AGING: THE CHANGING HUMAN-SERVICES NEEDS OF THE THIRD AGE

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In *The Lord of the Rings*, J.R.R. Tolkien wrote of the Third Age as a period of transition between populations and kingdoms in Middle-earth. In our world, however, the Third Age is a very real stage of life that lies between traditional retirement and the advent of health-related physical limitations. It can be embraced as a productive and “unique period of personal growth and exploration” in which individuals find “harmony, inner peace, social purpose, continuity, stature, and opportunity.” A major challenge facing Phoenix-area policymakers, now and in coming years, is to create and expand opportunities for as many residents as possible to engage in the daily life of our community while enjoying a full and rewarding Third Age.

**Older Residents in Our Community**

Adults age 65 and older currently make up 11% of Maricopa County residents and less than 8% of the residents of Phoenix, compared with 12.1% nationally. The smaller percentage of older adults in Phoenix is the result of the large influx of younger residents from other states. As of 2005, 29% of Maricopa County’s residents were Hispanic, but only 3.1% of them were over 65. This low proportion of elderly Hispanics is due to both high birthrates and the influx of young Hispanics through immigration from Mexico and Central American countries. The Phoenix area’s rapid growth has created special challenges and opportunities for meeting the needs of older residents. These include both cultivating the contributions of those in the Third Age and supporting the independence of older adults in need of assistance with daily activities.

While the overall poverty rate in Maricopa County was lower than the national average in 1990, 2000, and 2005, the rate in Phoenix has been consistently higher than the U.S. average, primarily among children and working-age adults. “In contrast,” notes another chapter in this volume, “senior citizens in Maricopa County experience considerably less poverty than their national counterparts. Even in Phoenix, the poverty rate of those 65 or older has been less than the U.S. average.” The American Community Survey, conducted in 2006, found similar results, with people age 65 and over in Maricopa County demonstrating poverty rates of 7%, compared with 8% in Arizona, and 9.9% in the U.S. Although poverty among older adults is lower than the national average, it will be important for Greater Phoenix to identify and improve the quality of life for those older adults living in poverty.

Examining percentages of older adults by zip code area reveals high levels within several areas of Maricopa County. There are especially high percentages (49 to 94% of total...
residents) in the rural northeastern sector, which largely consists of the age-restricted community of Rio Verde and unincorporated areas between Surprise, Peoria, and Glendale. In the northwest, the four zip codes with high proportions of older adults comprise the retirement communities of Sun City (two zip codes), Sun City West, and Youngtown, the latter of which recently ceased to be age-restricted. Areas with 29 to 49% of older adults by zip code include unincorporated areas surrounding and including Wickenburg, areas within Surprise and Peoria, Paradise Valley, and Fountain Hills; southern portions of Chandler, including retirement communities such as Sun Lakes and Sunbird; and Mesa, the eastern portion of which includes Leisure World and many mobile home communities.3

A closer look at the Phoenix area reveals something beyond these intentional retirement communities—NORCs, or naturally occurring retirement communities. These are housing areas in which at least half of the residents are 60 or older, but which did not arise by plan or design. NORCs can exist anywhere and within any type of housing, including homes, apartments, condominiums, and mobile homes.4 The precise identification of NORCs by county and city planners, working in tandem with health and social service providers, would create a roadmap for preparations to address the needs of the Phoenix area in coming years.

**Current Needs and Efforts**

The Phoenix area benefits from the coordinated planning efforts of several organizations. The Area Agency on Aging and Arizona Department of Economic Security (DES) facilitate advocacy, planning, and the development of a coordinated and comprehensive service delivery system for older adults. The DES Division of Aging and Adult Services and partnering agencies have developed Arizona Links—an Internet site through which older and disabled adults may identify services and resources to maintain independence and support the efforts of family caregivers.5

The Governor’s Advisory Council on Aging advises DES on the administration of the state’s plan on aging. Governor Janet Napolitano created Aging 2020, Arizona’s plan to prepare for and respond to the demographic changes and challenges of its aging population, with input by each executive branch department. The Maricopa Association of Governments held a conference in 2007 to develop strategies for community partnerships related to population growth and the human-services infrastructure, including a response to the needs of elders.

This kind of coordinated effort has led to an effective system of home and community-based services designed to maximize the ability of older adults to live independently within their own homes or within the community. This includes home-delivered and congregate meals; housekeeping, shopping, and

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**FIGURE 1** | Percentage of Maricopa County Population Above Age 55 by Zip Code

![Percentage of Maricopa County Population Above Age 55 by Zip Code](source)

**TABLE 1** | The Elderly Population in Maricopa County

<table>
<thead>
<tr>
<th>Population by Age</th>
<th>2000 Census</th>
<th>%</th>
<th>2007 Estimate</th>
<th>%</th>
<th>2012 Projection</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Total Population</td>
<td>3,072,149</td>
<td>100</td>
<td>3,780,052</td>
<td>100</td>
<td>4,289,718</td>
<td>100</td>
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<tr>
<td>Age 55 - 59</td>
<td>133,812</td>
<td>4.36</td>
<td>197,757</td>
<td>5.23</td>
<td>236,607</td>
<td>5.52</td>
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<tr>
<td>Age 60 - 64</td>
<td>107,290</td>
<td>3.49</td>
<td>161,536</td>
<td>4.27</td>
<td>205,365</td>
<td>4.79</td>
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<tr>
<td>Age 65 - 69</td>
<td>97,276</td>
<td>3.17</td>
<td>126,534</td>
<td>3.35</td>
<td>163,182</td>
<td>3.80</td>
</tr>
<tr>
<td>Age 70 - 74</td>
<td>91,540</td>
<td>3.01</td>
<td>102,969</td>
<td>2.72</td>
<td>123,182</td>
<td>2.87</td>
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<td>Age 75 - 79</td>
<td>78,372</td>
<td>2.55</td>
<td>80,932</td>
<td>2.14</td>
<td>94,490</td>
<td>2.20</td>
</tr>
<tr>
<td>Age 80 - 84</td>
<td>51,664</td>
<td>1.68</td>
<td>59,576</td>
<td>1.58</td>
<td>65,436</td>
<td>1.53</td>
</tr>
<tr>
<td>Age 85 and over</td>
<td>40,127</td>
<td>1.31</td>
<td>54,815</td>
<td>1.45</td>
<td>68,029</td>
<td>1.59</td>
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<tr>
<td>Age 55 and over</td>
<td>600,081</td>
<td>19.53</td>
<td>784,119</td>
<td>20.74</td>
<td>956,291</td>
<td>22.29</td>
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<tr>
<td>Age 65 and over</td>
<td>358,979</td>
<td>11.68</td>
<td>424,826</td>
<td>11.24</td>
<td>514,319</td>
<td>11.99</td>
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</tbody>
</table>

Source: Claritas, 2008.
personal care services; home repair and adaptation; protective services; and caregiver education and support. Community-based services include temporary relief for family caregivers; adult day care centers; and congregate nutrition and senior centers, including a balance of recreational, social, intellectual, and physical activities.

These services are particularly critical as approximately 25% of all persons over age 65 in Arizona lived alone in 2000. This number is expected to grow as baby boomer age. For those individuals with families, it is estimated that family caregivers in Arizona provide almost 80% of the support needed for persons living with disabilities, with an estimated worth of more than $4.6 billion annually. There will be an increasing need for paid caregivers prepared to address the needs of older adults as the population ages and fewer family caregivers are available.

One group of particular concern is the so-called “notch group”—individuals whose incomes put them above current eligibility guidelines for home and community-based services, but who are unable to afford services at full cost. The unmet needs of this group place considerable physical, emotional, and financial strain on them and their families, as well as greater demands on existing public and nonprofit health and human-services providers. The demand on this publicly-funded system will only increase as existing residents age and new older residents migrate into our area. This growth will of course require additional public and private funding and personnel—challenging policymakers to develop a sensitive response that balances eligibility requirements, cost-sharing standards, and elders’ desire to pass along tangible inheritances to their children and grandchildren.

Arizona’s suicide rate is higher than the U.S. average among all elderly age groups, making mental-health assessment and treatment resources especially critical. The rate is especially high for elderly white males and individuals residing in rural areas, followed by Hispanic elders, African American elders, and Native American elders. Appropriate assessment and treatment requires professional education in social work, nursing, counseling, medicine, or psychiatry with specialized attention to the unique needs of the elderly, because depression among older adults must be differentiated from medical conditions that can mask or imitate depressive symptoms.

Transportation is a perennial need for older adults, for facilitating medical appointments, increasing socialization, and reducing isolation. The Phoenix area’s geographic sprawl places an additional strain on current paratransit resources, especially for individuals in need of accommodation. Valley Metro represents a regional transit system that includes representatives of area communities from El Mirage to Chandler. Services include local, express, and commuter bus service, neighborhood circulators, Dial-a-Ride, vanpool service, and trip-reduction services. A new light-rail system is scheduled to begin operations within the metropolitan corridor by December 2008, with future extensions currently planned through 2025. Another task for policymakers will be finding additional financial and human resources to support an increased demand for Dial-a-Ride and accessible paratransit services, to connect communities, and to provide outreach to rural and unincorporated areas.

The Challenges to Come

Our elders’ numbers and needs will only increase. National population trends predict that the population of adults age 65 and older will double by 2030 and increase two-and-a-half times by 2050. The percentage of Arizona’s population over age 60 will increase from 17% to 25% between 2000 and 2020, while the number of Arizonans over age 85 will increase by 102% over the same period. Over the next five years, DES predicts substantial increases in older residents, particularly those age 50 to 69. Our existing population of elders will be augmented by new retirees and winter visitors—a population itself boosted by aging baby boomers and a disproportionate influx of early retirees. DES predicts a 21% increase in Maricopa County’s population among individuals age 65 years and older between 2007 and 2012. This will of course place greater demands on the human-services infrastructure for home and community-based services, behavioral health services, and transportation resources.

A 2001 AARP survey found that 79% of those age 50 and over wished to age in their own home as long as possible, a desire that increases with age. In addition, seniors are increasing returning to cities to better access services and recreation, and avoid isolation. Arizona reflects this trend, as “today’s and tomorrow’s seniors want to take advantage of the city’s offerings as well as maintain contact with family and friends, attend their places of worship and continue to work.”

A related consideration is the aging of the U.S. workforce. The U.S. Bureau of Labor Statistics found that, while workers age 25 to 54 are predicted to increase by 5% between 2001 and 2010, workers age 55 and over are expected to increase by 46.6%. As Arizonans retire, employers have predicted a
shortage of qualified workers within the next five years, with half indicating that a shortage is extremely or very likely.9

More specifically, the aging of the U.S. workforce has had a tremendous impact upon the health professions, leading to labor shortages in general and especially in professionals prepared to work with an aging population. The demand for health professionals trained in geriatrics consistently exceeds the supply.10 A 1995 National Forum on Geriatric Education and Training concluded that “no healthcare profession met the minimum number of geriatrically trained personnel necessary to adequately meet the needs of the elderly.”11 Severe shortages are also anticipated in qualified nursing assistants and aides for older adults, due to a combined lack of training, benefits, and career opportunities for those in entry-level positions.12

These same national shortages can be found locally. Educational programs for healthcare professionals have suffered recent federal funding cuts. The Arizona Geriatric Education Center (AZ GEC), a cooperative effort between the University of Arizona’s Colleges of Medicine and Nursing and ASU School of Social Work, was affected by the loss of federal funding in 2006. As of this writing, the AZ GEC had received renewed funding effective October 2007 for a three-year period, contingent upon continued federal funding, again partnering with the ASU School of Social Work and adding the ASU College of Nursing and Healthcare Innovation to this statewide consortium. Arizona Aging 2020 recognized the need to “[p]romote gerontological studies in all disciplines to address aging issues through a multidisciplinary approach.” The ASU School of Social Work received support through the National Center for Gerontological Social Work Education (or Gero-Ed Center), with funding through the John A. Hartford Foundation, to infuse aging content across their curriculum so that all social workers will have some specialized knowledge about the unique needs of older adults. In addition, the ASU College of Nursing and Healthcare Innovation was awarded a five-year grant from the John A. Hartford Foundation to fund a geriatric nursing center to recruit and retain geriatric nursing educators in the Southwest.

A special challenge for Maricopa County and Phoenix will be addressing shortages in qualified nursing assistants and aides for older adults, especially those challenged by physical limitations and/or cognitive disorders. In many areas, these positions are increasingly filled by immigrants. The Phoenix area has a ready supply of undocumented immigrants who could fill this void with appropriate training, but the lack of a clear federal immigration policy, and the potential for sanctions for employers who hire undocumented workers, impede what could be a partial solution to this problem.

Some Answers to Consider

Our changing demographics will bring political, economic, and lifestyle changes that will challenge the way in which we think about aging and prepare for the future needs of older adults. Recommended strategies include policies and resources that support aging in place, aging-specific education for human-services providers, maintenance of an adequate workforce and organizational knowledge, and creative responses to the changing nature of retirement and needs of an aging workforce.

Aging in Place

This refers to “the ability to stay in one’s own home and/or reside in a residential setting within one’s community as long as possible.” Communities that support aging in place invoke strategies that include:

- **Modification of Existing Housing** Retrofitting and adapting existing living structures makes them more accessible and supportive of independent functioning within a home environment. Of particular concern are the costs and needs of low-income and-notch group participants.

- **Recognition of NORCs** Naturally occurring retirement communities are those with high concentrations of older adults that naturally evolve from existing neighborhoods. Targeting health and social services within NORCs can benefit those individuals with health-related physical limitations in need of assistance with daily activities to support their continued independence. As previously discussed, community planners can identify the location of NORCs through analysis of census data.

- **Construction of New Housing Using Universal Design Principles** Universal design (UD) involves “the design of products and environments to be usable...
by all people, to the greatest extent possible, without the need for adaptation or specialized design.” 14 UD principles include equitable use, flexible use, simple and intuitive design, perceptible information, low physical effort for use, and adequate size and space for approach and use despite the size, posture, or mobility of the user. The Maricopa Association of Governments embraced the importance of universal design and aging-in-place programs during its 2007 summit.

Creation of Affordable Assisted-living Options As people age in place, they sometimes require more care and monitoring than can be provided safely or effectively within their own homes. Assisted living facilities offer a less-restrictive and less costly alternative to nursing facility care, but can still be expensive. A community committed to aging in place works to provide affordable assisted living options, including subsidized care.

Use of Smart Growth Codes Such codes encourage mixed uses, preserve open space and environmentally-sensitive areas, and provide a choice of housing types—including affordable housing—and transportation modes. For community planners, they can make the development review process more predictable. Scottsdale currently participates in the Smart Communities Network, which incorporates smart growth codes to create energy-smart communities. Smart growth codes can facilitate the creation of livable communities that support more active, socially-engaged lifestyles through resident-friendly communities.

Creation of Livable Communities (or Communities of Choice) Livable communities, sometimes referred to as communities of choice, address patterns of urban and suburban development that contribute to sprawl, congestion, and pollution and that impair quality of life. They move community planning from the current Post World War II car-centered design scheme to an earlier concept of community where people could walk from place to place. Communities of choice adopt features such as integrated (mixed) use, activities within walking distance of transit stops, open spaces, design that conserves resources and minimizes waste, and the combined use of streets, pedestrian paths, and bike paths. Regional principles include integration of transportation around transit, as opposed to the current centrality of freeway systems, use of greenbelts or wildlife corridors between regions, location of institutions and services in the urban core, and use of materials and methods that preserve regional history, culture, and identity.

Communities and municipalities are uniquely positioned to maximize the full potential of community life, including naturally occurring retirement communities (NORCs). Since older adults spend most of their time in their communities, their health is sensitive to that community’s characteristics (Masotti, Fick, Johnson-Masotti, & MacLeod, 2006). A healthy NORC results from policies that promote physical and social activity through thoughtful zoning, municipal design, and use of public spaces. Planners and developers should adopt these practices and think across generational lines to promote livable communities and healthy NORCs, thereby promoting higher levels of activity and fostering feelings of community and well-being for residents in the Third Age.

Preparing the Human-Services Workforce

The need to prepare Arizona for an aging population was identified as a key goal by Arizona 2020 and DES’s state plan on aging. In addition, the U.S. Department of Labor’s Occupational Outlook anticipates shortages for human-services and health care professionals prepared to work with an aging population. The demand for health professionals trained in geriatrics consistently exceeds their supply. There is a need for close coordination between human resource professionals, community colleges, and university-based educational programs to attract professionals to work with older adults. This collaboration could also provide continuing education to existing human-services and health care professionals to prepare them to address the unique needs of the aging.

As demand for trained nursing assistants and aides continues to grow, Maricopa County and Phoenix should partner with community colleges offering certificate programs that prepare nursing assistants and aides to care for older and disabled adults, supporting the efforts of family caregivers. They should also consider the benefits of a legalized guest worker program that could permit undocumented immigrants to legally work as nursing assistants and aides, with appropriate screening, training, and supervision.

Retaining a Mature Workforce

The aging of the U.S. workforce will lead to labor shortages, as the baby bust generation lacks sufficient numbers to replace retiring baby boomers. Half of all Arizona businesses responding to an AARP survey anticipated a shortage of qualified workers over the next five years; seven in 10 anticipated that this shortage would have a negative impact. Organizations that balance the hiring of younger employees with recruitment and retention of older ones—including those beyond the traditional retirement age—can bridge the potential labor gap while retaining irreplaceable organizational knowledge. These organizations also face reduced costs for hiring and training new employees. Such practices are as relevant to the effective operation of the human-services infrastructure as they are to business.
Companies can retain older workers by providing employment that responds to workers’ personal needs at every phase of life, and benefits responsive to the transitional needs between employment and retirement. An AARP review of best practices in retaining mature workers found that these companies sought ways to attract and retain the right workforce, and required only modest investment to start new retention initiatives. Specific retention strategies include:

- Providing training and retraining to upgrade skills
- Offering retirement coaching and financial-planning services
- Giving opportunities to transfer to positions with reduced pay and responsibilities
- Allowing employees to ease into retirement by reducing their work schedule
- Creating flexible work schedules and benefit options
- Providing caregiver education and support services
- Creating a formal process to protect and sustain organizational knowledge

The City of Phoenix, through its Phoenix Workforce Connection, offers online employment resources for job seekers at http://phoenix.gov. The site is currently geared toward job seekers, businesses, and youth. A category for mature workers could easily be added, with links to area employers modeling best practices. For example, Scottsdale Healthcare has consistently been honored by AARP as a best employer for workers over age 50. One of its winning practices was a “Seasonal Leave Program”—a six-month leave with full employer-paid benefits for full- or part-time employees who chose to continue to work, but were nearing retirement. This organization could be consulted, along with AARP, to strengthen the public sector’s commitment to older workers.

Redefining Retirement

As boomers age, two opposite retirement trends have arisen: one moving towards early retirement and the other towards working beyond the traditional retirement age. Eighty percent of baby boomers say they plan to continue working in some form past 65, roughly half of them to generate continued earnings and the other half to follow their passion. This trend will lead to a fundamental change in the way we view retirement. That is, retirement is being transformed from a static event into a transitional life stage during which many Third Age individuals seek meaning, purpose, fulfillment, social interaction, and opportunity through continued work.

These individuals may gradually scale back their level of work, shift to a consulting role (paid or voluntary), seek bridge jobs (with or without benefits), retrain and retool, seek a new career or personal pursuits, give birth to new business enterprises, or any combination of these options. These mature workers may be anywhere between 50 to their late 80s, encompassing a full range of rich experience. Employers who find a good match between their companies’ needs and those of older workers will gain a loyal, dedicated, and talented workforce.

This current age wave is the fastest growing group of older Americans in our history, as well as the “healthiest, most vigorous, and best educated.” Third Agers have more time, more time lived, and more time left to live—offering a trove of potential contributions to the Phoenix-area community. Policymakers can advance their efforts to address the needs of residents across the generations by harnessing the participation of older residents in the public discourse, involving them meaningfully in community planning and subsequent action strategies, and facilitating their involvement in public employment and public service.

Redefining Grandparenting: A Special Challenge

Just as retirement is undergoing redefinition, so is the very nature of grandparenting. In Arizona, 8.2% of children under 18 are being raised by a grandparent, compared with 6.3% nationally (National Conference of State Legislators, 2008). As of 2000, Arizona ranked fourth-highest nationally in the increase of grandparent-headed households. The Maricopa County Grandparents Raising Grandchildren Coalition is made up of 15 agencies that identify gaps in the specialized needs of these grandparents, including support groups, mentoring, and kinship adoption resources (The University of Arizona, 2006). While beyond the scope of this chapter, the needs of this group will create unique intergenerational challenges as Greater Phoenix moves forward.

The Future: Cultivating the Third Age

Greater Phoenix can meet the challenges posed by an aging society by creating communities responsive to the needs of each citizen across the lifespan. Community support of aging
ARIZONA’S SUICIDE RATE IS HIGHER THAN THE U.S. AVERAGE AMONG ALL ELDERLY AGE GROUPS, MAKING MENTAL-HEALTH ASSESSMENT AND TREATMENT RESOURCES ESPECIALLY CRITICAL.

in place includes the expansion of adequately funded and well-coordinated home and community-based services, including behavioral-health services, to maximize the independence and dignity of older adults. Special consideration to the unique needs of grandparents raising grandchildren must also be addressed, with support for collaborations between groups striving to address the overlapping issues of aging and child welfare. Collaborations between public, nonprofit, and private sectors should be pursued, but human-services providers should resist automatically following the periodic trend that seeks to privatize such services. Where there is a profit motive, there is lost revenue that could benefit clients and the system of services as a whole. One example of successfully returning public profits to critically-needed aging services was provided during the 1980s and 1990s by our neighbor to the south, the Pima Health System.

Communities that truly support the needs of their residents across the lifespan will also commit themselves to modifying existing housing, fostering development of naturally occurring retirement communities, constructing new housing incorporating the principles of universal design, creating and expanding affordable assisted-living options, adopting smart codes, and creating livable communities of choice. Health and human-services organizations, community colleges, and universities must partner to prepare health professionals to meet the unique needs of older adults and to counter potential labor shortages among nursing assistants and aides. Immigration reform could maximize the contributions of all of our residents, both documented and undocumented. Strategies that prevent labor shortages resulting from the aging workforce should include flexible employment, benefit, and retirement options that facilitate the continued engagement of mature workers as they redefine retirement by working beyond the traditional retirement age.

The beginning of the Third Age is undergoing change as individuals seek early retirement or begin families at later ages. The end of this age is being extended as Americans live longer, seek healthier lifestyles, and choose to extend their working lives through familiar or new career paths, volunteerism, or other forms of active participation. When communities and human-services providers view aging in this way, they acknowledge that each of us is necessary to the well-being of the community and society throughout our lifespan. This shift in perspective leads organizations and institutions to expand opportunities for older adults to engage in the daily lives of their communities through active participation as citizens, workers, volunteers, and “stewards for future generations.”

As Greater Phoenix embraces this productive view of its aging residents, human-services providers will seek to harness the energy and creative potential of individuals in this unique stage of personal growth and exploration. As Third Agers seek harmony and inner peace, so does the community. As they strive to fulfill their social purpose, the community benefits. As they seek a sense of continuity, the community gains a sense of its own history, culture, and identity, and passes it on to a new generation. As they pursue stature, the community gains perspective by standing on their shoulders. As they seek out new opportunities, the community fulfills its potential.

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NOTES
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4 Hunt, 1990.
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7 Aging 2020.
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