

From Crisis to Transformation, Part 1

Building a Wellness-Centered Society

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Executive Summary

The current systemic disruption presents an unprecedented opportunity to fundamentally reimagine how America approaches human services, healthcare, and social support systems. As traditional structures face potential collapse under mounting pressures that could leave millions of Americans without adequate support, we face both a humanitarian crisis and a national readiness challenge. We have a choice: rebuild the same failed systems or design new ones based on what actually activates human potential.

This paper argues for a transformation from deficit-based programming to asset-based systems that operate on intrinsic motivation and reciprocal engagement. This approach builds on existing innovations while fundamentally redesigning how we structure support systems - not because current efforts lack good intentions, but because the scale of coming challenges requires more intentional, systematic change.

The Crisis as Catalyst

Current System Failures

For decades, American social support systems have been designed around managing dysfunction rather than cultivating human potential. These systems perpetuate cycles of dependency through perverse incentives and low expectations:

Healthcare: The system actively rewards patient passivity and provider disengagement. Medicaid reimbursement structures pay the same whether patients improve or deteriorate, creating no financial incentive for wellness outcomes.

Emergency departments serve as expensive primary care for millions who never establish ongoing relationships with providers.

Patients can repeatedly miss appointments, ignore treatment plans, and refuse preventive care with no consequences - in fact, the system budgets for this behavior and builds business models around it. Meanwhile, Medicare Advantage programs maximize profits by limiting physician time with patients, measuring success by how quickly doctors can process visits rather than how effectively they can build healing relationships. These systemic design flaws are now pushing the entire healthcare



infrastructure toward collapse: nearly 800 rural U.S. hospitals are at risk of closure due to financial problems, with about 40% of those hospitals at immediate risk of closure.

Political Engagement: Civic participation has been reduced to passive consumption rather than active citizenship. Since 1980, voter turnout for US presidential elections has fluctuated between 50 to 65 percent of eligible voters, while youth voter turnout remains low at 48% and 48.9% of adult Americans can be classified as "interested bystanders" - politically informed but reticent to involve themselves in the civic and political sphere. Citizens are expected to show up every few years to vote, then disappear until the next election cycle, with no expectation of ongoing engagement, community involvement, or civic responsibility between elections. The system teaches people that their civic duty ends at the ballot box, creating a population that feels disconnected from governance and powerless to influence change.

Economic Support: A single mother has the most resources available to her family when she works full time at a wage of \$8.25 to \$12 an hour. Disturbingly, taking a pay increase to \$18 an hour can leave her with about one-third fewer total resources (net income and government benefits). For a taxpayer earning less than 50 percent of the Federal Poverty Level, the median marginal tax rate increases from 14 percent to 34 percent when they find work that places their earnings just above the poverty line. The welfare system punishes improvement through benefit cliffs that make earning more money financially destructive, teaching people that advancement leads to family hardship. Job training programs ignore individual strengths, interests, and career aspirations, funneling people into whatever positions are available rather than what they're passionate about or naturally gifted at.

Behavioral Health & Addiction Treatment: According to the National Institute on Drug Abuse (NIDA), the relapse rate for substance use disorders is between 40% and 60%, while studies show rates can reach as high as 72% in some US regions. Unfortunately, less than 43% of individuals who enter treatment for drug and alcohol use complete it. Recovery programs are built around managing patients rather than creating healthy, contributing citizens. Treatment success is measured by days clean rather than life rebuilt, sobriety rather than prosperity, absence of symptoms rather than presence of purpose. The system expects nothing from people in recovery except showing up for appointments and staying out of crisis, treating them as permanent patients rather than future community assets.



The Coming Disruption

Current systemic pressures will create an unprecedented crisis that will overwhelm existing hospital and social service infrastructure. Millions of Americans may lose healthcare coverage while simultaneously experiencing accelerated decline across multiple domains: employment instability, deteriorating mental health, compromised parenting capacity, and deepening poverty.

This cascading crisis makes traditional approaches untenable. The deficit-management systems described above simply cannot scale to handle this level of need.

When millions of people are simultaneously struggling across all life domains, we cannot warehouse them in dysfunction - we must activate their capacity to contribute and rebuild, or the entire system collapses. Beyond the immediate humanitarian concern, this represents a fundamental threat to national stability, economic competitiveness, and social cohesion.

The Wellness Country Framework

Core Principle: Asset-Centered Design

Human motivation is the key to sustainable change. All lasting transformation is personal and goal-oriented, impacting health, work, family, community, and civic life. Systems must be designed around what drives people forward and activates their potential, not what keeps them minimally stable.

Distinguishing from Value-Based Care

While this framework shares some similarities with Value-Based Care (VBC) models, the Give/Get approach represents a fundamental shift in orientation. VBC focuses on improving outcomes while maintaining traditional patient-provider relationships where individuals remain recipients of services. The Give/Get model transforms participants into active contributors from day one, recognizing them as assets with capacity to give back to their communities while receiving support. Rather than measuring provider performance against patient outcomes, this approach measures mutual engagement



and reciprocal contribution, creating a true partnership model that builds individual agency and community capacity simultaneously.

The Give/Get Model

Every program and intervention operates on reciprocal engagement, creating a force multiplier effect where each participant becomes both a beneficiary and a contributor:

- No Freebies: All support requires active participation and contribution
- Asset Assessment: Begin with identifying individual gifts, passions, values, and goals
- Intrinsic Rewards: Align support with personal meaning and purpose
- Extrinsic Rewards: Provide concrete benefits (healthcare, job training, advancement) tied to engagement
- Measured Outcomes: Track both individual progress and community contribution to ensure accountability and continuous improvement

Implementation Framework

This transformation doesn't require dismantling everything at once. Instead, it calls for intentional redesign that builds on existing strengths while addressing fundamental structural problems:

Step 1: Personal Asset Inventory

- Comprehensive assessment of individual strengths, interests, and aspirations
- Identification of personal values and life goals
- Mapping of existing skills and potential development areas

Step 2: Goal-Aligned Programming

- Healthcare access tied to personal wellness goals and preventive engagement
- Job training and placement aligned with individual passions and aptitudes
- Mental health support integrated with personal growth objectives
- Parenting support connected to family vision and values

Step 3: Reciprocal Engagement

- Community service requirements that build skills and social connection
- Peer mentoring and support roles for program participants

- Graduated responsibility and leadership opportunities
- Contribution to community wellness initiatives

Step 4: Integrated Support Systems

- Cross-sector coordination between healthcare, employment, education, and social services
- Technology platforms that track progress and facilitate resource access
- Community-based delivery that builds local capacity and relationships
- Clear metrics and accountability structures that measure both individual advancement and return on investment

From Crisis to Opportunity

The disruption created by current systemic pressures, while initially destructive, creates space for fundamental system redesign. Traditional institutional barriers and entrenched interests may be weakened enough to allow for innovative approaches that were previously impossible to implement.

History demonstrates that transformational change often emerges from moments of crisis. The New Deal programs that restructured American social policy arose from the Great Depression's breakdown of existing systems. Post-World War II reconstruction created entirely new frameworks for international cooperation and domestic prosperity. Similarly, the current collapse of deficit-management systems creates an opening for asset-based approaches that have been proven effective in smaller pilots but lacked the political will for widespread implementation.

The scale of the coming crisis actually works in favor of transformation. When 800 hospitals are closing and millions face simultaneous loss of healthcare, housing, and economic support, incremental fixes become obviously inadequate. The sheer impossibility of managing this level of dysfunction through traditional means forces consideration of approaches that activate rather than warehouse human capacity.

This is not merely a social policy question – it is a matter of national resilience and our collective capacity to meet the challenges ahead.

This moment demands we move beyond incremental reform to transformational change that activates human potential rather than managing human deficit.



Conclusion

The choice before us is clear: we can rebuild the same failed systems that have perpetuated cycles of dependency and dysfunction, or we can seize this moment of disruption to create a wellness-centered society that recognizes and activates the potential in every person. This doesn't require perfection - it requires intention. And it requires action now, not next quarter or next year.

The path forward requires courage to acknowledge what isn't working while building on what is, and wisdom to design systems around the fundamental truth that all people are motivated by purpose, connection, and the opportunity to contribute meaningfully to their communities.

The crisis created by current systemic pressures may be the catalyst we need to finally build the country we've always claimed to want: one where everybody truly matters and where we move forward together in pursuit of wellness, happiness, and prosperity.

The foundation already exists in pilot programs, innovative organizations, and communities that have embraced asset-based approaches. The mission is clear: scale these successes and commit to building systems that activate human potential rather than manage human deficit. The resources exist. The evidence is compelling. What we need now is the leadership to act decisively. This is our moment - let's seize it.

What Leaders Can Do Now

The time for study and discussion has passed. Here are three concrete actions leaders can take immediately:

- 1. Launch a Pilot Within 90 Days** Identify one existing program in your organization or community - healthcare, workforce development, or social services - and retrofit it with Give/Get principles. Start small, measure rigorously, and prove the model works.
- 2. Convene Your Network This Month** Bring together stakeholders across healthcare, employment, education, and social services in your region. Share this framework and commit to collaborative implementation. Transformation requires cross-sector coordination - start building those relationships now.



3. Commit Resources and Leadership Assign specific people, budget, and accountability to drive this work forward. Transformation doesn't happen without dedicated resources and senior leadership commitment. Make this a strategic priority, not a side project.

Join Us

We are building a coalition of leaders committed to transforming how America supports its people. If you're ready to move from managing dysfunction to activating potential, we want to work with you.

Contact us to discuss: danpelino@gmail.com

- Piloting Give/Get approaches in your organization or community
- Adapting this framework to your specific context
- Joining a network of innovators driving this transformation

The crisis is here. The solution is clear. The only question is whether you'll lead.

About the Authors



Jeannette McClennan is Co-Founder and CEO of MyGoodLife and McClennan Group, and author of "Innovators Anonymous: 7 Steps to Get Your Product Off the Ground." With 20+ years leading digital transformation for Fortune 500 companies, her work includes improving Medicare Advantage STAR ratings for Humana, reimagining Blue Cross Blue Shield's Employee Assistance Program, and building AARP's 2.5M-member Life Reimagined platform. Previously President of Ogilvy Interactive North America, she brings deep expertise in engagement marketing and motivation-based systems design.



Dan Pelino is Co-Founder and President of Everyone Matters, Inc., a social impact enterprise focused on healthcare access and equity, and author of the bestselling "Trusted Healers: Dr. Paul Grundy and the Global Healthcare Crusade." He spent 36 years at IBM, concluding his career as General Manager of IBM's Global Healthcare, Life Sciences, Education, Government and Smarter Cities business. Dan has testified before Congress on healthcare policy and the Affordable Care Act, presented to The White House Commission on Healthcare, and appears regularly on national media including CNN, Bloomberg, BBC, and Dr. Oz discussing healthcare transformation. He serves on multiple private and public company boards, is a member of the National Association of Corporate Directors, and holds graduate degrees from Western Kentucky University with post-graduate studies from Harvard Kennedy School of Leadership and Northwestern's Kellogg School of Management.