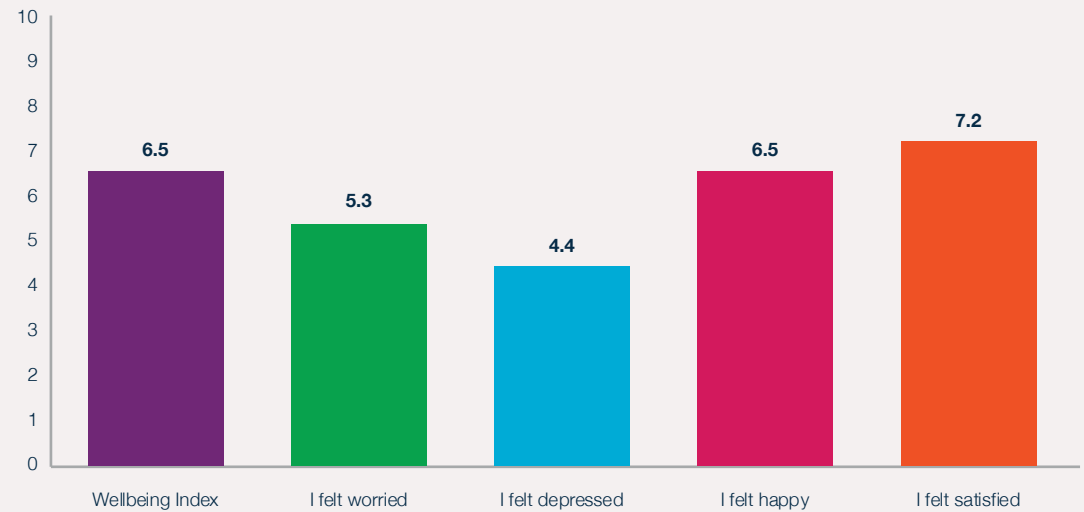
OUR FEELINGS COUNT

Being able to measure people’s quality of life is fundamental when assessing the progress of communities and societies and informing policy in positive ways. The four items used to calculate the Organization for Economic Cooperation and Development (OECD) Better Life Index are measures for which there is the strongest evidence for validity and relevance. The first three questions address how respondents have been feeling lately and the fourth question is on overall life satisfaction, which is intended to capture the respondent’s evaluative judgement of how their life is going in general these days.

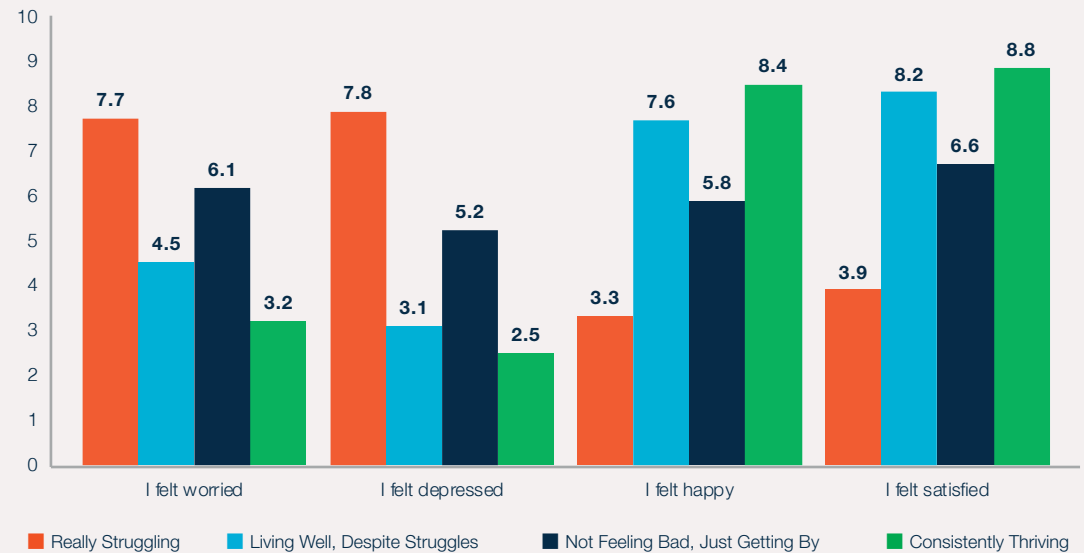
In general, Americans and Michiganders are more satisfied with their lives than the OECD average. When asked to rate their general satisfaction with life on a scale from 0 – 10, people in the United States gave it a 6.9 grade on average, higher than the OECD average of 6.5. In this sample, Michiganders’ satisfaction rates 7.2, ranking high with countries like Australia (7.3) and Denmark, Finland, Iceland, Norway and Switzerland (each 7.5).

People who were *consistently thriving* or *living well, despite struggles* statistically were more likely to report higher levels of happiness and satisfaction and lower levels of worry and depression than people who were *not feeling bad, just getting by*, or *really struggling*. The same demographic factors shaping respondents’ personal context and experiences also impacted their levels of happiness, satisfaction, worry, and depression.

WELLBEING INDEX MEANS



STATES OF WELLBEING BY WELLBEING INDEX MEANS



AN AH-HA MOMENT

Our findings continue to make it clear that even when struggle and stress occurs, many people are still able to feel and function well. Stress is seen as a challenge to overcome, rather than something to simply get through or be defeated by. In fact, when people have the knowledge, tools, and support to respond to stressful periods, then such times bring opportunities for learning and growth, fuelling our resilience even amid uncertainty and upheaval.

Still, many people are struggling or simply getting by. Numerous studies point to a growing number of individuals across all walks of life who are struggling in a number of ways due to the challenges of the past year. Communities need to consider how they can support the wellbeing of those who are *not feeling bad, just getting by, or really struggling*. This is particularly true for young adults, BIPOC, those with fewer economic resources, and those who are newer to the community.

*Does your definition of community wellbeing give people permission to struggle?
Do you have formal and informal strategies in place to help people at risk for lower functioning to navigate struggle during challenging periods?*



2.

OUR ASSETS: THE WELLBEING AMPLIFIERS

Community wellbeing is more than just the sum of how individuals within the community are feeling and functioning. Studies suggest community wellbeing is shaped by multiple interacting factors – personal, social, environmental, economic, political, and/or cultural. Influential factors can be grouped into three separate but inter-related dimensions: the *Me* Level – factors internal to the individual person (e.g., personality, skills, motivation); the *We* Level – interpersonal factors that occur between two or more people (e.g., our interactions with and relationships with others); and the *Us* Level – broader external factors (e.g., housing quality, education levels, access to resources). Each of these become important areas to identify factors that support or hinder how individuals and the community on the whole are functioning.



51.8%

OF PEOPLE IN MICHIGAN FELT
VERY MOTIVATED TO IMPROVE
THEIR WELLBEING

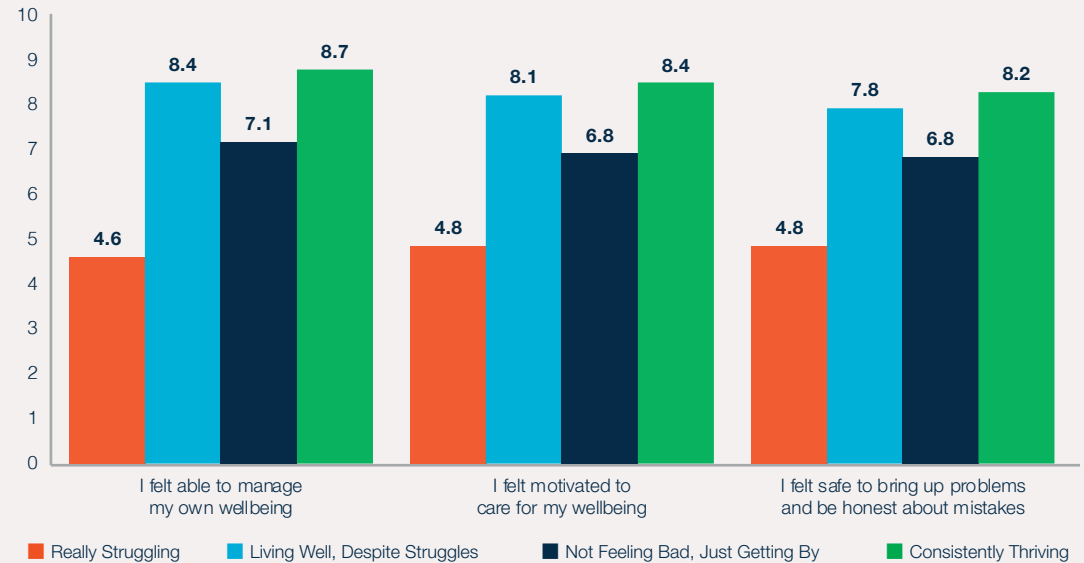
ME LEVEL: WELLBEING AMPLIFIERS

We have consistently found in our studies that people who were *consistently thriving* or *living well, despite struggles*, reported statistically higher levels of **A**bility and **M**otivation to care for their own wellbeing and a sense of **P**sychological safety – being able to acknowledge mistakes and bring up problems as needed. We call these wellbeing supports **AMPlifiers**, as they help build up and support thriving. This sample was no different. In each case, those with higher AMPlifiers were more likely to thrive or be *living well, despite struggles*.

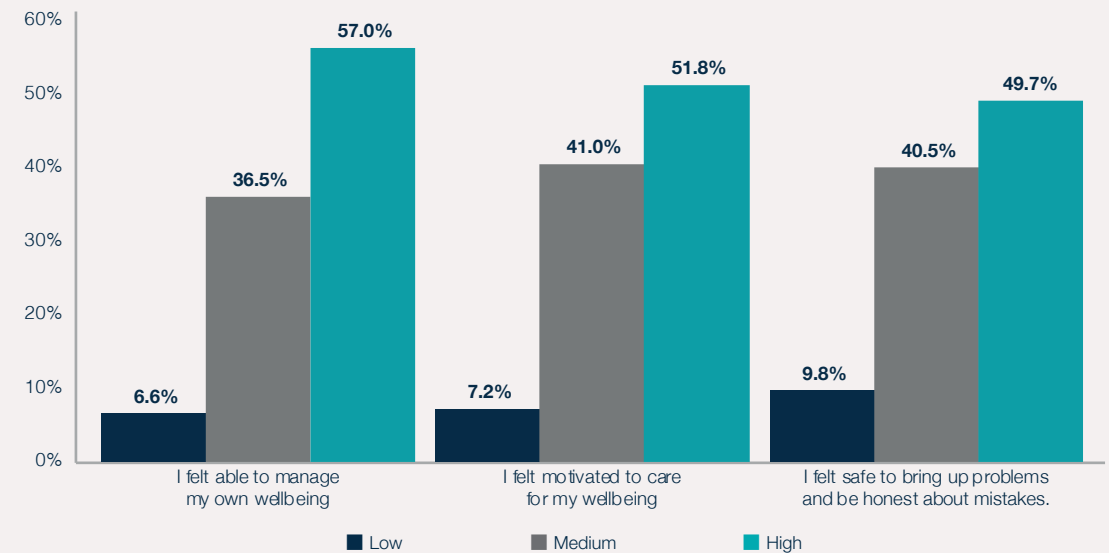
More than half (57%) of the sample reported high ability – believing that they have the knowledge, tools, and opportunities – to manage their wellbeing effectively. 51.8% of the sample reported high motivation to care for their wellbeing. 49.7% of people felt that their community was a safe place to bring up problems and talk about mistakes.

What might be possible for community wellbeing in Michigan if these percentages improved?

STATE OF WELLBEING BY ABILITY, MOTIVATION, & PSYCHOLOGICAL SAFETY MEANS



% WELLBEING ABILITY, WELLBEING MOTIVATION & PSYCHOLOGICAL SAFETY



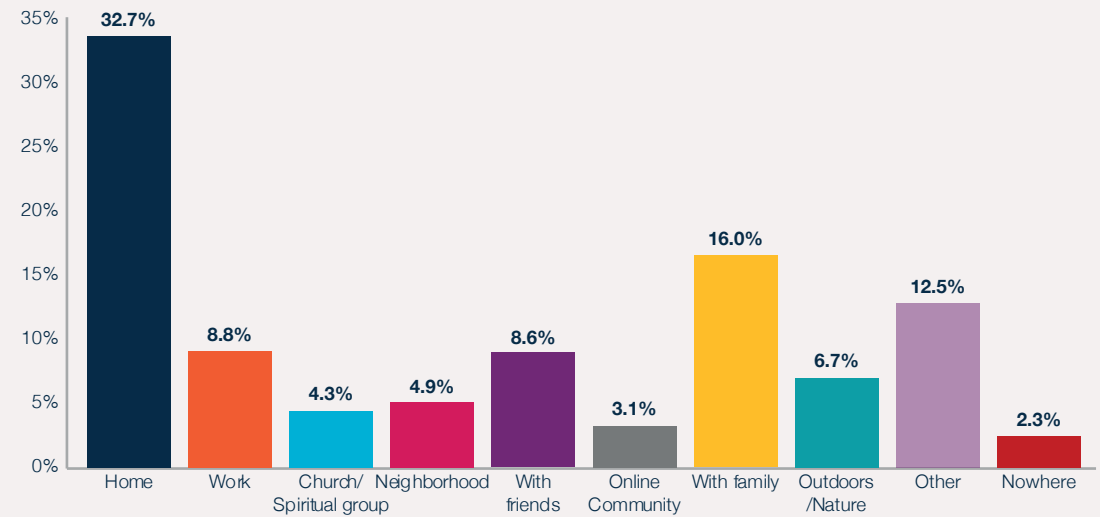
WE LEVEL: WELLBEING CONNECTORS

Community implies a sense of connectedness with others with whom we may share geographical boundaries (e.g., a local neighborhood), common interests (e.g., a religious or sporting association), or other values. Studies suggest that our sense of connectedness within a community relies not only on the relationships that exist between people, but also on the quality of the interactions that occur with those people, feeling supported by others, and feeling a sense of belonging.

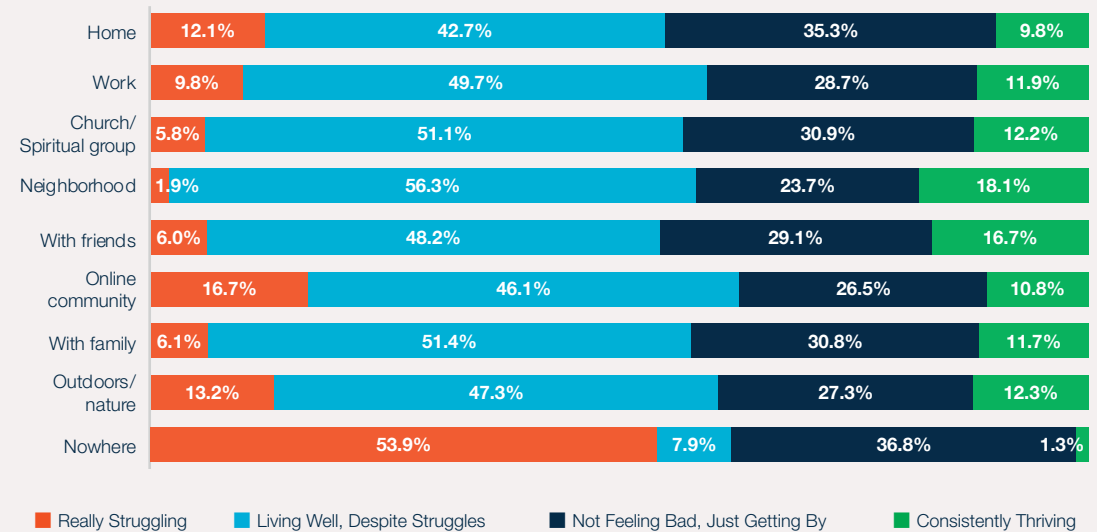
Over the last month, Michiganders felt like they most belonged at home (32.7%), with their families (16%), at work (8.8%), with friends (8.6%) and in their neighborhoods (4.9%). People who were women, White/Caucasian, or had lived in Michigan all their lives were the people more likely to feel that they belonged nowhere and were the most likely to be *really struggling*.

People who reported that they were consistently thriving or *living well, despite struggles* were statistically more likely to feel a sense of belonging to their neighborhood or with friends. As seen in other studies, a lack of belonging negatively impacted people's wellbeing. And although Michiganders felt like they most belonged at home, this was not without its wellbeing challenges, with this group reporting the second lowest levels of thriving.

PLACES WHERE I MOST FELT I BELONGED IN MY COMMUNITY OVER THE LAST MONTH



STATE OF WELLBEING BY PLACES I FELT I BELONGED IN MY COMMUNITY



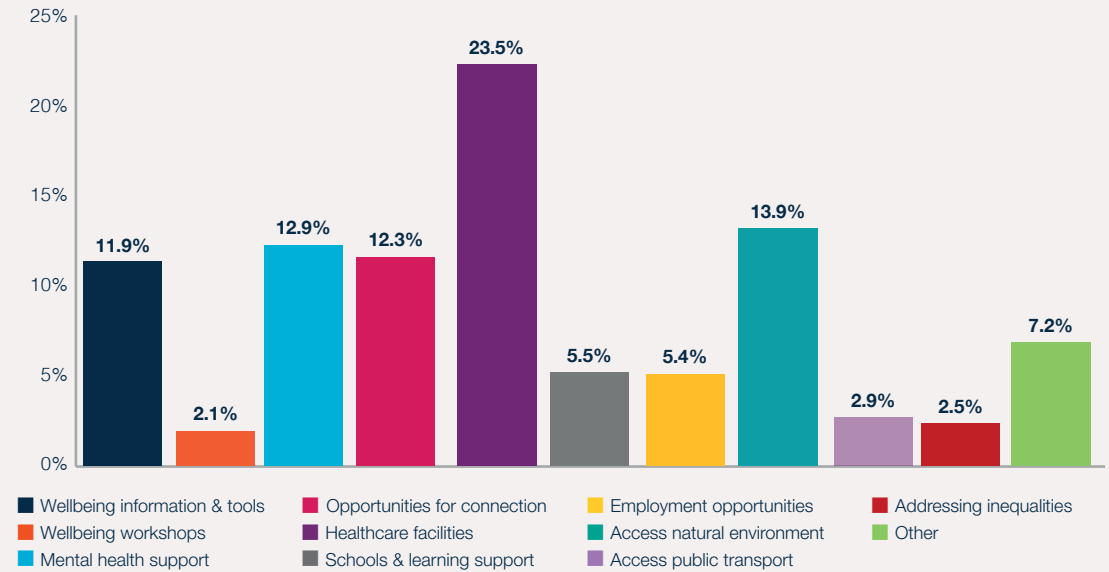
US LEVEL: COMMUNITY SUPPORT

Researchers have identified 43 different community supports for wellbeing, including healthcare, economic conditions, services and infrastructure, and the local environment. In our data, the most valuable forms of community support were *healthcare facilities* (23.5%), *access to natural environments* (13.9%), *mental health support* (12.9%), *opportunities for connection* (12.3%) and *wellbeing information and tools* (11.9%). Addressing inequalities was more important for BIPOC than for the majority but remained less critical than other aspects.

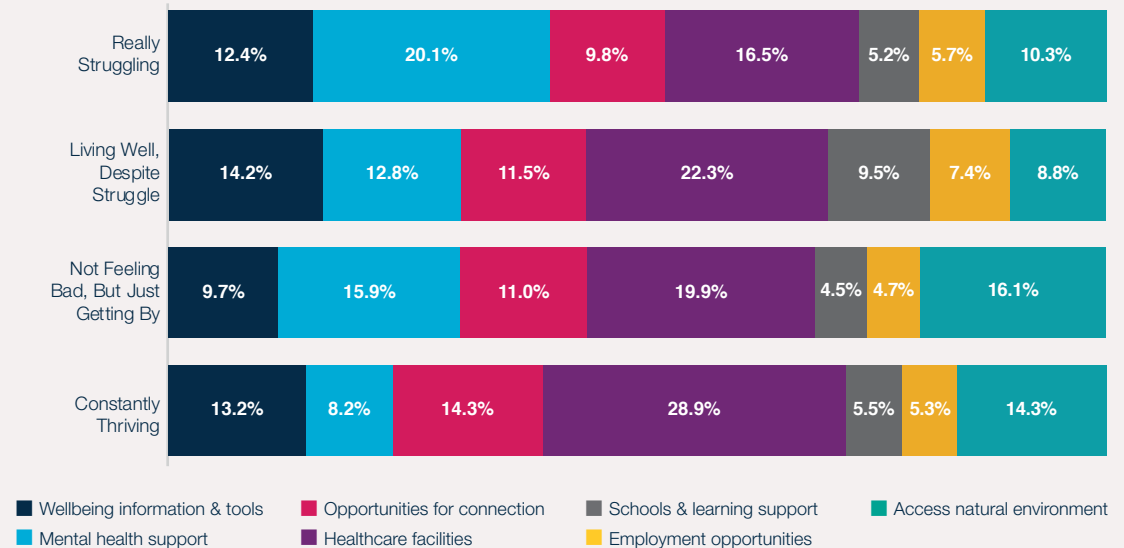
People who were *consistently thriving* and *living well, despite struggles* were significantly more likely to value healthcare facilities. This was particularly true for White/Caucasians and for people aged 45 years and older. While people who were *not feeling bad, just getting by* or *really struggling* were the most likely to value mental health support, this was particularly true for Asians and for people aged 18 – 24 years. This suggests that health care is critical, with both physical and mental supports available and accessible to adequately meet the various needs in the community.

People who were *not feeling bad, just getting by* were the least likely to value wellbeing information and tools, although these may provide effective resources for increasing their levels of wellbeing ability and sustaining their wellbeing motivation.

% MOST VALUED FORM COMMUNITY WELLBEING SUPPORT



STATE OF WELLBEING BY % COMMUNITY WELLBEING SUPPORT (TOP 7 FACTORS ONLY)



AN AH-HA MOMENT

Caring for our wellbeing is not a solo endeavour. Our wellbeing perceptions, experiences, and behaviors are diverse, and are shaped by personal factors (the *Me*), social factors (the *We*), and community aspects (the *Us*) that dynamically impact each other.

The often overlooked but common factor across these findings is our driving need as human beings for quality connections with others. At the *Me* level, this appears in the need for and value of a sense of belonging and psychological safety.

At the *We* level, this appears in the quality of relationships that people have with others in the community, including their family, friends, groups, and neighbors. At the *Us* level, this appears in the external supports that care for the unique needs that people have.

How is your community amplifying people's opportunities for safe, healthy connection at the Me, We and Us levels when it comes to caring for their wellbeing?



3.

BOOSTING THRIVING: WELLBEING IS MULTIFACETED

Wellbeing is not a one-dimensional concept, but a multifaceted construct composed of different factors. There is no one number that tells us how well a person, family, workplace, or community is doing, but several factors together give a good picture. Professor Martin Seligman suggests that we think of measuring wellbeing like the dashboard that allows a pilot to fly a plane – there is no one dial that indicates how an airplane is functioning. Rather, the fuel gauge, the airspeed indicator, the altimeter, and the interaction of those provide all the information needed. What matters is our ability to gather and understand the dashboard of data to help us continue learning and intelligently prioritizing the next actions we take.



42.6%

SAID THEIR COMMUNITY WAS
COMMITTED TO SUPPORTING THE
WELLBEING OF ITS RESIDENTS.

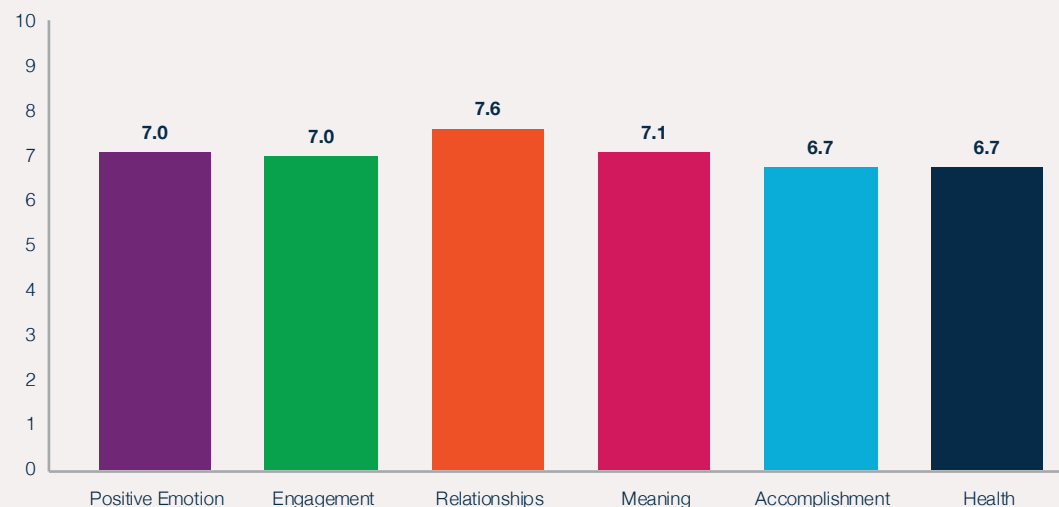
THE INDIVIDUAL FACTORS

One way to understand, measure and act on evidence-based approaches for improving wellbeing is by drawing on Professor Martin Seligman’s PERMAH Framework, which points to six factors of feeling and functioning: *Positive Emotions*, *Engagement*, *Relationships*, *Meaning*, *Accomplishment* and *Health*. Importantly, there is no single number or specific profile that indicates thriving. Depending on one’s values and preferences, different numbers and profiles are best for different people. But as the six factors are interconnected and influence one another, feeling poorly in one area often results in feeling poorly in other areas as well.

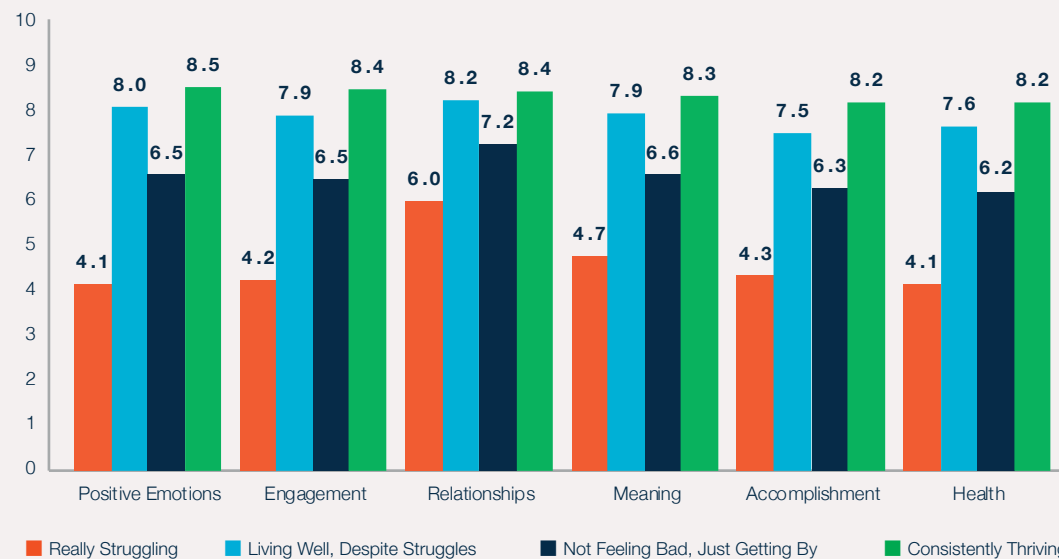
While how we feel and function across these factors varies across time, situations, and experiences, studies have found that generally most people’s wellbeing is relatively healthy and stable over time, even when circumstances are challenging. While this is true for the PERMAH factor scores gathered in this study, women and people aged 18–24 years were significantly lower on all the PERMAH factors, with the exception of *Relationships*. Meanwhile, Asians were significantly lower on *Positive Emotions*, *Relationships*, and *Meaning*.

As we have seen in other studies, Michiganders who were *consistently thriving* or *living well, despite struggles* reported statistically higher scores on all PERMAH factors than those *not feeling bad, just getting by* and those *really struggling*.

PERMAH WELLBEING FACTORS MEANS



STATE OF WELLBEING BY PERMAH WELLBEING FACTORS MEANS



THE COMMUNITY FACTORS

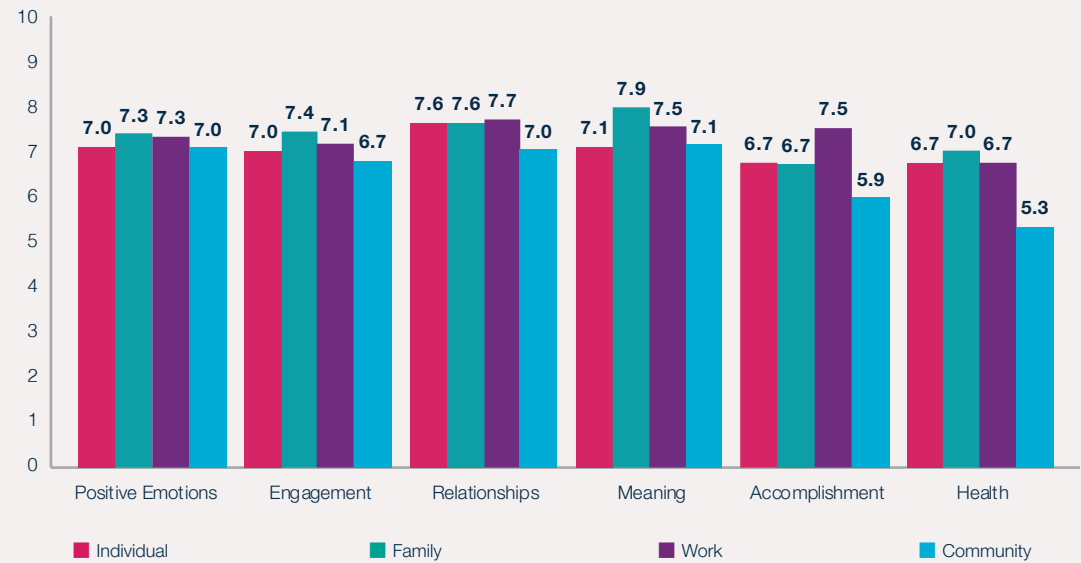
Professor Seligman also suggests that the PERMAH factors can be used to provide a measure of community wellbeing. For examples, communities should be places where people find positive emotions through parks and public spaces; engagement in cultural institutions and events; better relationships through social interactions with family and friends; meaning through church, faith, volunteer and interest groups; accomplishment through work and school; and health through sporting groups and gyms and access to healthy eating options.

Overall families were an important source of PERMAH support for Michiganders, and this was particularly true for *Meaning*. People who were *consistently thriving* or *living well, despite struggles* reported statistically higher scores on all family PERMAH factors than those *not feeling bad, just getting by* and those *really struggling*.

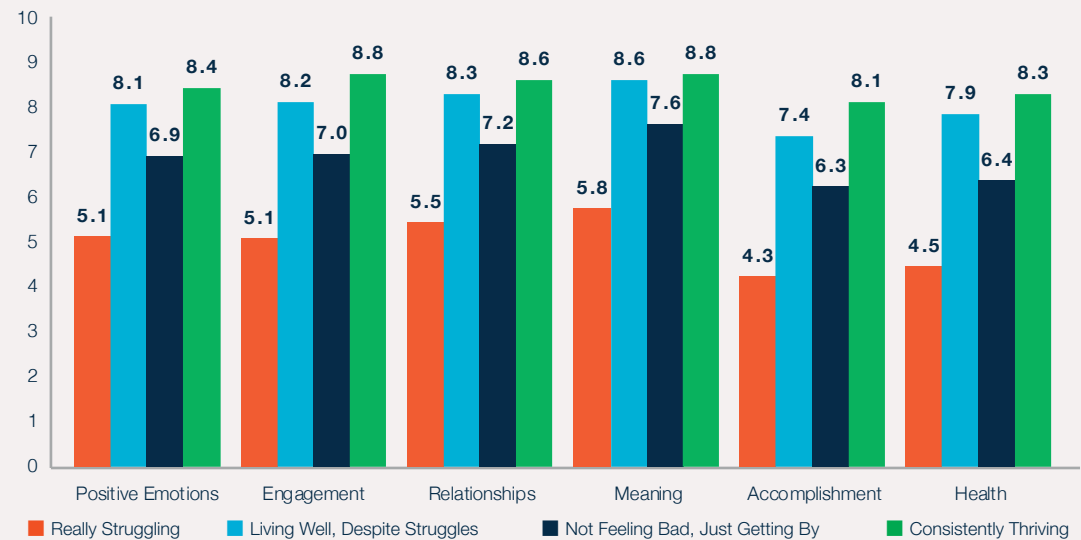
Workplaces were also an important source of PERMAH support for Michiganders, and this was particularly true for *Accomplishment*. Workers who were *consistently thriving* or *living well, despite struggles* reported statistically higher scores on all work PERMAH factors.

Community was also an important source of PERMAH support for Michiganders but was less effective than desirable when it came to *Accomplishment* and *Health*. This was particularly true for women.

COMMUNITY PERMAH WELLBEING FACTORS MEANS



STATE OF WELLBEING BY FAMILY PERMAH FACTOR MEANS



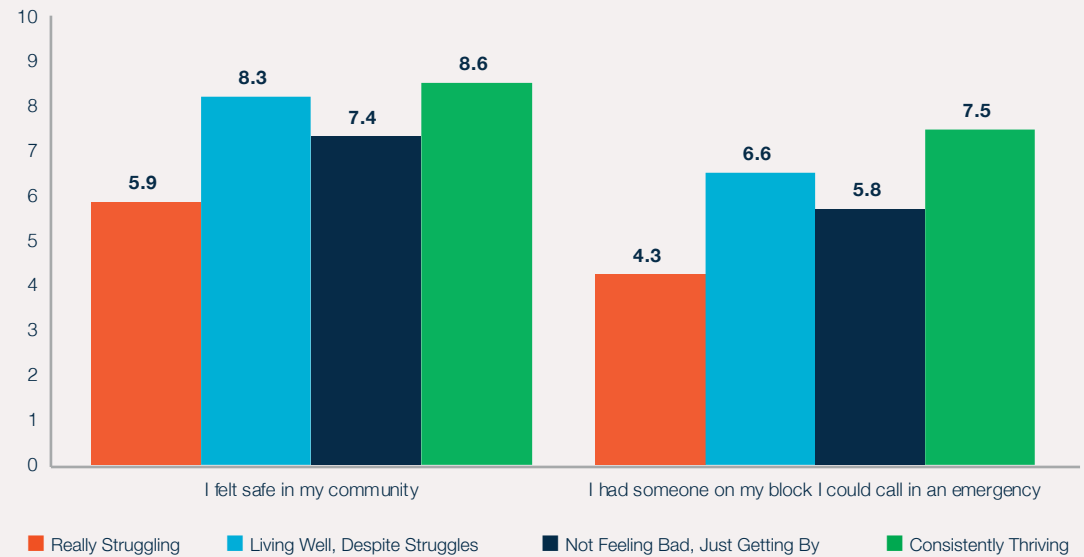
THE NEED FOR SAFETY

Feeling safe in our community is a reflection of the absence of crime, addiction, violence, poverty, homelessness, and other social harms and inequities. Numerous studies have found that efforts to mitigate risks that undermine individual and community safety is of primary importance to our wellbeing.

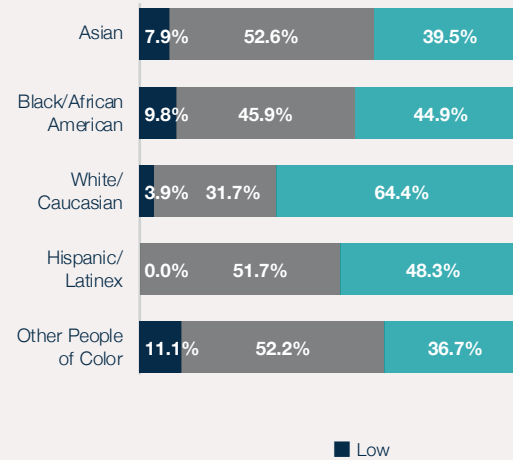
For example, people who were *consistently thriving* or *living well, despite struggles* were statistically more likely to report feeling safe in their community than those *not feeling bad, just getting by* and those *really struggling*. Overall, 60.7% of Michiganders reported feeling safe in their communities. However, women, people aged 18 – 34 years, and BIPOC (with the exception of Hispanic/Latinx) all reported feeling significantly less safe in their community.

Likewise, people who were *consistently thriving* or *living well, despite struggles* were statistically more likely to report having someone on their block they could call in an emergency than those *not feeling bad, just getting by* and those *really struggling*. Overall, 43.6% of Michiganders reported having a neighbor they could call in an emergency. However, Asians and people aged 18 – 24 years were less likely to have this community support.

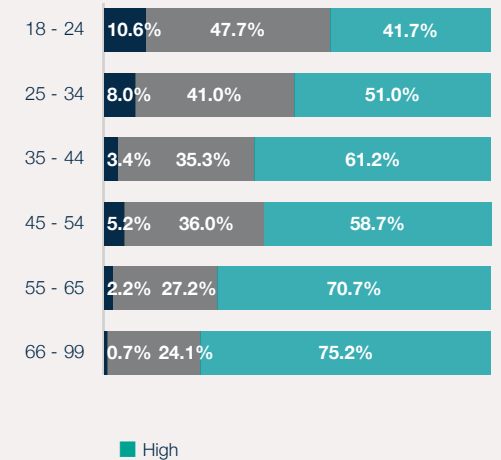
STATE OF WELLBEING BY COMMUNITY SAFETY MEANS



LEVELS OF COMMUNITY SAFETY BY ETHNICITY %



LEVELS OF COMMUNITY SAFETY BY AGE %



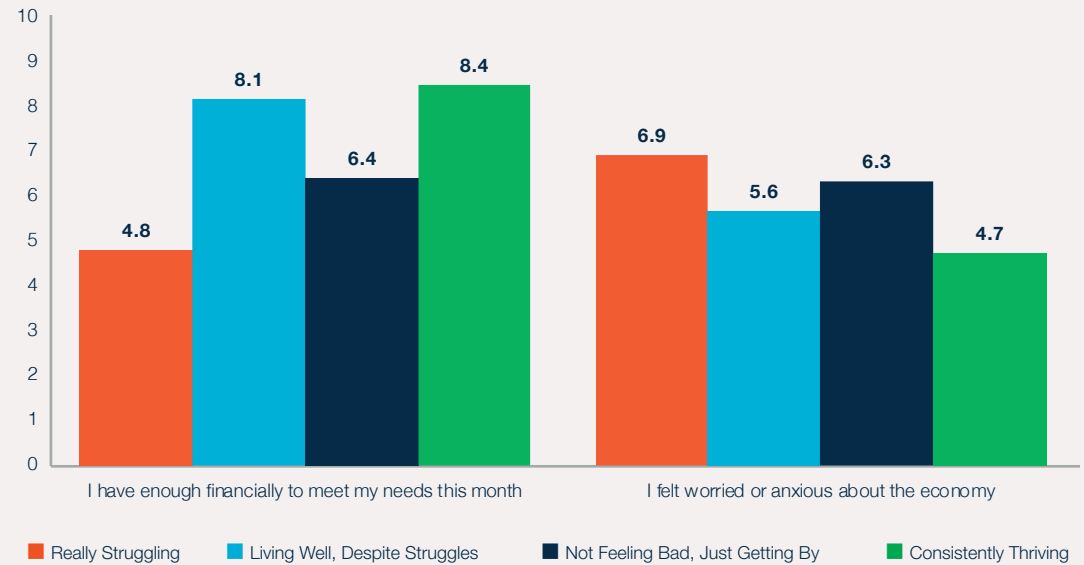
THE NEED FOR ECONOMIC SECURITY

Researchers define economic security as the impact that the perception of income, medical spending, and financial savings has on wellbeing. While studies have suggested varying accounts of the relationship between income and wellbeing, researchers agree that feeling economically secure is crucial to wellbeing.

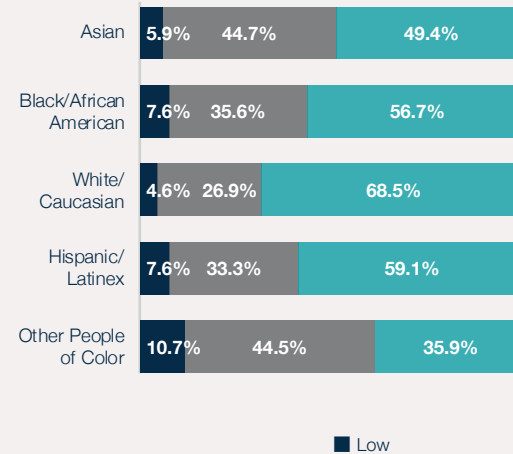
For example, people who were *consistently thriving* or *living well, despite struggles* were statistically more likely to report that they had enough financially to meet their need this month than those *not feeling bad, just getting by* and those *really struggling*. Overall, 53.1% of Michiganders reported having enough financially to meet their needs this month however, this was less likely to be true for women, Asians and people of color.

Likewise, people who were *not feeling bad, just getting by* and those *really struggling* were statistically more likely to report that they felt worried or anxious about the economy than those *consistently thriving* or *living well, despite struggles*. Overall, 90.7% of Michiganders reported feeling worried or anxious about the economy, and this was largely true of all demographics groups but was slightly more heightened for Asians.

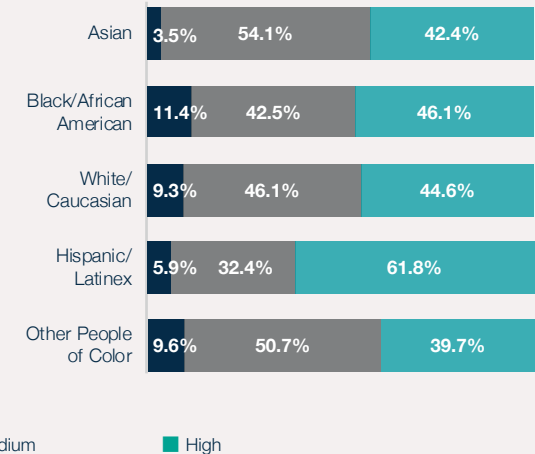
STATE OF WELLBEING BY FINANCIAL WELLBEING MEANS



LEVELS OF FINANCIAL SECURITY BY ETHNICITY %



LEVELS OF ECONOMIC ANXIETY BY ETHNICITY %



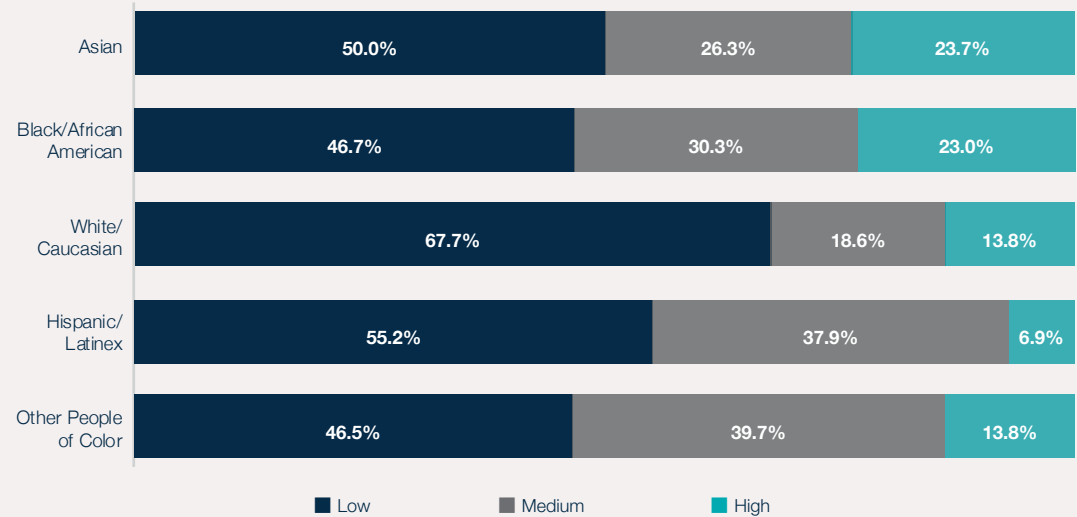
THE NEED FOR INCLUSION

Overall, about 68% of White Michiganders reported low discrimination. In contrast, a substantially smaller fraction of Hispanic/Latinx Michiganders (55%), Asian (50%) and Black (47%) Michiganders reported low discrimination. Similarly, almost a quarter of those identifying as Asian or Black reported high discrimination compared to 14% of White and 7% of Hispanic/Latinx Michiganders.

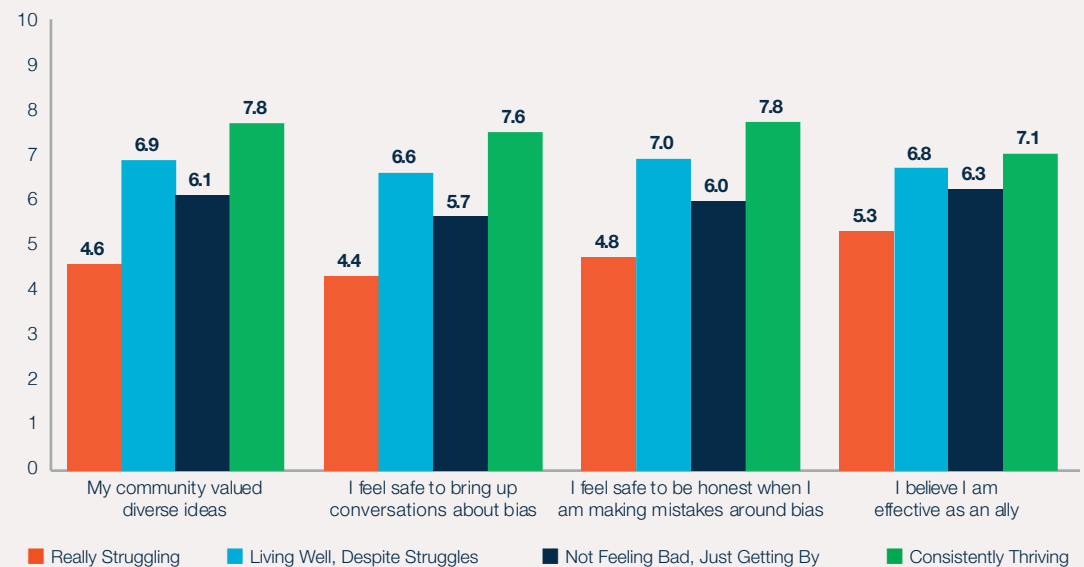
Whereas discrimination can be detrimental to wellbeing, inclusive communities are associated with higher thriving for all. People who were *consistently thriving* or *living well, despite struggles* were more likely to report that their community valued diverse ideas, they felt safe to bring up conversations about bias, and they felt safe to be honest when they made mistakes around bias, relative to those *not feeling bad, just getting by* and those *really struggling*.

Previous research by Assistant Professor Meg Warren and her colleagues at Western Washington University has found that being an ally for marginalized individuals is associated with eudaimonic wellbeing outcomes for the allies themselves, such as personal growth and work-family enrichment. Our data extend these findings to show that those who most believed that they are effective allies were *consistently thriving* or *living well, despite struggles* compared to those *not feeling bad, just getting by* and those *really struggling*.

LEVELS OF DISCRIMINATION BY ETHNICITY %



STATE OF WELLBEING BY LEVELS OF COMMUNITY INCLUSION MEANS



AN AH-HA MOMENT

Professor Seligman has hypothesized that while the PERMAH factors are highly predictive of wellbeing, they are not exhaustive and our data and research by others, including Dr. Scott Donaldson, support his hypothesis. When it comes to gauging ways to boost wellbeing at a community level, we recommend also including the perceptions of safety, economic security, and allyship.

It is also important to remember that while each of these factors appears to positively impact thriving, wellbeing is not a one-size-fits-all proposition. Different people in the community clearly have different needs when it comes to intelligently prioritizing ways to help them care for their wellbeing.

How does your community gauge and intelligently prioritize the factors that shape wellbeing for different people?



4.

REDUCING STRUGGLE: MAKING IT SAFE TO STRUGGLE

Feelings of struggle, anxiety and stress are signs that something important for us is unfolding that needs our attention and action. When we have the confidence to navigate struggle, rather than undermining thriving, it fuels learning, growth, and resilience in our community. But when struggle is perceived to be a sign of failure, is ignored or is avoided for too long, it can create stress and pressures that place people and their communities at risk for exhaustion and breakdown. To unnecessarily avoid prolonged struggle, people need to feel safe talking about the individual and collective challenges they are experiencing – particularly during uncertain and disruptive periods.



70.3%

SAID THEIR LEVELS OF STRUGGLE
HAD INCREASED RECENTLY.

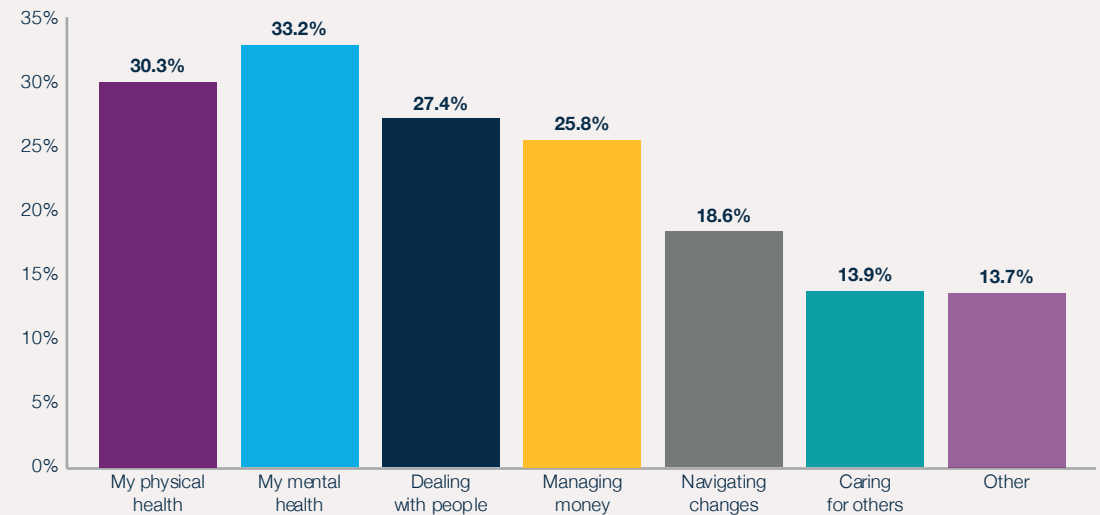
BIGGEST CAUSES OF STRUGGLE

Mental health was the leading cause of struggle for Michiganders (33.2% of all respondents), followed by physical health (30.3%), dealing with people (27.4%), and managing money (25.8%). People who were *really struggling* were more likely to be struggling with their physical health, while those who were *living well, despite struggles* were more likely to be struggling with their mental health and dealing with people.

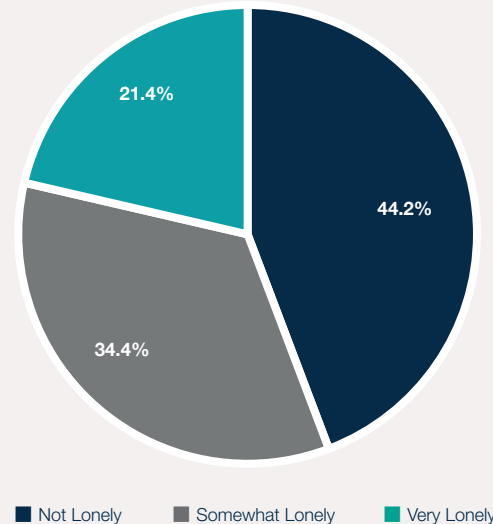
In reality, people who were *not feeling bad, just getting by* do struggle. Their reluctance however to admit that they are struggling when it comes to their overall state of wellbeing may be negatively impacting their levels of life, family, and community satisfaction and the support that they seek.

Studies have consistently found that feeling lonely and isolated is detrimental to our mental and physical wellbeing. Given the restrictions mandated by Michigan to try and minimize the spread of COVID-19 – from stay-at-home orders to physical distancing requirements – it is not surprising that two out of every ten Michiganders (21.4%) reported feeling very lonely and isolated. People aged 24 – 35 years and all people of color were significantly more likely to report that they had felt alone and isolated over the past two weeks.

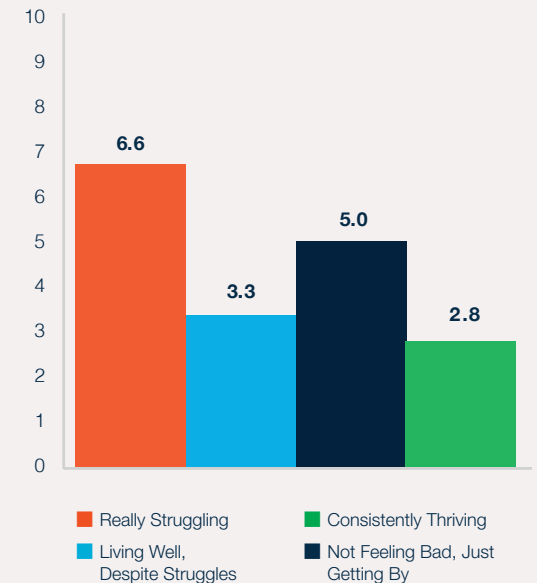
BIGGEST CAUSES OF STRUGGLE BY % RESPONDENTS



LEVELS OF I FELT ALONE & ISOLATED %



STATE OF WELLBEING BY I FELT ALONE & ISOLATED MEANS



SHARING OUR STRUGGLES

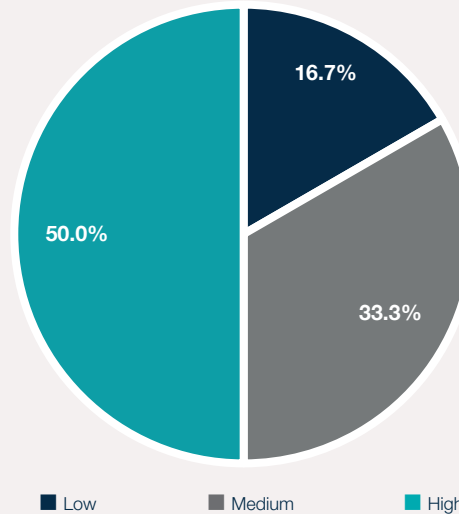
Researchers have suggested that one of the primary goals of all human behavior is the feeling of belonging and of being significant or mattering in the eyes of others. The fear that others may reject us as a result of our struggles is why we often feel it is best to keep our struggles to ourselves.

For example, almost four out of every ten (35%) Michiganders felt that it was best to keep their struggles to themselves even though the data suggest that this was significantly more likely to negatively impact their wellbeing. In contrast, people who felt it best to share their struggles with others were statistically more likely to be *consistently thriving* or *living well, despite struggles*.

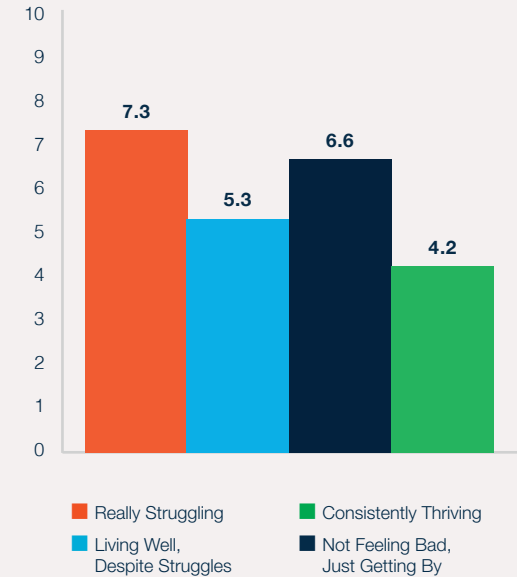
People aged 24 – 35 years (43.7%) and Black/African Americans (40.6%) were more likely to feel it was best to keep their struggles to themselves.

When people did reach out when they were struggling to care for their wellbeing, overwhelmingly the first person they spoke to was someone at home (48.2%); however, people who were *not feeling bad, just getting by* and those *really struggling* were more likely to never tell anyone. Not surprisingly, not telling anyone was the least effective approach in terms of amplifying people’s levels of wellbeing ability, motivation, or psychological safety.

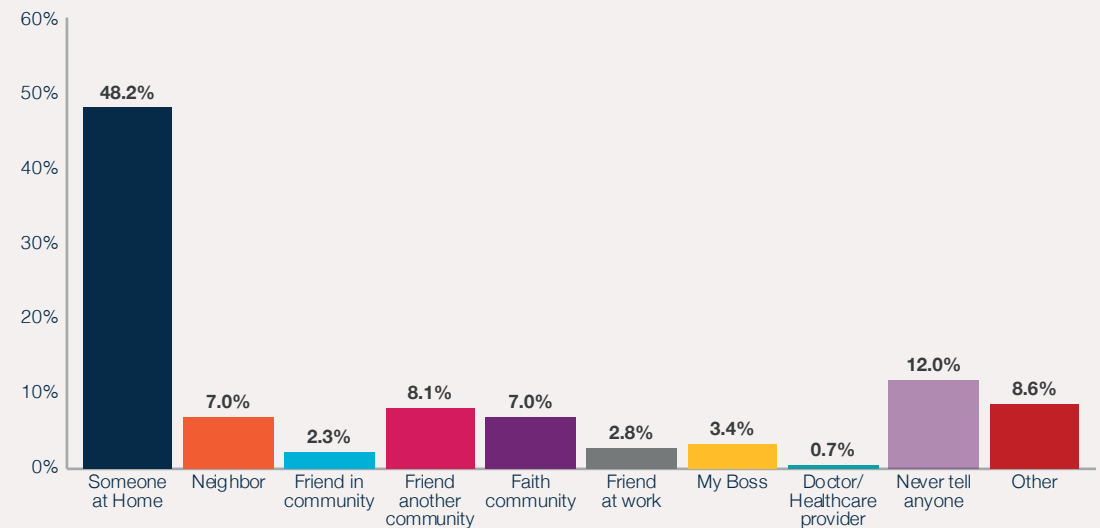
BEST TO KEEP MY STRUGGLES TO MYSELF %



STATE OF WELLBEING BY KEEP MY STRUGGLES TO MYSELF MEANS



FIRST PERSON I REACH OUT TO WHEN STRUGGLING %



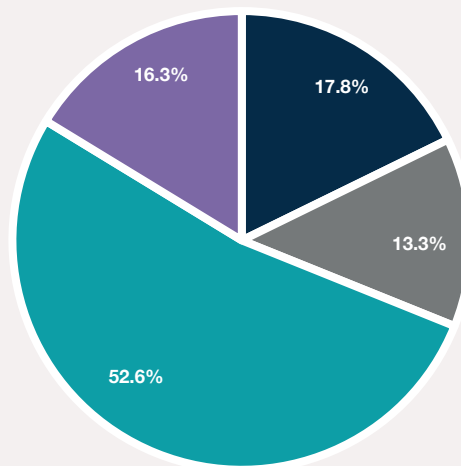
COVID-19 VACCINATIONS

At the time the data was gathered, Michigan had the third-highest case rate of COVID-19 per capita in America with hospitalizations rising for people aged 30 – 49 years. The state has reported more than 712,000 COVID-19 cases and almost 17,000 COVID-19 deaths over the past year. To put this number in context, it has caused more deaths than the 1918 flu pandemic, the Civil War, World War I, World War II, the Vietnam War, the Korean War, and the AIDS epidemic.

With more than four million vaccination doses already distributed in Michigan and more than 1.5 million people already fully vaccinated, 17.8% of the sample reported having received both their vaccinations, while 16.3% had received their first shots. Both of these groups were more likely to be *consistently thriving* and *living well, despite struggles*. Understandably, people who had received both vaccinations reported significantly lower levels of anxiety about catching COVID than those still waiting for both shots.

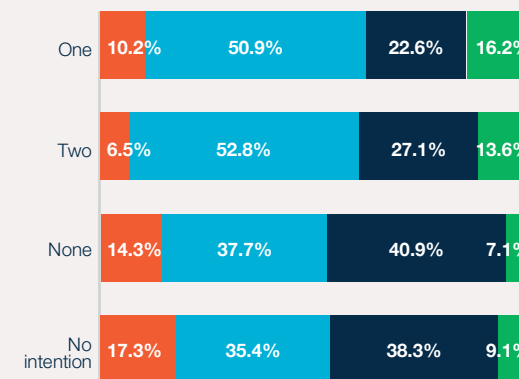
The exception was people with no intention of being vaccinated. Although they had the lowest levels of anxiety about catching COVID, they were also the people more likely to report that they were *really struggling*. Men were significantly more likely to report having no intention of being vaccinated.

COVID-19 VACCINATION STATUS %



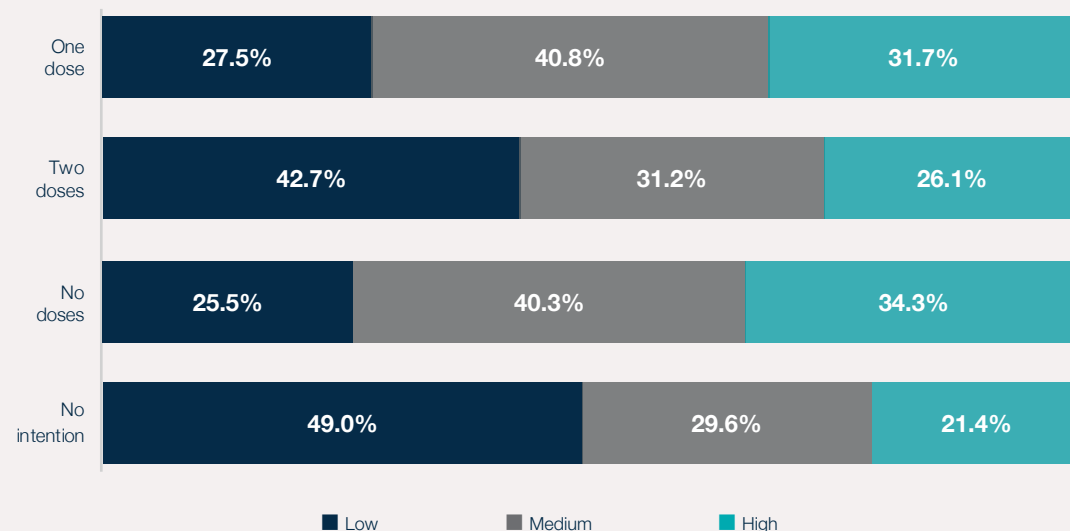
■ One dose ■ Two doses ■ No doses ■ No intention

STATE OF WELLBEING BY COVID-19 VACCINATION STATUS %



■ Really Struggling ■ Living Well, Despite Struggles ■ Not Feeling Bad, Just Getting By ■ Consistently Thriving

VACCINATION STATUS BY LEVELS OF ANXIETY ABOUT CATCHING COVID %



■ Low ■ Medium ■ High

AN AH-HA MOMENT

Making it acceptable to talk about struggle, anxiety, and worry can help all members of the community to feel less lonely and isolated – particularly as they navigate the ongoing challenges of COVID-19. Members of our community need to know that there is no shame in struggling; rather it is a neurological, physical, and social invitation for learning and growth through which we can all help to support each other.

How are you making it safe to talk about struggle across your community?



5.

WORKPLACE WELLBEING: A VIRTUOUS CYCLE

Wellbeing and work can create a mutually enhancing cycle. When we feel physically, mentally, and socially well, we bring more energy, focus, and motivation to work and are more productive, thereby creating positive outcomes for both workers and their organizations. Work also provides opportunities for ongoing learning and development, connection with others, meaningful achievement, and economic security, which nourish our wellbeing.



11.1%

OF MICHIGAN WORKERS WERE
CONSISTENTLY THRIVING.

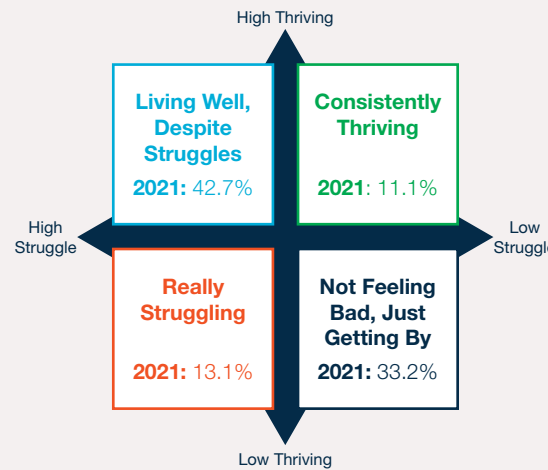
THRIVING DESPITE STRUGGLE

In February 2019, we first measured the states of wellbeing for a sample of 1,026 randomly selected workers across America. We discovered that while 19% reported they were *consistently thriving* and 37% were *living well, despite struggles*, statistically their levels of performance, job satisfaction, and commitment to their organizations were no different.

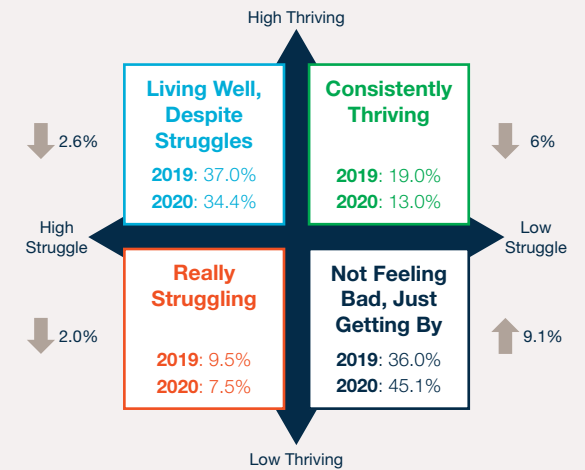
We were intrigued by the result. Perhaps it was a fluke in the sample or a problem with the wording of the question. And then we saw the same pattern replicated in May 2020 for a new sample of 1,073 randomly selected workers across America and across four different surveys of thousands of Australian workers over the past three years. It appears that just as we saw for the broader community, when it comes to work it is possible to thrive *despite* struggle and it is possible to not experience wellbeing even in the absence of struggle.

Overall however, as circumstances in American workplaces have changed over the past year due to the COVID pandemic, the number of workers who reported they were *consistently thriving* has continued to decline. While Michigan has a healthy percentage of workers *living well, despite struggles*, there is also the highest percentage we've seen in all our studies of workers *really struggling*, which is likely to be impacting wellbeing and performance in workplaces.

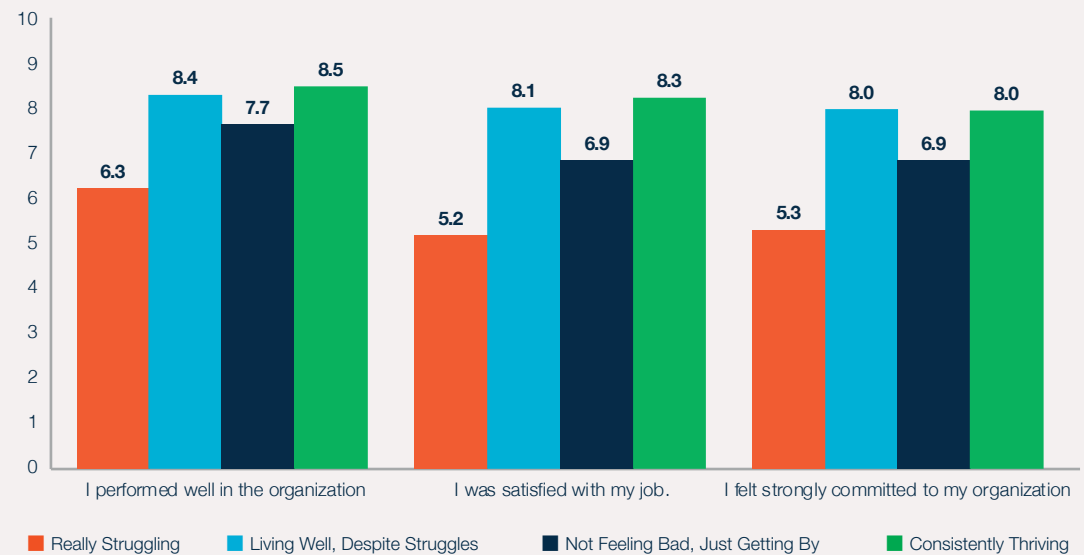
STATE OF WELLBEING – MICHIGAN WORKERS %



STATES OF WELLBEING AMERICAN WORKERS %



STATES OF WELLBEING BY PERFORMANCE MEANS



WORK CONTEXT MATTERS

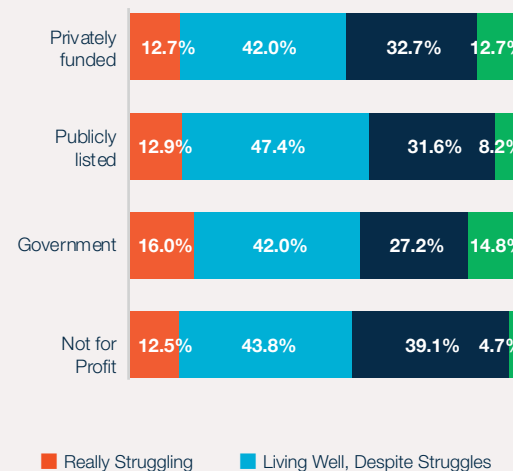
Workers in privately funded or government organizations were more likely to be *consistently thriving*, while workers in publicly listed organizations were more likely to be *living well, despite struggles*. Workers in not-for-profit organizations were likely to have lower levels of thriving than other workers.

Over the past year, the COVID-19 pandemic has resulted in the relocation of many workers from their workplaces to their homes and in some cases back to their workplaces. As workplaces consider what the future of work may look like, it is worth noting that workers who had always been at their workplace and those who travel for work reported the lowest levels of thriving and were more likely to be *really struggling*.

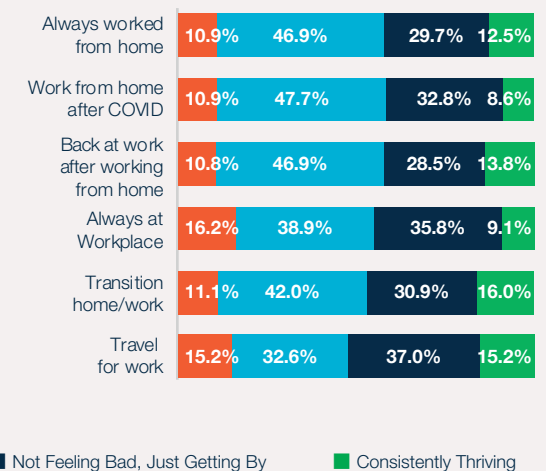
Workers in job roles with more autonomy (e.g. C-level, owners, directors) continued to be more likely to report they were *consistently thriving*, while those with less autonomy (e.g. unskilled workers) were more likely to be *really struggling*. Given the restrictions that lockdowns and physical distance requirements have placed on people in service roles, it is not surprising to see they have reported the highest levels of struggle.

The demographic state of wellbeing patterns we saw for the community are replicated in workplaces, but it is worth noting that Black/African Americans are even more likely to be *really struggling*.

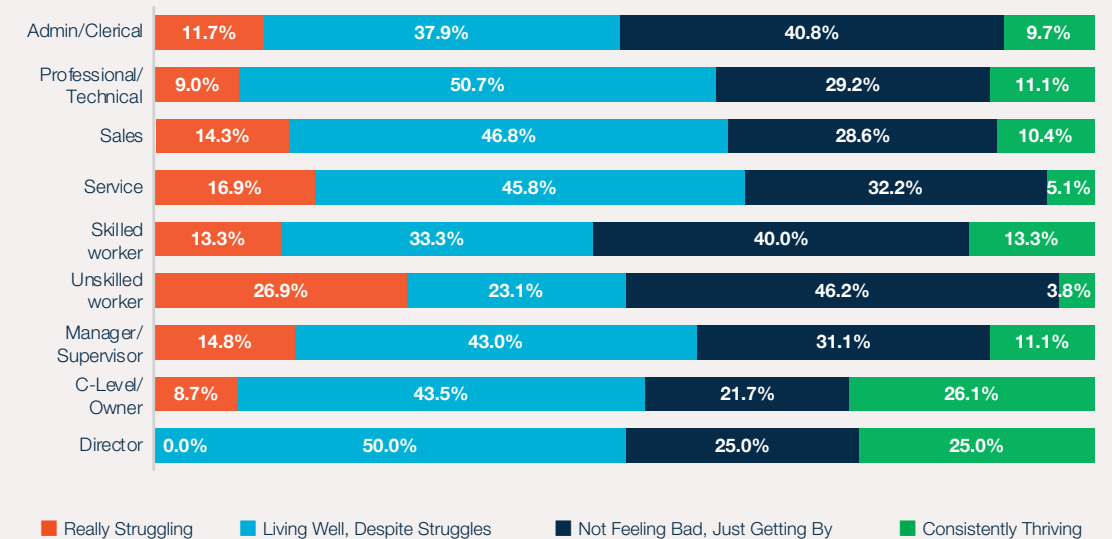
STATES OF WELLBEING BY COMPANY TYPE %



STATES OF WELLBEING BY JOB LOCATION %



STATES OF WELLBEING BY JOB ROLE %



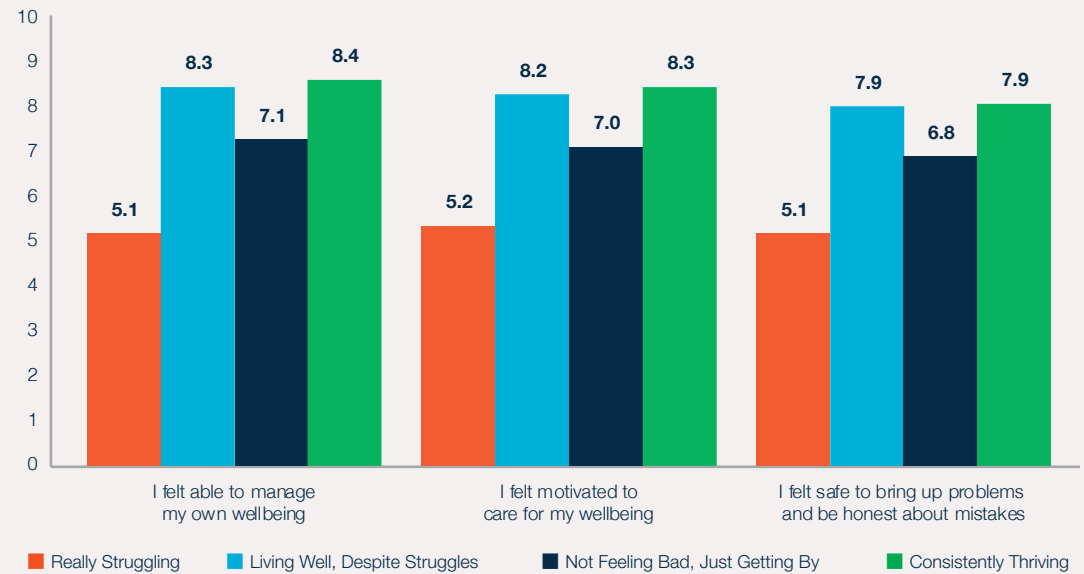
WELLBEING AMPLIFIERS AT WORK

As we saw for the community, we have consistently found in our workplace studies that people who were *consistently thriving or living well, despite struggles* when it came to their wellbeing, reported statistically higher levels of wellbeing **A**bility, wellbeing **M**otivation and **P**sychological safety – the wellbeing **AM**Plifiers. And this sample of workers was no different.

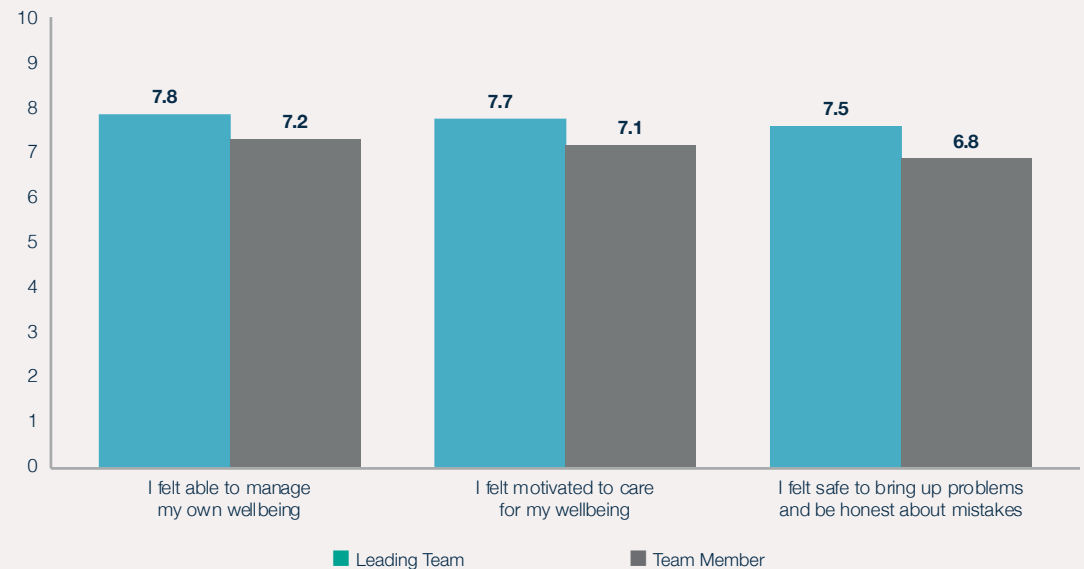
Fortunately, 57.3% of workers reported a high level of ability – the knowledge, tools and opportunities – to manage their wellbeing. Meanwhile 53.9% of workers reported a high level of motivation to care for their wellbeing – a commitment to consistently prioritize it. And 50.9% of workers reported a high level of psychological safety to bring up problems and talk about mistakes – although four out of ten workers still felt it was better to keep their struggles to themselves at work.

Leaders were statistically more likely to report higher levels of wellbeing ability, motivation and psychological safety than their team members. Finding ways to pay forward these skills, could help leaders to improve both the wellbeing and performance of their teams.

WELLBEING ABILITY, WELLBEING MOTIVATION & PSYCHOLOGICAL SAFETY MEANS - ALL WORKERS



WELLBEING ABILITY, WELLBEING MOTIVATION & PSYCHOLOGICAL SAFETY MEANS - LEADERS



THE PERMAH FACTORS AT WORK

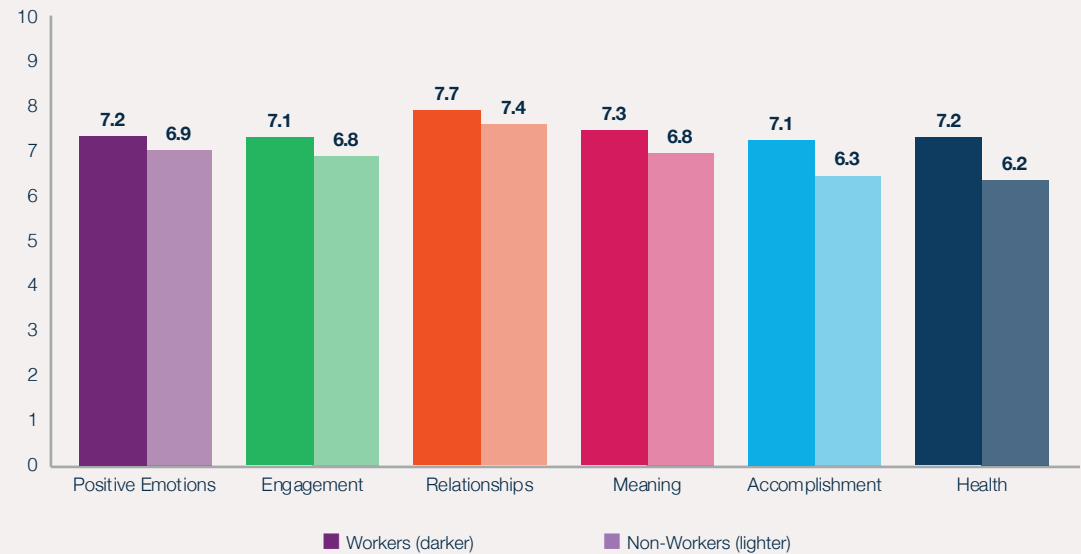
Studies have repeatedly found that the opportunity to work has a positive impact on people's wellbeing, and our data also suggests this to be true. As we saw earlier, Professor Seligman's PERMAH framework provides a useful means of gauging six different factors of wellbeing and shows us that workers were more likely to report significantly higher levels of *Meaning*, *Accomplishment*, and *Health* than non-workers in Michigan.

Workers who were **not feeling bad, just getting by** and those **really struggling** statistically reported significantly higher levels across all PERMAH factors, than those who were not working. The opportunity to work appeared to have the biggest impact on *Meaning*, *Accomplishment*, and *Health* for these people.

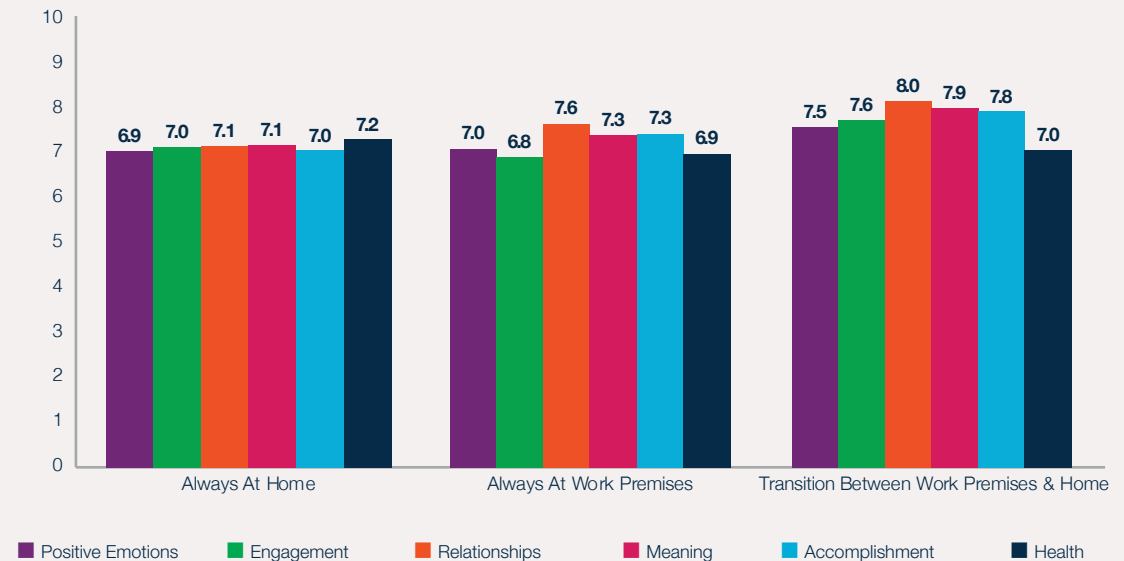
Leaders were statistically more likely to report higher levels on all PERMAH factors at work than their team members.

Given the discussions on the future of work happening in many organizations, it is interesting to note the impact work locations may have on workers' wellbeing. Workers who were transitioning between their home and work premises were statistically more likely to report higher scores on the PERMAH factors, with the exception of *Relationships* and *Health*, than those workers who have always been located at home or at their work premises.

PERMAH WELLBEING FACTORS BY MEAN – WORKERS & NON-WORKERS



PERMAH WELLBEING FACTORS BY MEAN – WORK LOCATION



ADDITIONAL FACTORS AT WORK

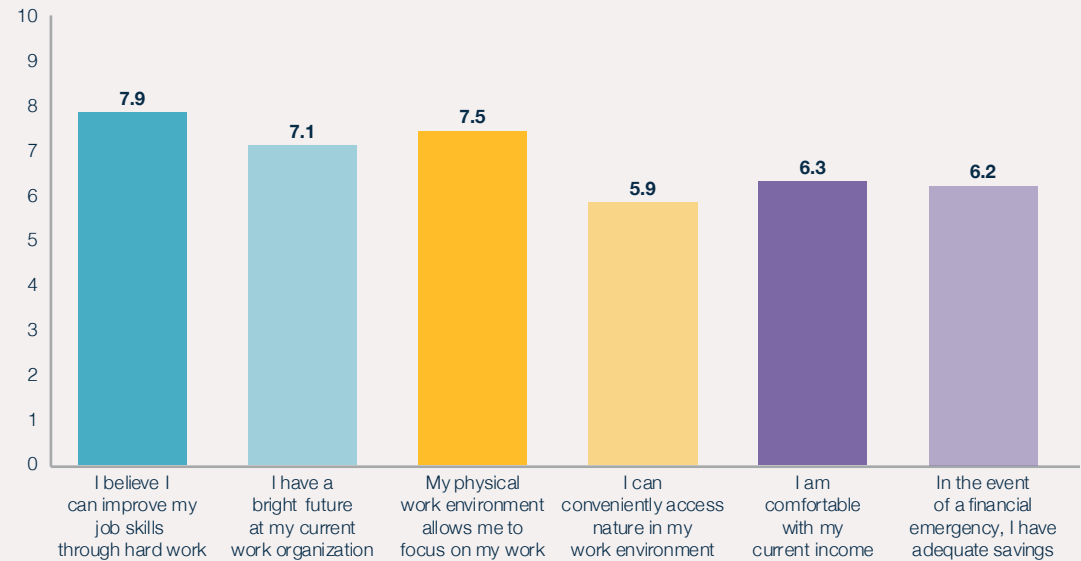
As noted earlier, Professor Seligman has encouraged researchers to explore additional factors that may shape wellbeing in addition to PERMAH. As a result, Dr. Scott Donaldson and his colleagues have found that three additional factors – *Mindset*, *Work Environment*, and *Economic Security* – were also strong predictors of wellbeing.

Workers who were *consistently thriving* reported significantly higher *Mindset*, *Work Environment*, and *Economic Security* than those who were not working. Interestingly, workers who were *living well, despite struggles* reported the highest levels of positive mindset, including the single highest positive functioning scores across all nine wellbeing factors.

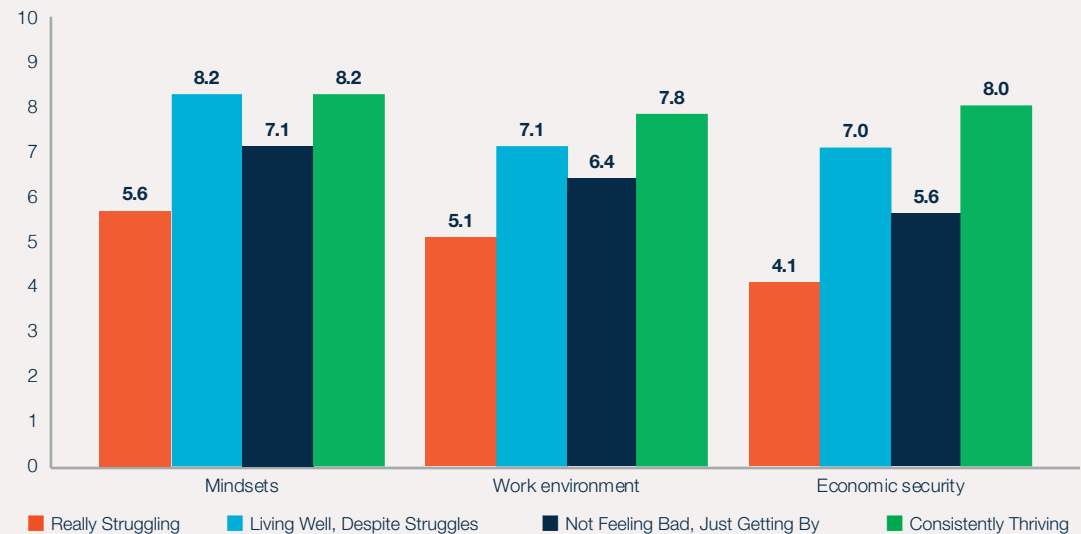
Mindset, *Work Environment*, and *Economic Security* were also highly predictive of important work outcomes, such as job performance, job satisfaction, and organizational commitment. Specifically, workers high in the additional PERMAH factors were more likely to report statistically significant work outcomes compared to workers who were medium and low performers in the workplace.

These findings suggest that the additional PERMAH factors not only add useful information to the measurement of employee wellbeing, but they also are effective at improving desirable work outcomes and the performance of teams, leaders, and organizations.

ADDITIONAL PERMAH WELLBEING FACTORS BY MEAN



STATE OF WELLBEING BY ADDITIONAL PERMAH WELLBEING FACTORS BY MEAN

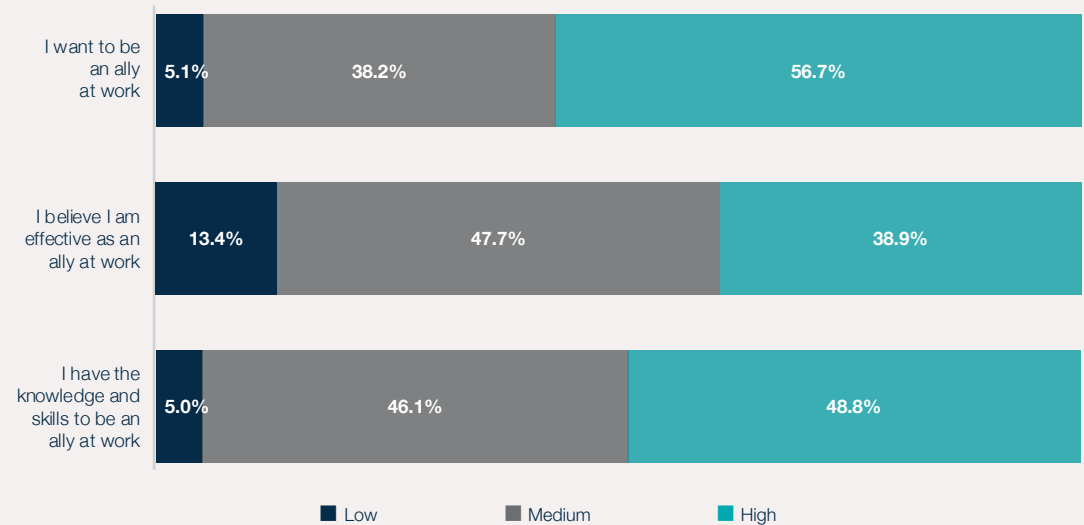


ALLYSHIP AT WORK

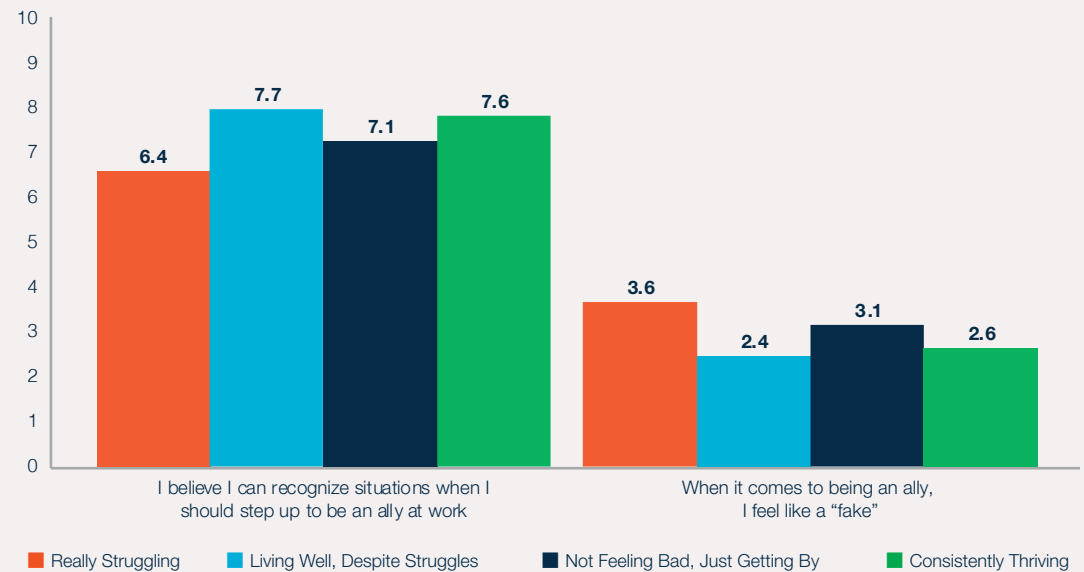
The widespread prevalence of discrimination brings into question whether there is adequate interest in being allies. However, our data shows that about 57% of employed Michiganders reported high intentions to be an ally in their workplaces. Yet, only 39% of employees reported feeling effective as allies, suggesting a nearly 20-point gap between intentions and effective action. This gap might be bridged through training of knowledge and skills, which more than half the participants acknowledge they are lacking. This offers a useful path for supporting well-intentioned allies in realizing their potential.

With the help of Dr. Meg Warren our data shows that wellbeing is associated with higher allyship at work. People who were *consistently thriving* or *living well, despite struggles* were more likely to report that they could recognize situations when they should step up to be an ally, relative to those *not feeling bad, just getting by* and especially those *really struggling*. In contrast, people who were *not feeling bad, just getting by* and those *really struggling* were more likely to feel like a “fake” when it came to being an ally. This suggests that stresses and struggles – which have intensified during the COVID-19 pandemic – may compromise one’s capacity to recognize allyship opportunities. When one is feeling overburdened with one’s own challenges, attempting to be an ally for others may feel inauthentic or forced.

LEVELS OF ALLYSHIP BEHAVIORS %



STATE OF WELLBEING BY ALLYSHIP BEHAVIOR MEANS



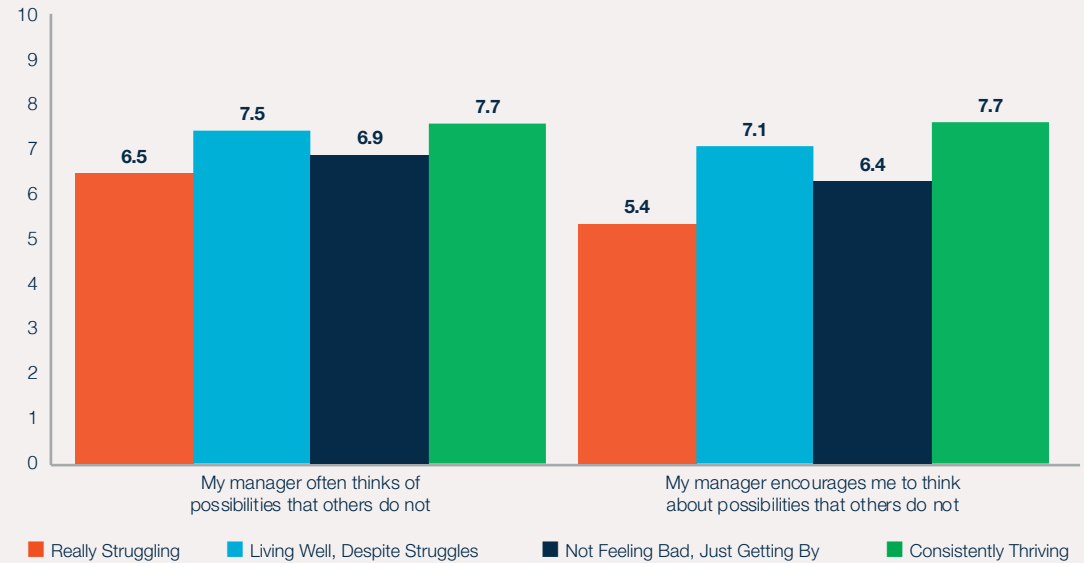
POSSIBILITIES AT WORK

Prior research has shown that a leader’s ability to perceive the positive potential in situations – even when others do not – is a key to creating successful outcomes in challenging situations. Before now, however, we have had little evidence for the impact that a leader’s encouragement for seeking possibilities has on their employees’ wellbeing.

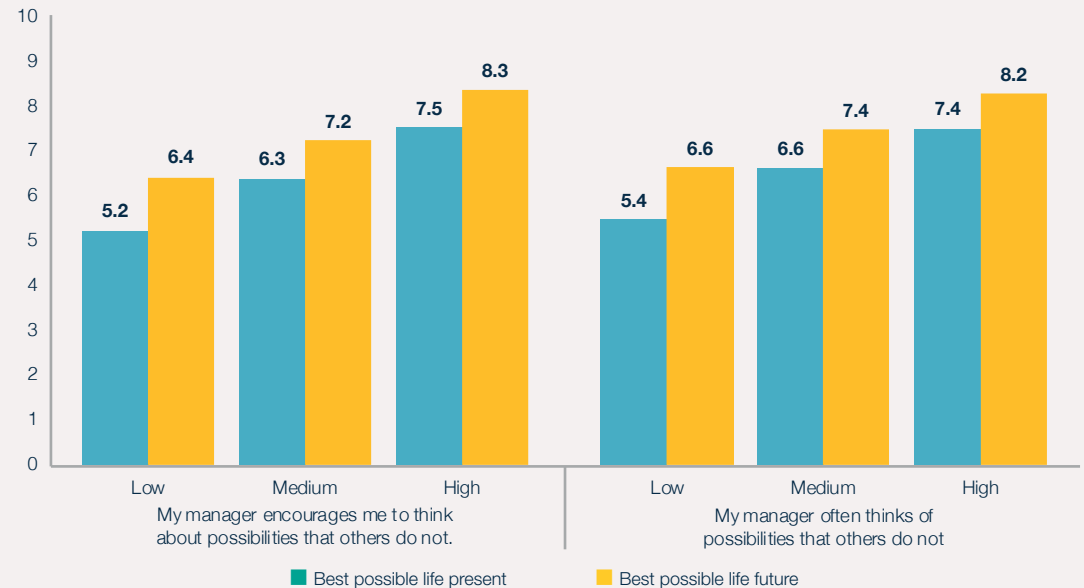
With the help of Dr. Lindsey Godwin our findings demonstrate that a leader’s ability to both model *and* encourage possibility-seeking does indeed impact employee wellbeing. Workers who were *consistently thriving* or *living well, despite struggles* were more likely to have leaders who had encouraged them to consider new possibilities in situations. In addition, the more frequently leaders themselves modeled possibility-seeking, the more likely it was that the workers reported they were *consistently thriving* or *living well, despite struggles*.

Looking at findings from the Cantril Striving Scale, we also found that leaders’ possibility encouragement and modeling behaviors not only impacted workers’ wellbeing in the present, they also impacted outlooks for future wellbeing. Workers with leaders who were possibility encouragers and possibility modelers were more likely to report higher levels of satisfaction with their current life, as well as higher anticipated wellbeing in the future. While more research is needed in this domain, these initial findings demonstrate how leaders’ simple acts of encouraging and modeling possibility-seeking can influence wellbeing outcomes. The impact of such behaviors is likely only to increase in today’s continually-disrupted workplaces.

STATES OF WELLBEING BY LEADERS ENCOURAGEMENT OF POSSIBILITIES MEANS



CANTRIL’S LADDER BY LEVELS OF LEADERS ENCOURAGEMENT OF POSSIBILITIES MEANS



LEADERS HAVE A BIG IMPACT

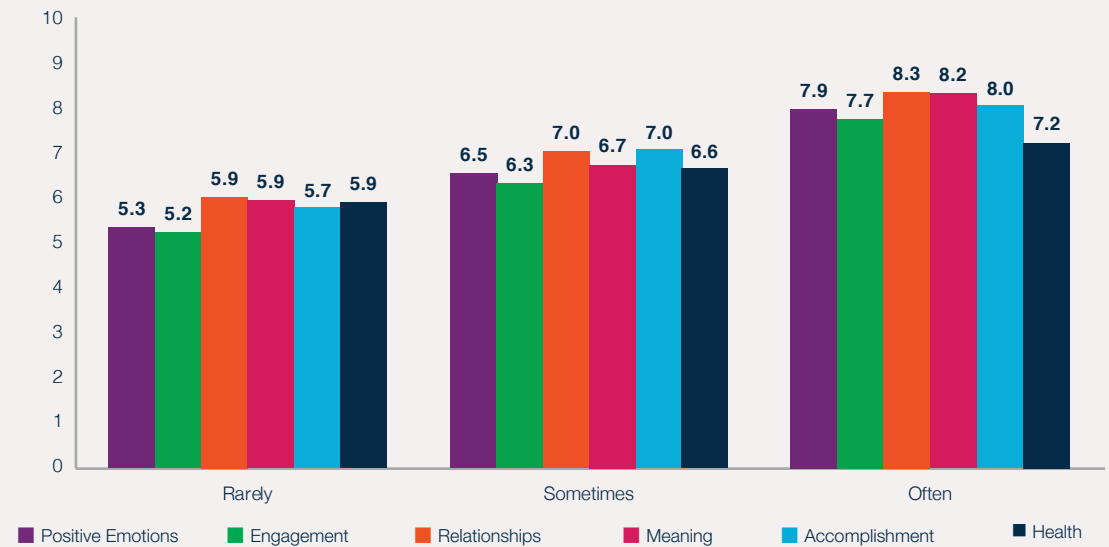
Previous studies by Associate Professor Mandy O’Neill and her colleagues at George Mason University have found that leaders have a significant impact on workers’ wellbeing and performance.

Our data again confirmed these findings. Workers who were *consistently thriving* or *living well, despite struggles* were more likely to have leaders who had expressed care, compassion, and appreciation toward them. In addition, the more frequently leaders expressed care, compassion, and appreciation for their workers the more likely it was that all the PERMAH factors and job performance, job satisfaction, and workplace commitment for their workers would be higher.

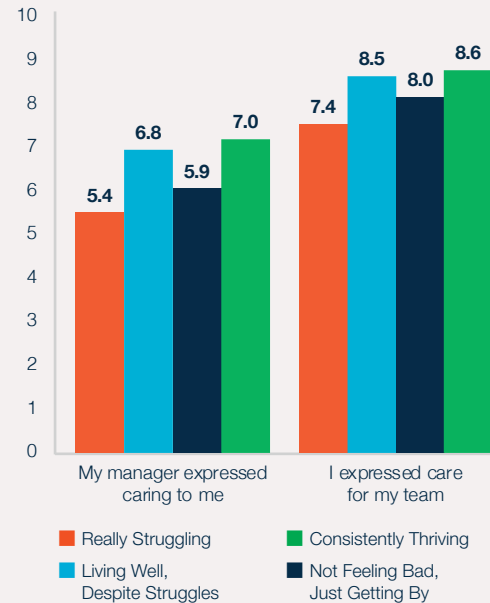
The good news is that the more frequently leaders expressed care and compassion for their teams, the better they also felt and performed at work, making the investment in these behaviors a win-win in workplaces.

However, it is worth noting that while leaders who expressed appreciation more frequently were also more likely to have higher levels of PERMAH and job performance, it was only when they expressed appreciation *often* that they were more likely to have higher levels of job satisfaction and workplace commitment.

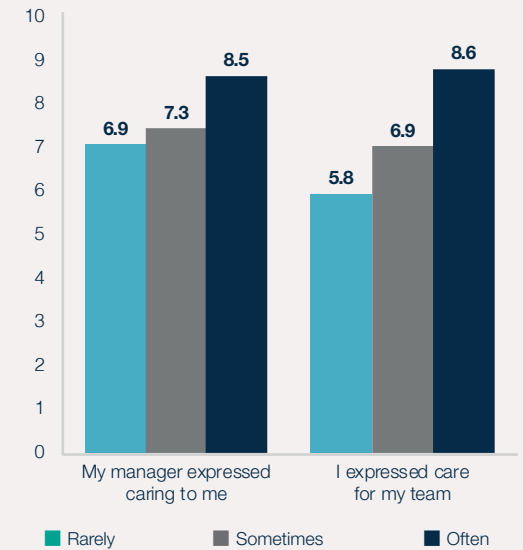
FREQUENCY MY LEADER EXPRESSED CARE BY PERMAH FACTOR MEANS



STATE OF WELLBEING BY LEADER CARE MEANS



PERFORMANCE BY FREQUENCY LEADER CARE MEANS



AN AH-HA MOMENT

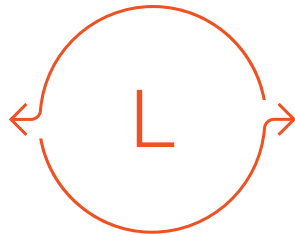
Professor Seligman has hypothesized that while the PERMAH factors are highly predictive of wellbeing, they are not exhaustive and our data and research by others, including Dr. Scott Donaldson, support his hypothesis. When it comes to gauging ways to boost wellbeing in workplaces, in addition to Professor Seligman's PERMAH wellbeing factors, it may be helpful to also gauge worker's mindsets, environment, economic security, allyship, and ability to identify possibilities. Leaders have a significant impact on worker wellbeing and should be supported in creating cultures where care, compassion, possibility-seeking, and appreciation are frequently expressed as a foundation to care for worker wellbeing.

How does your workplace gauge and intelligently prioritize the factors that shape wellbeing for people in your workplace? Do leaders have the knowledge, tools, and opportunities they need to frequently express care, compassion, and appreciation?



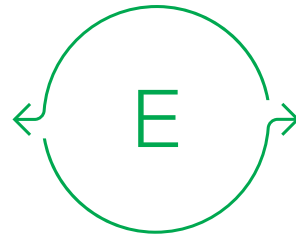
HOW CAN YOU HELP COMMUNITIES & WORKPLACES THRIVE?

As we've seen throughout this report, wellbeing habits, attitudes, and actions spread through a complicated web of social connections around us at the levels of *Me*, *We*, and *Us*. When it comes to caring for wellbeing in your community, we recommend rallying diverse leaders and energizers across your community to create a shared vision and strategy to help them to LEAD the way on wellbeing:



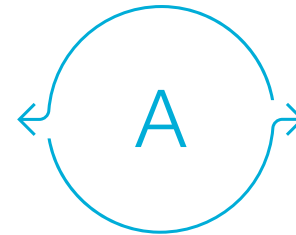
LITERACY

Having a shared language about caring for wellbeing enables your people across your community to have conversations that can positively shape people's thoughts, feelings, and actions about their wellbeing.



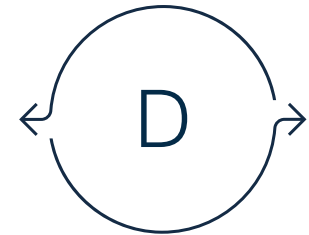
EVALUATION

Having high-quality, meaningful, and timely data gives your team insights to make more intelligent decisions and effective wellbeing investments. This doesn't mean your community's wellbeing scores always needs to go up, but you do need to easily and regularly gauge the impact of your efforts together so you can keep learning how to better care for wellbeing.



ACTIVATION

There is no one magic wellbeing strategy that will help every person in community to be well. Instead, people need the freedom to playfully experiment and activate individual and collective wellbeing behaviors that align with their interests, values, resources, and desired outcomes.



DETERMINATION

Caring for wellbeing is never won-and-done! In order to improve our abilities and sustain our motivation, we need to create a psychologically safe space to talk with others about what's working well, where we're struggling, and what we're learning when it comes to caring for our wellbeing.

You may wish to consider these LEAD Factors as different "lenses" or "approaches" as you think about how to help people in your community care for their wellbeing. Keep in mind that you may wish to use one, some, or all of these factors, depending on your unique context.

WANT MORE?



TAKE THE FREE PERMAH WELLBEING SURVEY

Measure your wellbeing and see how you're doing when it comes to your levels of thriving and struggle, and your abilities and motivation to care for your wellbeing, at www.permahsurvey.com. You can even create a free personal wellbeing plan, drawing on more than 200 evidence-based wellbeing actions. You can also use this tool for teams or entire workplaces.



BOOK A COMMUNITY OR WORKPLACE WELLBEING STRATEGY BRIEFING

Take a deeper dive into the community or workplace wellbeing research. Drawing on an appreciative, human-centered design process tailored to meet your needs, this briefing is designed to give you and others the confidence, support, and actions you need to improve wellbeing across your community or workplace. [Click here to learn more about booking your session.](#)



JOIN OUR CERTIFICATE IN CREATING WELLBEING

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ABOUT THE WELLBEING LAB RESEARCHERS



DR. PEGGY KERN

Dr. Peggy Kern is an associate professor at the Centre for Positive Psychology at the University of Melbourne's Graduate School of Education. Her research draws on a variety of methodologies to examine questions around who thrives in life and why, including understanding and measuring healthy functioning, identifying individual and social factors impacting life trajectories, and systems-informed approaches to wellbeing. She has published three books and more than 100 peer-reviewed articles and chapters. You can find out more about Peggy's work at www.peggykern.org.



DR. MICHELLE MCQUAID

Dr. Michelle McQuaid is a best-selling author, workplace wellbeing teacher, and playful change activator. An honorary fellow at the University of Melbourne's Graduate School of Education, in addition to hosting the highly acclaimed weekly podcast, *Making Positive Psychology Work*, which features leading researchers and practitioners from around the world, Michelle blogs for *Psychology Today*, *The Huffington Post* and *Thrive*, and her work has been featured in *Forbes*, *The Harvard Business Review*, *The Wall Street Journal*, *Boss Magazine*, *The Age* and more. You can find more of Michelle's work at www.michellemcquaid.com.



JESSICA TAYLOR

Jessica Taylor is an educator, possibilitizer, presenter, and researcher who helps schools, communities, and organizations place wellbeing at the heart of their vision and practice. Jessica is the Michelle McQuaid Research Leader, and a member of the Systems Informed Positive Psychology (SIPP) and Wellbeing Literacy research team, and a teaching specialist at the University of Melbourne's Centre for Wellbeing Science. Jessica loves co-creating spaces that support individuals and communities to build awareness of the interdependent nature of wellbeing, generating wellbeing approaches that create thriving social systems. Her latest publication looks at wellbeing and resilience education during COVID. You can find more about Jessica's work at <https://www.linkedin.com/in/jessica-taylor-012430ab/>



SUSIE AMANN

Susie Amann has 20 years of strategy consulting experience. She is now applying her skills in customer insight, research, analysis, and idea generation in psychology research. Susie has an MA in Psychology and Philosophy, market research qualifications, and is currently extending her life-long interest in psychology by studying for a Masters in Applied Positive Psychology. She also holds the International Mountain Leader qualification and is a guide, adventurer, and outdoor educator. She intends to combine these interests by applying positive psychology principles to the well-established benefits of being in the outdoors to help people flourish more fully.



LOUIS ALLORO

Louis Alloro is social entrepreneur creating and facilitating highly sought-after, evidence-based learning experiences helping teams and entire organizations and communities dig deeper and reach higher, thereby creating a collective impact. Since 2018, he's collaborated with the Michelle McQuaid group in creating content for The Change Lab and The Wellbeing Lab. Since 2008, he has trained and certified thousands of practitioners, companies, and communities in applied positive psychology and wellbeing science. He is currently pursuing his PhD in the School of Leadership and Change at Antioch University, where he studies systems-informed positive psychology and community development. He is also a senior fellow at the Center for the Advancement of Wellbeing at George Mason University. You can learn more about Louis' work at www.LouisAlloro.com



DANIELLE JACOBS

Danielle Jacobs is a registered psychologist and wellbeing specialist, speaker, trainer, and coach. Danielle uses evidence-based organizational scholarship and positive psychology practices within businesses across Australia to help their people flourish, improve their mental and physical health, and achieve peak performance at the individual, team, and organizational levels. She also led the Australasian delivery of the world-renowned and high impact Potentiallife leadership development program (the brainchild of Dr. Tal Ben Shahar), is a Certified and Licensed Tiny Habits® Coach, and an affiliate member of the APS College of Organisational Psychologists. You can find more about Danielle's work at www.daniellejacobs.com.au.

ABOUT ADDITIONAL RESEARCHERS



DR. LINDSEY GODWIN

A professor, practitioner, and possibilitizer, Dr. Lindsey Godwin has a passion for helping individuals and organizations leverage their potential through strength-based change. She holds the Robert P. Stiller Endowed Chair of Management in the Stiller School of Business at Champlain College (Vermont, USA), where she serves as the Academic Director of the David L. Cooperrider Center for Appreciative Inquiry (AI). An international speaker, consultant and facilitator, her work has been published in a variety of journals and books and she is currently a managing editor for the AI Practitioner Journal. You can find out more about Lindsey's work at: www.lindseygodwin.com



DR. MEG WARREN

Dr. Meg A. Warren, a positive psychologist and diversity and inclusion scholar, is an Assistant Professor at Western Washington University. She is the Founding President of the Work & Organizations Division of IPPA, Co-Founder of the Western Positive Psychology Association, and Co-Editor of the International Journal of Wellbeing. Her award-winning research uses a positive psychology approach to study how individuals from relatively privileged groups can serve as allies to marginalized outgroups. To access publications and resources on her work, please visit www.megwarren.com.



DR. SCOTT DONALDSON

Dr Scott Donaldson is a Postdoctoral Scholar in Evaluation, Statistics, and Measurement at the University of California, San Diego School of Medicine, Moores Cancer Center. Scott received his PhD in Psychology with a concentration in Evaluation and Applied Research Methods and a co-concentration in Positive Organizational Psychology from Claremont Graduate University. He received an MS in Organizational Psychology from the University of Southern California, and his BA in Psychology from the University of California, Los Angeles. His research focuses on the design, measurement, and evaluation of individual, workplace, and community-based wellbeing interventions. You can find out more about Scott's work at: www.scottdonaldsonphd.com



DR. MANDY O'NEILL

Dr. Olivia (Mandy) O'Neill is an Associate Professor of Management at the George Mason University School of Business and Senior Scientist at the university's Center for the Advancement of Well-Being. She holds a Ph.D. in Organizational Behavior from Stanford University. Mandy is a passionate about researching and (co)creating positive organizational cultures and has worked with a wide range of organizations in that pursuit. Her work has been published in a variety of scholarly and practitioner journals. You can find out more about Mandy's work at <http://mason.gmu.edu/~ooneill/>.