

**ABOUT SOUTHWESTERN ILLINOIS
PIONEER COALITION FOR CULTURE
CHANGE:**

Driven by the desire of consumers, advocates, educators, providers and regulators, the delivery of long term care is changing dramatically. The focus is on individual choice, autonomy, purpose, privacy and creating an environment that reflects "home".

When this shift from an institutional model to a person-directed model of care is embraced, homes begin to experience an increase in both resident and family satisfaction, improved clinical outcomes, lower staff turnover, increased staff satisfaction, and higher occupancy rates.

You and your organization are invited to learn more about the process of culture change; what specific care practices, workplace practices and leadership initiatives are required; the compatibility with regulations; the outcome indicators associated with culture change; and find out what baby boomers will be demanding in the future.

If you are a visionary who feels strongly about quality of life and quality of care for the aging population, join others who share a similar commitment and passion for elder care. Help bring culture change to all elder care services.

Funding for the Southwestern Illinois Pioneer Coalition for Culture Change is received from the Area Agency on Aging of Southwestern Illinois, the United States Administration on Aging and the Illinois Department on Aging. The Agency does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Agency by calling 618-222-2561. Additional funding is received from the Diocese of Belleville, IL.



Land of Lincoln Legal Assistance Foundation
E. St. Louis, Illinois



2365 Country Road
Belleville, Illinois 62221

Phone: 618-222-2561 Ext.32
Fax: 618-222-2567

E-mail: rwaeltz@answersonaging.com

Website:
www.answersonaging.com/PioneerCoalition/index.htm



**JOIN
NOW!**

*Southwestern Illinois
Pioneer Coalition For
Culture Change*

VISION:

*A community where every
Elder's individuality is valued by
all.*

MISSION:

*To promote, support and assist
culture change as defined by the
vision, mission and values of the
Pioneer Network for
All elder care services*

What is Culture Change?

*“—a transformation based on per-
son-directed values & person-
directed practices, where the voices
of elders and those working closest
with them are honored and re-
spected.” (Pioneer Network)*

**What is the Southwestern
Illinois Pioneer Coalition for
Culture Change?**

*An organization of providers, edu-
cators, consumers, family mem-
bers, and advocates, who share a
commitment to the vision of per-
son-directed values & care for all
elders.*

Why should you join?

To

- ♥ Learn
- ♥ Embrace
- ♥ Share
- ♥ Advocate

Annual membership Fee

- \$50 Organizations (No limit for # of Attendees)
- \$25 Professional Individual
- Free—Family Members
Consumers
Volunteers

Benefits of Membership?

- Monthly Educational Speakers
- No limit on attendees at Monthly Meetings
- Discount for Coalition Sponsored Conferences
- Eligibility for Collaborative Learning Opportunities
- Use of Resource Library
- And More—

How do I join

- Complete application form and submit
- Begin attending the monthly Coalition Meeting held the first Friday of every month .

9:00-11:00am

at

Diocese of Belleville
Pastoral Center- Building 6
2620 Lebanon Avenue
Belleville, Illinois 62221

If you are interested in joining the Southwestern Illinois Pioneer Coalition for Culture Change, please complete the following application form and submit with a check to:

Area Agency on Aging of Southwestern Illinois
ATTN: Ruth Waeltz
Southwestern Illinois Pioneer Coalition Facilitator
2365 Country Road
Belleville, Illinois 62221

Office: (618)-222-2561 ext.32

Fax: (618)-222-2567

ORGANIZATION FEE —\$50

Organization:_____

Contact Name:_____

Address:_____

City:_____

Zip Code:_____

Phone:_____

Email:_____

**PROFESSIOANL INDIVIDUAL—\$25
VOLUNTEER/FAMILY MEMBER—FREE**

Name:_____

Position:_____

Address:_____

City:_____

Zip _____

E-mail:_____