ASTHMA INFORMATION REVIEW

Educational Needs

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AIR Prep Course

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Provided by the *Michigan Society for Respiratory Care*

Open cells show an examination could include items from indicated cognitive levels. Shaded cells prevent appearance of items on examinations.	Cognitive Levels			
	Recall	Application	Analysis	TOTALS
D. Educational Needs	**1**	**7**	**7**	**15**
1. Assess				
a. the knowledge and skills of an individual with asthma and his or her family regarding asthma and treatment				
b. adherence barriers regarding self-assessment and self-management e.g., • financial • cultural • attitudes				
c. knowledge of potential and known triggers in an individual's home, school, or work environments				
d. readiness and ability to learn, and learning style in an individual with asthma				
e. coping strategies used by an individual with asthma and his or her family				
f. the primary source of healthcare for an individual with asthma				
g. how an individual with asthma is currently recognizing and acting on changes in his or her symptoms				
2. Elicit goals and concerns of an individual with asthma and his or her family				
3. Utilize effective interviewing skills (e.g., ask open-ended questions, maintain eye contact)				
4. Conduct a multidimensional assessment of an individual with asthma and his or her family e.g., • socioeconomic • psychosocial • health literacy level • culture • language • healthcare beliefs and practices				

Assess

- the knowledge and skills of an individual with asthma and his or her family regarding asthma and treatment
- adherence barriers regarding self-assessment and self-management (e.g., financial, cultural, attitudes)
- knowledge of potential and known triggers in an individual's home, school, or work environments
- readiness and ability to learn, and learning style in an individual with asthma
- coping strategies used by an individual with asthma and his or her family
- the primary source of healthcare for an individual with asthma
- how an individual with asthma is currently recognizing and acting on changes in his or her symptoms

How do you assess knowledge and skills?

- A formal assessment of knowledge of asthma is not usually conducted during asthma education sessions but is ascertained when reviewing key concepts
- An assessment of skills to manage asthma is usually conducted during every asthma education session

Initial Visit

Recommendations for Initial Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

"What worries you most about your asthma?"

"What do you want to accomplish at this visit?"

"What do you want to be able to do that you can't do now because of your asthma?"

"What do you expect from treatment?"

"What medicines have you tried?"

"What other questions do you have for me today?"

"Are there things in your environment that make your asthma worse?"

Teach in simple language:

- What is asthma? Asthma is a chronic lung disease. The airways are very sensitive. They become inflamed and narrow; breathing becomes difficult.
- The definition of asthma control: few daytime symptoms, no nighttime awakenings due to asthma, able to engage in normal activities, normal lung function.
- Asthma treatments: two types of medicines are needed:
  - Long-term control: medications that prevent symptoms, often by reducing inflammation.
  - Quick relief: short-acting bronchodilator relaxes muscles around airways.
- Bring all medications to every appointment.
- When to seek medical advice. Provide appropriate telephone number.

Teach or review and demonstrate:

- Inhaler (see figure 3–14) and spacer or valved holding chamber (VHC) use. Check performance.
- Self-monitoring skills that are tied to a written action plan:
  - Recognize intensity and frequency of asthma symptoms.
  - Review the signs of deterioration and the need to reevaluate therapy:
    - Waking at night or early morning with asthma
    - Increased medication use
    - Decreased activity tolerance
- Use of a written asthma action plan (See figure 3–10.) that includes instructions for daily management and for recognizing and handling worsening asthma.

First Follow-up Visit

Recommendations for First Followup Visit (2 to 4 weeks or sooner as needed)

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Patient treatment preferences
- Quality of life

Ask relevant questions from previous visit and also ask:

"What medications are you taking?"

"How and when are you taking them?"

"What problems have you had using your medications?"

"Please show me how you use your inhaled medications."

Teach in simple language:

- Use of two types of medications.
- Remind patient to bring all medications and the peak flow meter, if using, to every appointment for review.
- Self-assessment of asthma control using symptoms and/or peak flow as a guide.

Teach or review and demonstrate:

- Use of written asthma action plan. Review and adjust as needed.
- Peak flow monitoring if indicated (See figure 3–11.).
- Correct inhaler and spacer or VHC technique.

Second Follow-up Visit

Recommendations for Second Followup Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

Ask relevant questions from previous visits and also ask:

"Have you noticed anything in your home, work, or school that makes your asthma worse?"

"Describe for me how you know when to call your doctor or go to the hospital for asthma care."

"What questions do you have about the asthma action plan?" "Can we make it easier?"

"Are your medications causing you any problems?"

"Have you noticed anything in your environment that makes your asthma worse?"

"Have you missed any of your medications?"

Teach in simple language:

- Self-assessment of asthma control, using symptoms and/or peak flow as a guide.
- Relevant environmental control/avoidance strategies (See figure 3–15.):
  - How to identify home, work, or school exposures that can cause or worsen asthma
  - How to control house-dust mites, animal exposures if applicable
  - How to avoid cigarette smoke (active and passive)
- Review all medications.

Teach or review and demonstrate:

- Inhaler/spacer or VHC technique.
- Peak flow monitoring technique.
- Use of written asthma action plan. Review and adjust as needed.
- Confirm that patient knows what to do if asthma gets worse.

All Subsequent Visits

Recommendations for All Subsequent Visits

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

Ask relevant questions from previous visits and also ask:

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How do you assess adherence barriers?

- Treatment-related barriers
  - Prolonged and complex regimens
  - Adverse effects
  - Cost
  - Delayed onset of action

J Allergy Clin Immunol. 2002 Jun;109(6 Suppl):S554-9.

Overcoming barriers to nonadherence in asthma treatment.

Bender BG.

National Jewish Medical and Research Center, Denver, Colorado 80206, USA.

How do you assess adherence barriers?

- Clinician-related barriers
  - difficulty in scheduling
  - treatment by one different care giver after another
  - perceived clinician disinterest
  - time constraints

How do you assess adherence barriers?

- Patient-related barriers
  - poor understanding of the need for treatment
  - insufficient confidence in the clinician or medication
  - the presence of psychological problems
  - low motivation to change behavior

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"What do you expect from treatment?"

"What medicines have you tried?"

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How do you assess knowledge of triggers?

- National guidelines recommend fully covering triggers during the second follow-up visit
- Why do you think the guidelines recommend waiting till the third visit to cover triggers fully?

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How do you assess readiness and ability to learn?

- These assessments are usually made informally during all asthma education sessions
- If greater accuracy of assessment is required:
  - Assessing readiness to learn can be accomplished using the stages of change model and motivational interviewing
  - Assessing learning style can be accomplished using the VARK questionnaire

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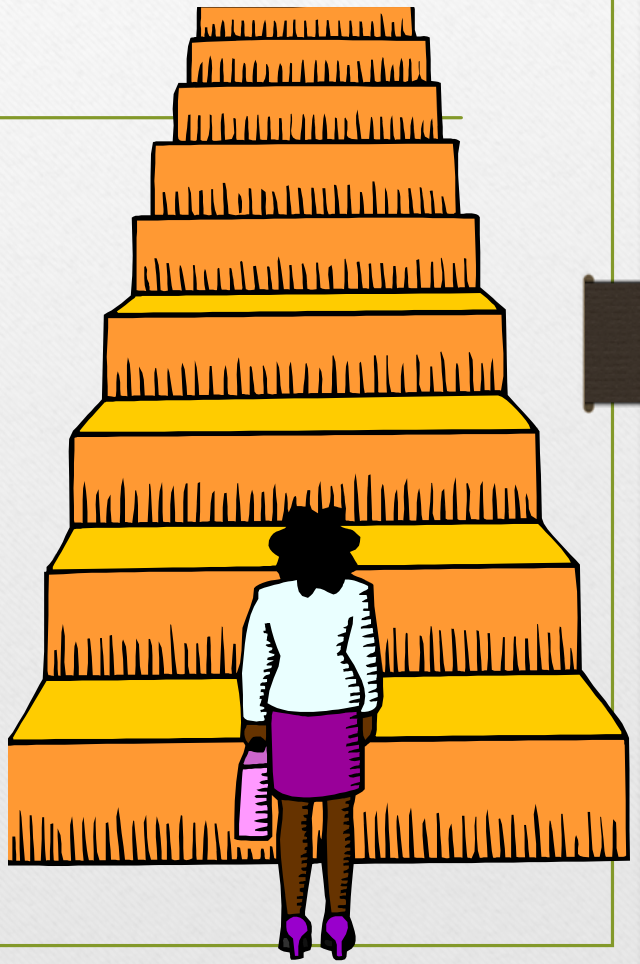
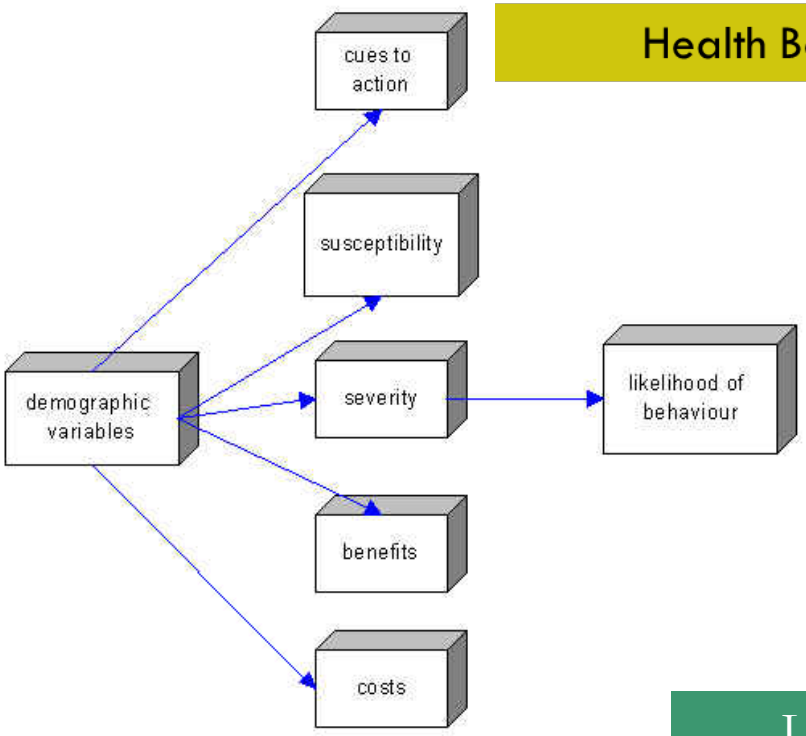
What are the Stages of Change?

Stages of Change

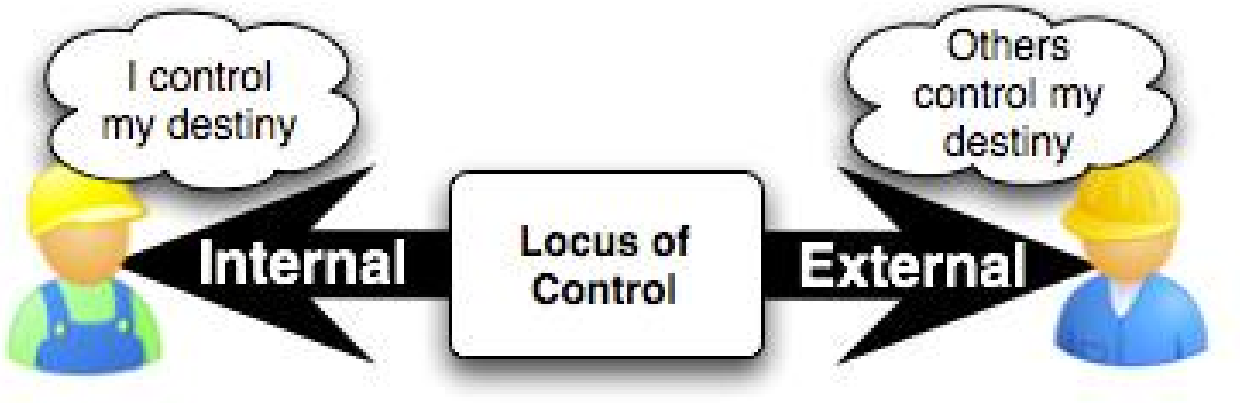
- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance



Health Belief Model



Locus of Control Model



Precontemplation Stage

Precontemplation / Not Ready

- **Stage:**
  - Hasn't considered change
  - Doesn't understand risk
  - Unwilling/unable to change

DOESN'T SEE IT

- **Strategy:**
  - Establish Rapport
  - Explore Concerns
  - Check in about understanding of risk
  - Elicit information
  - Focus on getting them back next time

SEES IT

Contemplation Stage

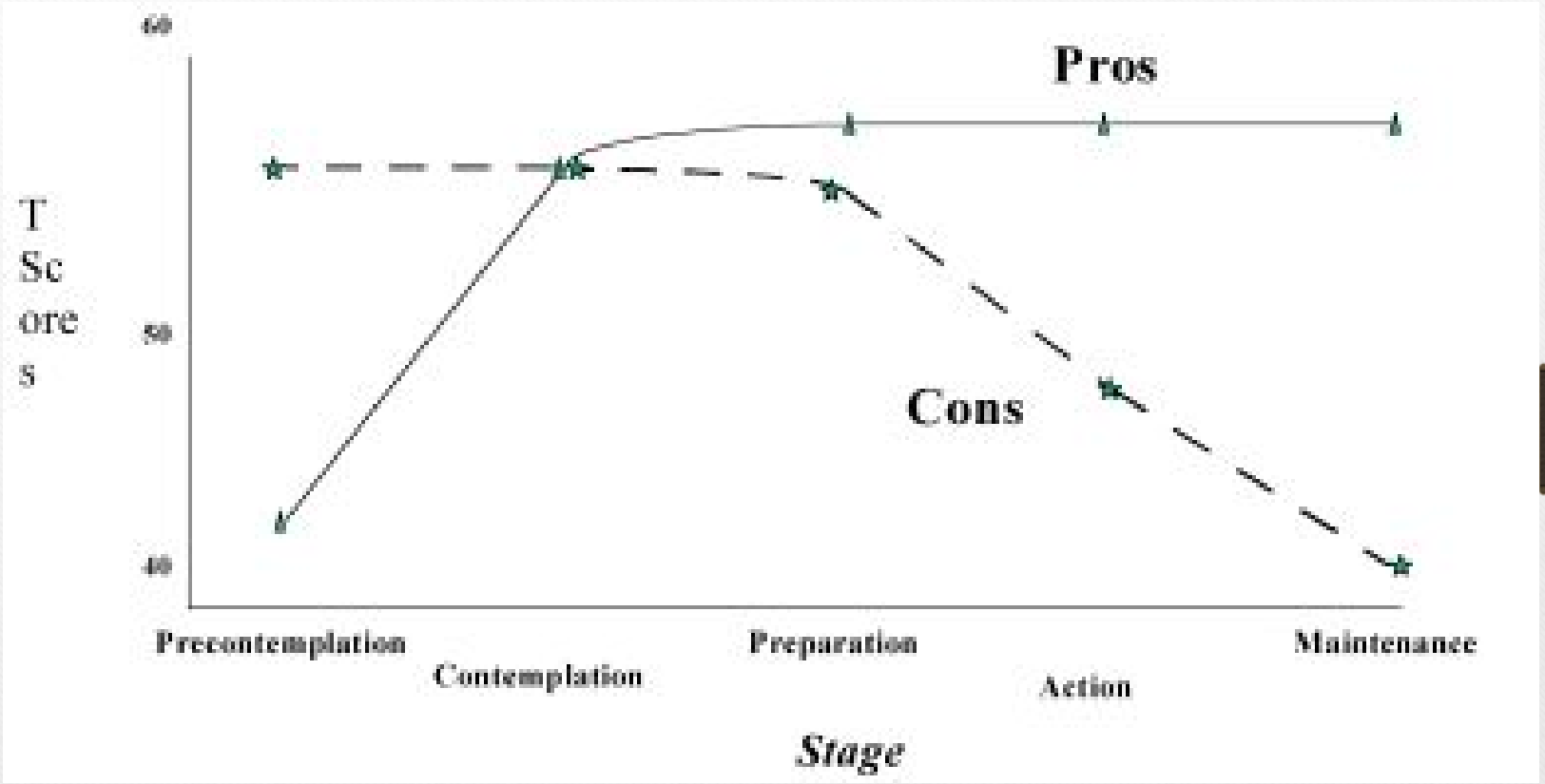
Contemplation / Unsure

- **Stage:**
  - Understands risk
  - Considering possibility of change
  - Ambivalent

SEES IT, BUT…

- **Strategy:**
  - Normalize ambivalence
  - Tip the Decisional Balance (focus on pros of changing behavior)
  - Explore barriers and self-efficacy
  - Enhance commitment

EXPLORE IT


60
50
40
T Sc ore s
Pros
Cons
Precontemplation
Contemplation
Preparation
Action
Maintenance
Stage

Preparation Stage

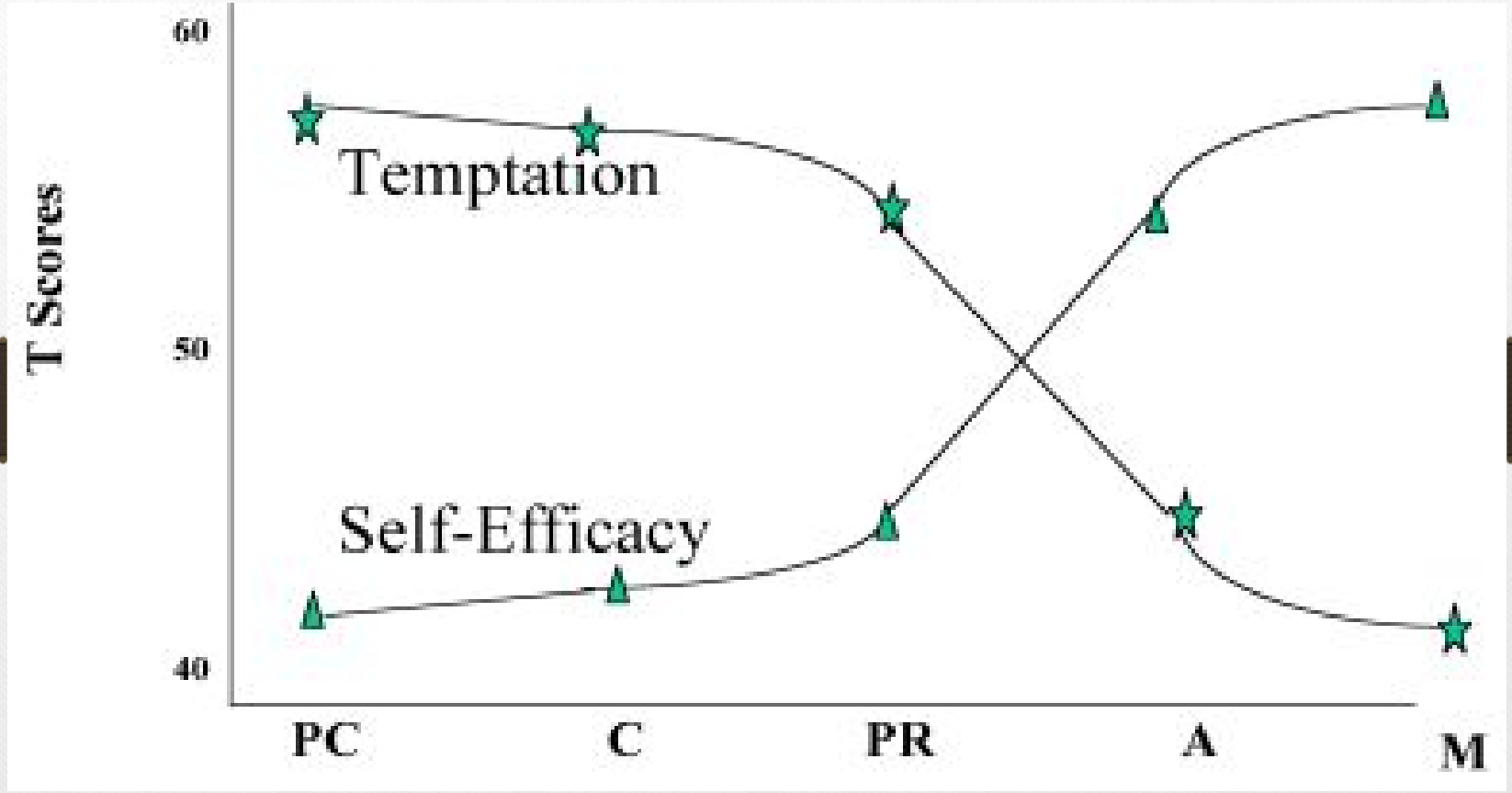
Preparation / Considering

- **Stage:**
  - Committed to change
  - Considering options
  - Making a plan

- **Strategy:**
  - Clarify goals
  - Offer suggestions including several options
  - Reinforce personal choice
  - Practice skills & negotiate a plan

REALLY READY ...

SOLVE IT!


T Scores
60
50
40
Temptation
Self-Efficacy
PC
C
PR
A
M

Action Stage

Action / Doing It

- **Stage:**
  - Actively taking steps
  - Not yet stable, great potential for relapse

DOING IT, but fragile

- **Strategy:**
  - Reinforce commitment to change and affirm success
  - Assist with problem solving
  - Support self-efficacy
  - Help identify resources (e.g., parents, providers, support groups)

KEEP ON IT!

Maintenance Stage

Maintenance / Maintain It

- **Stage:**
  - Have accomplished the change
  - It feels more comfortable, but relapse still a possibility

THEY'VE DONE IT!

- **Strategy:**
  - Affirm commitment and current success
  - Identify temptations and problem solve
  - Ask about positive benefits they've experienced, reinforce those

MAINTAIN IT!

Relapse Stage

Relapse / Return to old behaviors

- **Stage:**
  - Frustrated
  - Sense of failure
  - May give up and lose sight of progress
- **Strategy:**
  - Maintain support
  - Reframe experience as a learning opportunity
  - Identify other coping strategies
  - Develop new plan

Ooops – a SLIP!

TRY AGAIN!

Motivational Interviewing

The MI Oath

- "I will *honor* the patient/client's expertise and perspective on their thoughts and behaviors."
- "I will *recognize* that the resources and motivations for change reside inside the patient/client."
- "I will *affirm* the patient/client's right and capacity for self-direction and make it easy for him/her to make informed choices."

Motivational Interviewing

General Principles

EXPRESS EMPATHY

DEVELOP DISCREPANCY

AVOID ARGUMENTATION

ROLL WITH RESISTANCE

SUPPORT SELF-EFFICACY

What are the different learning styles?

- The acronym VARK stands for Visual, Aural, Read/write, and Kinesthetic sensory modalities that are used for learning information.
- Visual (V)
  - This preference includes the depiction of information in maps, spider diagrams, charts, graphs, flow charts, labeled diagrams, and other graphic images

What are the different learning styles?

- Aural / Auditory (A):
  - This perceptual mode describes a preference for information that is "heard or spoken."
  - Learners who have this as their main preference report that they learn best from lectures, group discussion, radio, email, using mobile phones, speaking, web-chat and talking things through.

What are the different learning styles?

- Read/write (R):
  - This preference is for information displayed as words
  - This preference emphasizes text-based input and output - reading and writing in all its forms but especially manuals, reports, essays and assignments

What are the different learning styles?

- Kinesthetic (K):
  - People who prefer this mode are connected to reality, "either through concrete personal experiences, examples, practice or simulation“
  - It includes demonstrations, simulations, videos and movies of "real" things, as well as case studies, practice and applications

What are the different learning styles?

- Of all 98 caregivers, 82% included kinesthetic as a learning preference, 59% included read/write, 50% included aural, and 41% included visual
- Incorporating kinesthetic methods of learning, such as role plays and problem-solving case scenarios, into standardized asthma education curricula may be beneficial to patients and families in terms of understanding and using their regimen

J Asthma. 2005 Oct;42(8):683-7.

Learning preferences of caregivers of asthmatic children.

Dinakar C, Adams C, Brimer A, Silva MD.

Section of Allergy/Asthma/Immunology, Children's Mercy Hospital, University of Missouri, Kansas City, Missouri 64108, USA. cdinakar@cmh.edu

How do you assess coping strategies?

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- Asthma treatments: two types of medicines are needed:
  - Long-term control: medications that prevent symptoms, often by reducing inflammation.
  - Quick relief: short-acting bronchodilator relaxes muscles around airways.
- Bring all medications to every appointment.
- When to seek medical advice. Provide appropriate telephone number.

Teach or review and demonstrate:

- Inhaler (see figure 3–14) and spacer or valved holding chamber (VHC) use. Check performance.
- Self-monitoring skills that are tied to a written action plan:
  - Recognize intensity and frequency of asthma symptoms.
  - Review the signs of deterioration and the need to reevaluate therapy:
    - Waking at night or early morning with asthma
    - Increased medication use
    - Decreased activity tolerance
- Use of a written asthma action plan (See figure 3–10.) that includes instructions for daily management and for recognizing and handling worsening asthma.

First Follow-up Visit

Recommendations for First Followup Visit (2 to 4 weeks or sooner as needed)

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Patient treatment preferences
- Quality of life

Ask relevant questions from previous visit and also ask:

"What medications are you taking?"

"How and when are you taking them?"

"What problems have you had using your medications?"

"Please show me how you use your inhaled medications."

Teach in simple language:

- Use of two types of medications.
- Remind patient to bring all medications and the peak flow meter, if using, to every appointment for review.
- Self-assessment of asthma control using symptoms and/or peak flow as a guide.

Teach or review and demonstrate:

- Use of written asthma action plan. Review and adjust as needed.
- Peak flow monitoring if indicated (See figure 3–11.).
- Correct inhaler and spacer or VHC technique.

Second Follow-up Visit

Recommendations for Second Followup Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

Ask relevant questions from previous visits and also ask:

"Have you noticed anything in your home, work, or school that makes your asthma worse?"

"Describe for me how you know when to call your doctor or go to the hospital for asthma care."

"What questions do you have about the asthma action plan?" "Can we make it easier?"

"Are your medications causing you any problems?"

"Have you noticed anything in your environment that makes your asthma worse?"

"Have you missed any of your medications?"

Teach in simple language:

- Self-assessment of asthma control, using symptoms and/or peak flow as a guide.
- Relevant environmental control/avoidance strategies (See figure 3–15.):
  - How to identify home, work, or school exposures that can cause or worsen asthma
  - How to control house-dust mites, animal exposures if applicable
  - How to avoid cigarette smoke (active and passive)
- Review all medications.

Teach or review and demonstrate:

- Inhaler/spacer or VHC technique.
- Peak flow monitoring technique.
- Use of written asthma action plan. Review and adjust as needed.
- Confirm that patient knows what to do if asthma gets worse.

All Subsequent Visits

Recommendations for All Subsequent Visits

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

Ask relevant questions from previous visits and also ask:

"How have you tried to control things that make your asthma worse?"

"Please show me how you use your inhaled medication."

Teach in simple language:

- Review and reinforce all:
  - Educational messages
  - Environmental control strategies at home, work, or school
  - Medications
  - Self-assessment of asthma control, using symptoms and/or peak flow as a guide

Teach or review and demonstrate:

- Inhaler/spacer or VHC technique.
- Peak flow monitoring technique, if appropriate.
- Use of written asthma action plan. Review and adjust as needed.
- Confirm that patient knows what to do if asthma gets worse.

How do you assess coping strategies?

- A coping strategy is any behavior adopted by a patient to minimize the adverse effects of disease
- Hurtful coping strategies include:
  - Less physical activity
  - Less social activity
  - Excessive use of rescue medications
- Helpful coping strategies include:
  - Assertively establishing environments conducive to effective asthma management
  - Proper use of medication to facilitate exercise

What are primary sources of healthcare for an individual with asthma?

- Possible sources of healthcare for an individual with asthma include
  - Primary care physician (AKA medical home)
  - Specialty physicians (e.g. allergists, pulmonologists)
  - Physician extenders (e.g. nurse practitioners, physician assistants)
  - Hospital (ED and ICU)
  - School (school nurse)
  - Alternative healthcare practitioners (e.g. chiropractor, naturopath, culturally-based practitioners)
  - Family and/or friends

How do you assess the ability to recognize and act on changes in symptoms?

- Again, these assessments are usually made informally during all asthma education sessions
- This objective will be covered in more detail this afternoon during the presentation on asthma management plans

Initial Visit

Recommendations for Initial Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

"What worries you most about your asthma?"

"What do you want to accomplish at this visit?"

"What do you want to be able to do that you can't do now because of your asthma?"

"What do you expect from treatment?"

"What medicines have you tried?"

"What other questions do you have for me today?

"Are there things in your environment that make your asthma worse?"

Teach in simple language:

- What is asthma? Asthma is a chronic lung disease. The airways are very sensitive. They become inflamed and narrow; breathing becomes difficult.
- The definition of asthma control: few daytime symptoms, no nighttime awakenings due to asthma, able to engage in normal activities, normal lung function.
- Asthma treatments: two types of medicines are needed:
  - Long-term control: medications that prevent symptoms, often by reducing inflammation.
  - Quick relief: short-acting bronchodilator relaxes muscles around airways.
- Bring all medications to every appointment.
- When to seek medical advice. Provide appropriate telephone number.

Teach or review and demonstrate:

- Inhaler (see figure 3–14) and spacer or valved holding chamber (VHC) use. Check performance.
- Self-monitoring skills that are tied to a written action plan:
  - Recognize intensity and frequency of asthma symptoms.
  - Review the signs of deterioration and the need to reevaluate therapy:
    - Waking at night or early morning with asthma
    - Increased medication use
    - Decreased activity tolerance
- Use of a written asthma action plan (See figure 3–10.) that includes instructions for daily management and for recognizing and handling worsening asthma.

First Follow-up Visit

Recommendations for First Followup Visit (2 to 4 weeks or sooner as needed)

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Patient treatment preferences
- Quality of life

Ask relevant questions from previous visit and also ask:

"What medications are you taking?"

"How and when are you taking them?"

"What problems have you had using your medications?"

"Please show me how you use your inhaled medications."

Teach in simple language:

- Use of two types of medications.
- Remind patient to bring all medications and the peak flow meter, if using, to every appointment for review.
- Self-assessment of asthma control using symptoms and/or peak flow as a guide.

Teach or review and demonstrate:

- Use of written asthma action plan. Review and adjust as needed.
- Peak flow monitoring if indicated (See figure 3–11.).
- Correct inhaler and spacer or VHC technique.

Second Follow-up Visit

Recommendations for Second Followup Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

Ask relevant questions from previous visits and also ask:

"Have you noticed anything in your home, work, or school that makes your asthma worse?"

"Describe for me how you know when to call your doctor or go to the hospital for asthma care."

"What questions do you have about the asthma action plan?" "Can we make it easier?"

"Are your medications causing you any problems?"

"Have you noticed anything in your environment that makes your asthma worse?"

"Have you missed any of your medications?"

Teach in simple language:

- Self-assessment of asthma control, using symptoms and/or peak flow as a guide.
- Relevant environmental control/avoidance strategies (See figure 3–15.):
  - How to identify home, work, or school exposures that can cause or worsen asthma
  - How to control house-dust mites, animal exposures if applicable
  - How to avoid cigarette smoke (active and passive)
- Review all medications.

Teach or review and demonstrate:

- Inhaler/spacer or VHC technique.
- Peak flow monitoring technique.
- Use of written asthma action plan. Review and adjust as needed.
- Confirm that patient knows what to do if asthma gets worse.

All Subsequent Visits

Recommendations for All Subsequent Visits

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

Ask relevant questions from previous visits and also ask:

"How have you tried to control things that make your asthma worse?"

"Please show me how you use your inhaled medication."

Teach in simple language:

- Review and reinforce all:
  - Educational messages
  - Environmental control strategies at home, work, or school
  - Medications
  - Self-assessment of asthma control, using symptoms and/or peak flow as a guide

Teach or review and demonstrate:

- Inhaler/spacer or VHC technique.
- Peak flow monitoring technique, if appropriate.
- Use of written asthma action plan. Review and adjust as needed.
- Confirm that patient knows what to do if asthma gets worse.

How do you elicit goals for and concerns about asthma management?

- Again, these assessments are usually made informally during all asthma education sessions

Initial Visit

Recommendations for Initial Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

"What worries you most about your asthma?"

"What do you want to accomplish at this visit?"

"What do you want to be able to do that you can't do now because of your asthma?"

"What do you expect from treatment?"

"What medicines have you tried?"

"What other questions do you have for me today?"

"Are there things in your environment that make your asthma worse?"

Teach in simple language:

- What is asthma? Asthma is a chronic lung disease. The airways are very sensitive. They become inflamed and narrow; breathing becomes difficult.
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First Follow-up Visit

Recommendations for First Followup Visit (2 to 4 weeks or sooner as needed)

Focus on:

- Expectations of visit
- Asthma control
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- Medications
- Patient treatment preferences
- Quality of life

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"What medications are you taking?"

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- Use of two types of medications.
- Remind patient to bring all medications and the peak flow meter, if using, to every appointment for review.
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Teach or review and demonstrate:

- Use of written asthma action plan. Review and adjust as needed.
- Peak flow monitoring if indicated (See figure 3–11.).
- Correct inhaler and spacer or VHC technique.

Second Follow-up Visit

Recommendations for Second Followup Visit

Focus on:

- Expectations of visit
- Asthma control
- Patients' goals of treatment
- Medications
- Quality of life

Ask relevant questions from previous visits and also ask:

"Have you noticed anything in your home, work, or school that makes your asthma worse?"

"Describe for me how you know when to call your doctor or go to the hospital for asthma care."

"What questions do you have about the asthma action plan?" "Can we make it easier?"

"Are your medications causing you any problems?"

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  - How to avoid cigarette smoke (active and passive)
- Review all medications.

Teach or review and demonstrate:

- Inhaler/spacer or VHC technique.
- Peak flow monitoring technique.
- Use of written asthma action plan. Review and adjust as needed.
- Confirm that patient knows what to do if asthma gets worse.

What are **effective interviewing techniques?**

- Greet the patient with an introduction of self and purpose
- Communicate competence, interest, respect, support and empathy
- Show attentiveness
- Give encouragement with non-verbal communication
- Give verbal praise when appropriate

What are effective interviewing techniques?

- Use effective techniques to promote open communication
- Start each visit by asking about the patient's or parent's concerns and goals for the visit
- Ask specifically about any concerns patients or parents have about medicines
- Assess the patient's and family's perceptions of the severity level of the disease and how well it is controlled

What are effective interviewing techniques?

- Assess the patient's and family's level of social support, and encourage family involvement
- Assess levels of stress, family disruption, anxiety, and depression associated with asthma and asthma management
- Assess ability to adhere to the written asthma action plan

How would you answer these questions about meds?

- Will the steroid have side effects?
- Will I become dependent on the medication?
- Will it lose its effectiveness if I take it every day?
- What happens if I skip a dose?
- What if I want to become pregnant?

Conduct a multidimensional assessment of an individual with asthma and his or her family

- Socioeconomic/psychosocial assessment
- Health literacy assessment
- Cultural assessment
  - Language
  - Health behaviors and beliefs

What is included in a socioeconomic or psychosocial assessment?

- Socioeconomic concerns are resource issues that can be addressed through proper professional networking and referral
- An educator's ability to address these concerns depend in large part upon the extent of the safety net system in the community

What is included in a socioeconomic or psychosocial assessment?

- Housing
- Inadequate financing
- Insurance
- Transportation
- Food, clothing, and furniture
- Stress and/or mental illness
- History of abuse

What is included in a health literacy assessment?

- Inadequate literacy is a barrier to asthma knowledge and self-care
- Nationally, almost one-quarter of the adult population cannot read and understand basic written material
- it is important that health education literature meet the readability standards (5th-grade level or lower)
- Overcoming the barrier of inadequate literacy may be facilitated by structuring asthma education programs for low literacy levels

What is included in a cultural assessment?

- A culturally sensitive patient education approach directed toward altering attitudes and beliefs is a more successful approach to improving asthma health outcomes
- Open-ended questions such as "In your community, what does having asthma mean?" can elicit informative responses

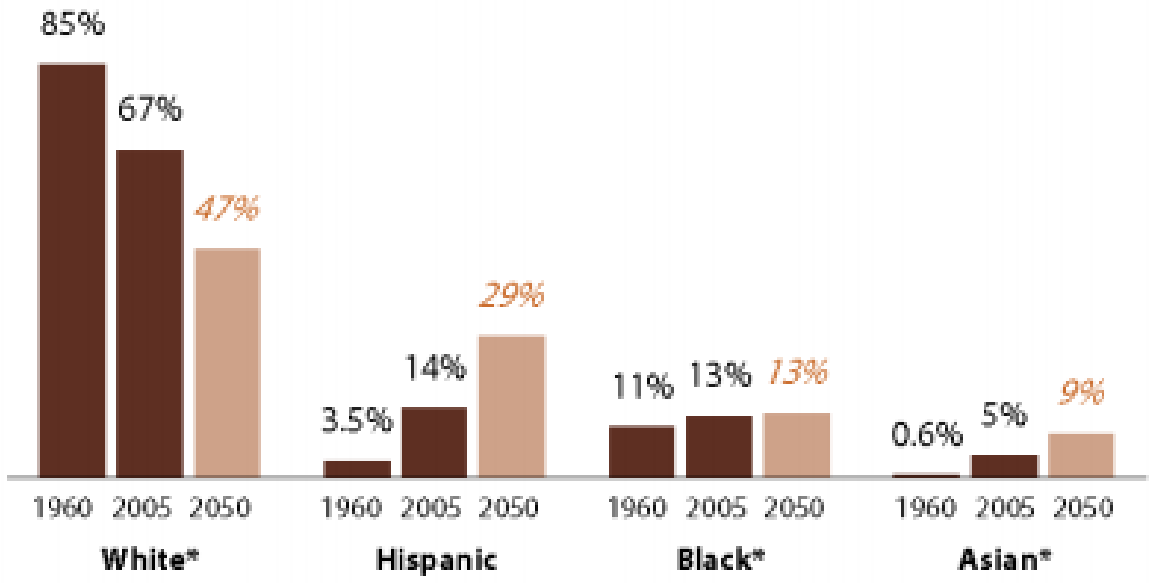
What is included in a cultural assessment?

- When harmful home remedies are being used, clinicians should discourage their use by suggesting a culturally acceptable alternative as a replacement or recommending a safer route of administration
- Every effort should be made to discuss asthma care, especially the asthma action plan, in the patient's native language so that educational messages are fully understood

Figure 6

Population by Race and Ethnicity, Actual and Projected: 1960, 2005 and 2050

(% of total)



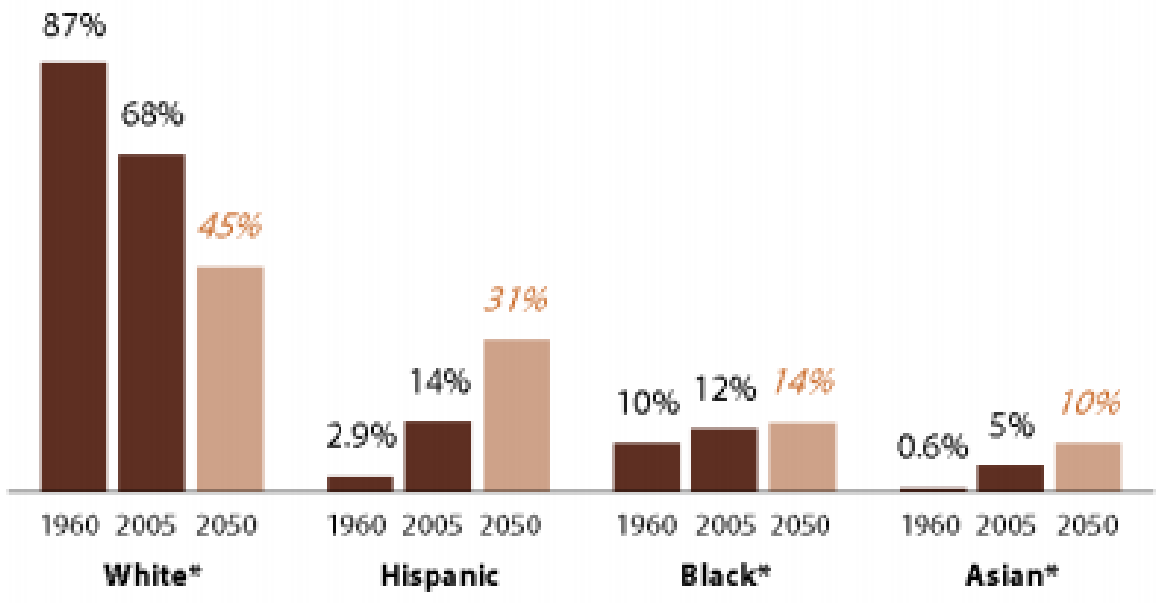
Note: All races modified and not Hispanic (*); American Indian/Alaska Native not shown. See "Methodology." Projections for 2050 indicated by light brown bars.

Source: Pew Research Center, 2008

Figure 19

Working-Age Population by Race and Ethnicity, Actual and Projected: 1960, 2005 and 2050

(% share of population ages 18 to 64)



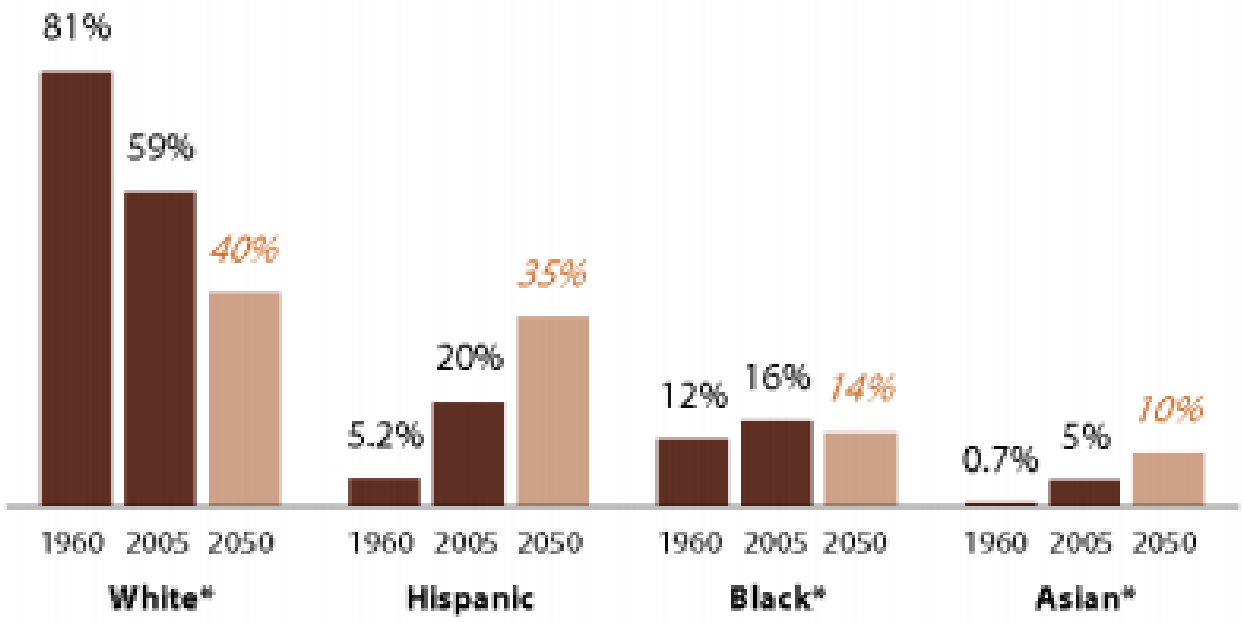
Note: All races modified and not Hispanic (*); American Indian/Alaska Native not shown. See "Methodology." Projections for 2050 indicated by light brown bars.

Source: Pew Research Center, 2008

Figure 20

Child Population by Race and Ethnicity, Actual and Projected: 1960, 2005 and 2050

(% share of population 17 and younger)



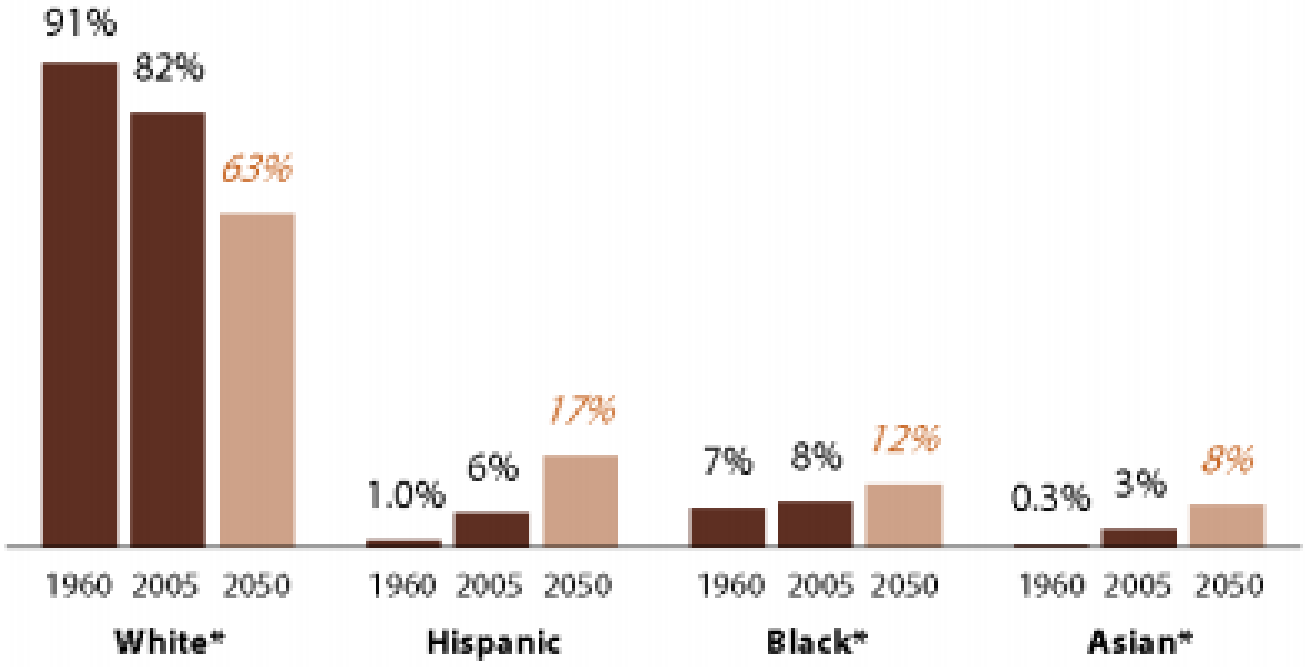
Note: All races modified and not Hispanic (*); American Indian/Alaska Native not shown. See "Methodology." Projections for 2050 indicated by light brown bars.

Source: Pew Research Center, 2008

Figure 21

Elderly Population by Race and Ethnicity, Actual and Projected: 1960, 2005 and 2050

(% share of population ages 65 years and older)



Note: All races modified and not Hispanic (*); American Indian/Alaska Native not shown. See "Methodology." Projections for 2050 indicated by light brown bars.

Source: Pew Research Center, 2008