

# Demographic Forecasting: Incorporating Qualitative Insight in Quantitative Modeling

Gary King  
Harvard University

Joint work with Federico Girosi (RAND)  
with contributions from Kevin Quinn and Gregory Wawro

# What this Talk is About

# What this Talk is About

- Mortality forecasts, which are studied in:

# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology

# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology
  - public health & biostatistics

# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology
  - public health & biostatistics
  - economics & social security and retirement planning

# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology
  - public health & biostatistics
  - economics & social security and retirement planning
  - actuarial science & insurance companies

# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology
  - public health & biostatistics
  - economics & social security and retirement planning
  - actuarial science & insurance companies
  - medical research & pharmaceutical companies



# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology
  - public health & biostatistics
  - economics & social security and retirement planning
  - actuarial science & insurance companies
  - medical research & pharmaceutical companies
  - political science & public policy

# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology
  - public health & biostatistics
  - economics & social security and retirement planning
  - actuarial science & insurance companies
  - medical research & pharmaceutical companies
  - political science & public policy
- A better forecasting method

# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology
  - public health & biostatistics
  - economics & social security and retirement planning
  - actuarial science & insurance companies
  - medical research & pharmaceutical companies
  - political science & public policy
- A better forecasting method
- A better **farcasting** method

# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology
  - public health & biostatistics
  - economics & social security and retirement planning
  - actuarial science & insurance companies
  - medical research & pharmaceutical companies
  - political science & public policy
- A better forecasting method
- A better **farcasting** method
- Other results we needed to achieve this original goal

# What this Talk is About

- Mortality forecasts, which are studied in:
  - demography & sociology
  - public health & biostatistics
  - economics & social security and retirement planning
  - actuarial science & insurance companies
  - medical research & pharmaceutical companies
  - political science & public policy
- A better forecasting method
- A better **farcasting** method
- Other results we needed to achieve this original goal
- Approach: Formalizing **qualitative** insights in **quantitative** models

# The Quantitative-Qualitative Wars

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”



# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”
  - Political Science: Area studies vs. comparative politics

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”
  - Political Science: Area studies vs. comparative politics
  - Sociology: qualitative vs. quantitative work

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”
  - Political Science: Area studies vs. comparative politics
  - Sociology: qualitative vs. quantitative work
  - Psychology: clinicians vs. scientists

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”
  - Political Science: Area studies vs. comparative politics
  - Sociology: qualitative vs. quantitative work
  - Psychology: clinicians vs. scientists
  - Geography: place people vs. space people

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”
  - Political Science: Area studies vs. comparative politics
  - Sociology: qualitative vs. quantitative work
  - Psychology: clinicians vs. scientists
  - Geography: place people vs. space people
- Qualitative information:

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”
  - Political Science: Area studies vs. comparative politics
  - Sociology: qualitative vs. quantitative work
  - Psychology: clinicians vs. scientists
  - Geography: place people vs. space people
- Qualitative information:
  - Definition: information not quantified *and* formalized

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”
  - Political Science: Area studies vs. comparative politics
  - Sociology: qualitative vs. quantitative work
  - Psychology: clinicians vs. scientists
  - Geography: place people vs. space people
- Qualitative information:
  - Definition: information not quantified *and* formalized
  - Anthropological, ethnographic, archival, participant observation, soaking and poking, contextual. . .



# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”
  - Political Science: Area studies vs. comparative politics
  - Sociology: qualitative vs. quantitative work
  - Psychology: clinicians vs. scientists
  - Geography: place people vs. space people
- Qualitative information:
  - Definition: information not quantified *and* formalized
  - Anthropological, ethnographic, archival, participant observation, soaking and poking, contextual. . .
  - All research is qualitative; some is also quantitative.

# The Quantitative-Qualitative Wars

- Affects almost every field that studies human behavior
  - Medicine: clinical decisions vs. “evidence-based medicine”
  - Law: jurisprudence vs. “empirical research”
  - Political Science: Area studies vs. comparative politics
  - Sociology: qualitative vs. quantitative work
  - Psychology: clinicians vs. scientists
  - Geography: place people vs. space people
- Qualitative information:
  - Definition: information not quantified *and* formalized
  - Anthropological, ethnographic, archival, participant observation, soaking and poking, contextual. . .
  - All research is qualitative; some is also quantitative.
  - Goal: include as much information as possible from **any source**

# Other Results (Needed to Develop Improved Forecasts)

# Other Results (Needed to Develop Improved Forecasts)

A New Class of Statistical Models

# Other Results (Needed to Develop Improved Forecasts)

## A New Class of Statistical Models

- Output: same as linear regression

# Other Results (Needed to Develop Improved Forecasts)

## A New Class of Statistical Models

- Output: same as linear regression
- Estimates a set of linear regressions together (over countries, age groups, years, etc.)

# Other Results (Needed to Develop Improved Forecasts)

## A New Class of Statistical Models

- Output: same as linear regression
- Estimates a set of linear regressions together (over countries, age groups, years, etc.)
- Can include *different covariates* in each regression

# Other Results (Needed to Develop Improved Forecasts)

## A New Class of Statistical Models

- Output: same as linear regression
- Estimates a set of linear regressions together (over countries, age groups, years, etc.)
- Can include *different covariates* in each regression
- New ways of creating Bayesian priors



# Other Results (Needed to Develop Improved Forecasts)

## A New Class of Statistical Models

- Output: same as linear regression
- Estimates a set of linear regressions together (over countries, age groups, years, etc.)
- Can include *different covariates* in each regression
- New ways of creating Bayesian priors
- Produces forecasts and farcasts using considerably more information

# Resolving Disputes: Comparativists vs. Area Studies

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:
  - 1 Run separate regressions in each country

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:
  - 1 Run separate regressions in each country
    - risking large inefficiencies (huge standard errors)

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:
  - 1 Run separate regressions in each country  
— risking large inefficiencies (huge standard errors)
  - 2 Omit variables not observed for all countries

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:
  - 1 Run separate regressions in each country
    - risking large inefficiencies (huge standard errors)
  - 2 Omit variables not observed for all countries
    - risking omitted variable bias

- When a variable is not available in all countries, comparativists must choose:
  - 1 Run separate regressions in each country  
— risking large inefficiencies (huge standard errors)
  - 2 Omit variables not observed for all countries  
— risking omitted variable bias
  - 3 Exclude countries when some variables are not available



- When a variable is not available in all countries, comparativists must choose:
  - ① Run separate regressions in each country
    - risking large inefficiencies (huge standard errors)
  - ② Omit variables not observed for all countries
    - risking omitted variable bias
  - ③ Exclude countries when some variables are not available
    - risking selection bias

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:
  - ① Run separate regressions in each country
    - risking large inefficiencies (huge standard errors)
  - ② Omit variables not observed for all countries
    - risking omitted variable bias
  - ③ Exclude countries when some variables are not available
    - risking selection bias
- Our methods:

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:
  - ① Run separate regressions in each country
    - risking large inefficiencies (huge standard errors)
  - ② Omit variables not observed for all countries
    - risking omitted variable bias
  - ③ Exclude countries when some variables are not available
    - risking selection bias
- Our methods:
  - Allows different covariates in each regression

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:
  - ① Run separate regressions in each country
    - risking large inefficiencies (huge standard errors)
  - ② Omit variables not observed for all countries
    - risking omitted variable bias
  - ③ Exclude countries when some variables are not available
    - risking selection bias
- Our methods:
  - Allows different covariates in each regression
  - All are still estimated together

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:
  - ① Run separate regressions in each country
    - risking large inefficiencies (huge standard errors)
  - ② Omit variables not observed for all countries
    - risking omitted variable bias
  - ③ Exclude countries when some variables are not available
    - risking selection bias
- Our methods:
  - Allows different covariates in each regression
  - All are still estimated together
  - Can thereby forecast with much more local, contextual information

# Resolving Disputes: Comparativists vs. Area Studies

- When a variable is not available in all countries, comparativists must choose:
  - ① Run separate regressions in each country
    - risking large inefficiencies (huge standard errors)
  - ② Omit variables not observed for all countries
    - risking omitted variable bias
  - ③ Exclude countries when some variables are not available
    - risking selection bias
- Our methods:
  - Allows different covariates in each regression
  - All are still estimated together
  - Can thereby forecast with much more local, contextual information
  - Resolves analogous issues in predicting mortality by age, sex, and cause

# The Statistical Problem of Global Mortality Forecasting

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.



# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**:

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**
- Every decision must be automated, systematized, and formalized:

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**
- Every decision must be automated, systematized, and formalized: the same goal as including qualitative information in the model

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**
- Every decision must be automated, systematized, and formalized: the same goal as including qualitative information in the model
- Explanatory variables:

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**
- Every decision must be automated, systematized, and formalized: the same goal as including qualitative information in the model
- Explanatory variables:
  - Available in many countries: tobacco consumption, GDP, human capital, trends, fat consumption, total fertility rates, etc.

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**
- Every decision must be automated, systematized, and formalized: the same goal as including qualitative information in the model
- Explanatory variables:
  - Available in many countries: tobacco consumption, GDP, human capital, trends, fat consumption, total fertility rates, etc.
  - Numerous variables specific to a cause, age group, sex, and country

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**
- Every decision must be automated, systematized, and formalized: the same goal as including qualitative information in the model
- Explanatory variables:
  - Available in many countries: tobacco consumption, GDP, human capital, trends, fat consumption, total fertility rates, etc.
  - Numerous variables specific to a cause, age group, sex, and country
- Most time series are very short.



# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**
- Every decision must be automated, systematized, and formalized: the same goal as including qualitative information in the model
- Explanatory variables:
  - Available in many countries: tobacco consumption, GDP, human capital, trends, fat consumption, total fertility rates, etc.
  - Numerous variables specific to a cause, age group, sex, and country
- Most time series are very short. A majority of countries have only a few isolated annual observations;

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**
- Every decision must be automated, systematized, and formalized: the same goal as including qualitative information in the model
- Explanatory variables:
  - Available in many countries: tobacco consumption, GDP, human capital, trends, fat consumption, total fertility rates, etc.
  - Numerous variables specific to a cause, age group, sex, and country
- Most time series are very short. A majority of countries have only a few isolated annual observations; only 54 countries have at least 20 observations;

# The Statistical Problem of Global Mortality Forecasting

- Multidimensional Data Structures: 24 causes of death, 17 age groups, 2 sexes, 191 countries, 50 annual observations.
- One time series analysis for each of **155,856 cross-sections**: with 1 minute to analyze each, **one run takes 108 days**
- Every decision must be automated, systematized, and formalized: the same goal as including qualitative information in the model
- Explanatory variables:
  - Available in many countries: tobacco consumption, GDP, human capital, trends, fat consumption, total fertility rates, etc.
  - Numerous variables specific to a cause, age group, sex, and country
- Most time series are very short. A majority of countries have only a few isolated annual observations; only 54 countries have at least 20 observations; Africa, AIDS, & Malaria are real problems

# How (Some) Existing Mortality Forecasts Work

# How (Some) Existing Mortality Forecasts Work

Procedures:

# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)

# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)
- Adopt a 'toy' statistical model

# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)
- Adopt a 'toy' statistical model
- Get data; produce tentative forecasts with the model



# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)
- Adopt a 'toy' statistical model
- Get data; produce tentative forecasts with the model
- Adjust model until forecasts fit private views

# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)
- Adopt a 'toy' statistical model
- Get data; produce tentative forecasts with the model
- Adjust model until forecasts fit private views
- Present forecasts, with statistical model as your "method"

# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)
- Adopt a 'toy' statistical model
- Get data; produce tentative forecasts with the model
- Adjust model until forecasts fit private views
- Present forecasts, with statistical model as your "method"

## Meaning of procedures

# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)
- Adopt a 'toy' statistical model
- Get data; produce tentative forecasts with the model
- Adjust model until forecasts fit private views
- Present forecasts, with statistical model as your "method"

## Meaning of procedures

- Forecasts use qualitative information (good!)

# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)
- Adopt a 'toy' statistical model
- Get data; produce tentative forecasts with the model
- Adjust model until forecasts fit private views
- Present forecasts, with statistical model as your "method"

## Meaning of procedures

- Forecasts use qualitative information (good!)
- Statistical models add little (bad!)

# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)
- Adopt a 'toy' statistical model
- Get data; produce tentative forecasts with the model
- Adjust model until forecasts fit private views
- Present forecasts, with statistical model as your "method"

## Meaning of procedures

- Forecasts use qualitative information (good!)
- Statistical models add little (bad!)
- Method is invulnerable to being proven wrong

# How (Some) Existing Mortality Forecasts Work

## Procedures:

- Develop private forecasts qualitatively (i.e., informally)
- Adopt a 'toy' statistical model
- Get data; produce tentative forecasts with the model
- Adjust model until forecasts fit private views
- Present forecasts, with statistical model as your "method"

## Meaning of procedures

- Forecasts use qualitative information (good!)
- Statistical models add little (bad!)
- Method is invulnerable to being proven wrong
- Subtitle of my talk should be reversed:  
"Incorporating Quantitative Modeling into Qualitative Forecasts"

# Preview of Results: Out-of-Sample Evaluation



# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

	<u>% Improvement</u>	
	Over Best Previous	to Best Conceivable
Cardiovascular	22	49
Lung Cancer	24	47
Transportation	16	31
Respiratory Chronic	13	30
Other Infectious	12	30
Stomach Cancer	8	24
All-Cause	12	22
Suicide	7	17
Respiratory Infectious	3	7

# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

	<u>% Improvement</u>	
	Over Best Previous	to Best Conceivable
Cardiovascular	22	49
Lung Cancer	24	47
Transportation	16	31
Respiratory Chronic	13	30
Other Infectious	12	30
Stomach Cancer	8	24
All-Cause	12	22
Suicide	7	17
Respiratory Infectious	3	7

- Each row averages 6,800 forecast errors (17 age groups, 40 countries, and 10 out-of-sample years).

# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

	% Improvement	
	Over Best	to Best
	Previous	Conceivable
Cardiovascular	22	49
Lung Cancer	24	47
Transportation	16	31
Respiratory Chronic	13	30
Other Infectious	12	30
Stomach Cancer	8	24
All-Cause	12	22
Suicide	7	17
Respiratory Infectious	3	7

- Each row averages 6,800 forecast errors (17 age groups, 40 countries, and 10 out-of-sample years).
- **% to best conceivable** = % of the way our method takes us from the best existing to the best conceivable forecast.

# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

	% Improvement	
	Over Best Previous	to Best Conceivable
Cardiovascular	22	49
Lung Cancer	24	47
Transportation	16	31
Respiratory Chronic	13	30
Other Infectious	12	30
Stomach Cancer	8	24
All-Cause	12	22
Suicide	7	17
Respiratory Infectious	3	7

- Each row averages 6,800 forecast errors (17 age groups, 40 countries, and 10 out-of-sample years).
- % to best conceivable = % of the way our method takes us from the best existing to the best conceivable forecast.
- The new method out-performs with the same covariates, for most countries, causes, sexes, and age groups.

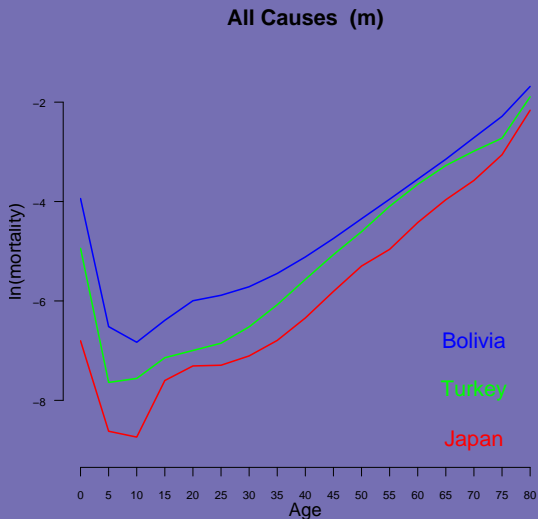
# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

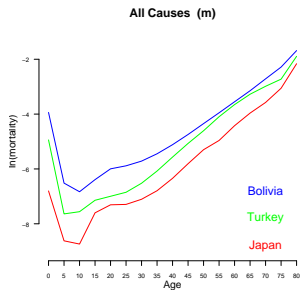
	<u>% Improvement</u>	
	Over Best Previous	to Best Conceivable
Cardiovascular	22	49
Lung Cancer	24	47
Transportation	16	31
Respiratory Chronic	13	30
Other Infectious	12	30
Stomach Cancer	8	24
All-Cause	12	22
Suicide	7	17
Respiratory Infectious	3	7

- Each row averages 6,800 forecast errors (17 age groups, 40 countries, and 10 out-of-sample years).
- **% to best conceivable** = % of the way our method takes us from the best existing to the best conceivable forecast.
- The new method out-performs with the **same covariates**, for most countries, causes, sexes, and age groups.
- Does *considerably* better with **more informative covariates**

# All-Cause Mortality Age Profile Patterns

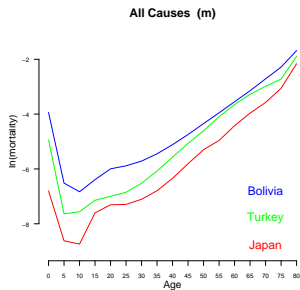


# Existing Method 1: Parameterize the Age Profile



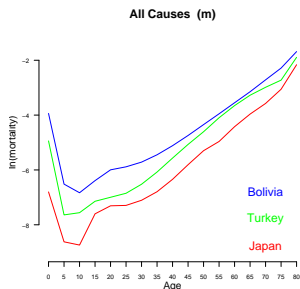


# Existing Method 1: Parameterize the Age Profile



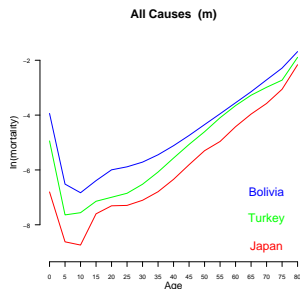
- Gompertz (1825): log-mortality is linear in age after age 20

# Existing Method 1: Parameterize the Age Profile



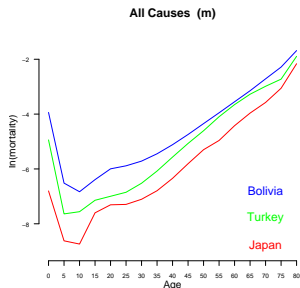
- **Gompertz (1825):** log-mortality is linear in age after age 20
  - reduces 17 age-specific mortality rates to 2 parameters (intercept and slope)

# Existing Method 1: Parameterize the Age Profile



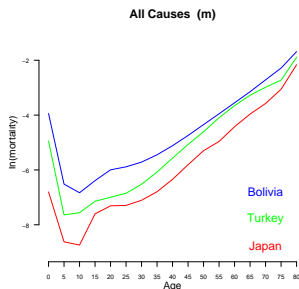
- **Gompertz (1825):** log-mortality is linear in age after age 20
  - reduces 17 age-specific mortality rates to 2 parameters (intercept and slope)
  - Then forecast only these 2 parameters

# Existing Method 1: Parameterize the Age Profile



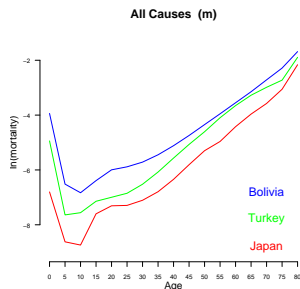
- **Gompertz (1825):** log-mortality is linear in age after age 20
  - reduces 17 age-specific mortality rates to 2 parameters (intercept and slope)
  - Then forecast only these 2 parameters
  - Reduces variance, constrains forecasts

# Existing Method 1: Parameterize the Age Profile



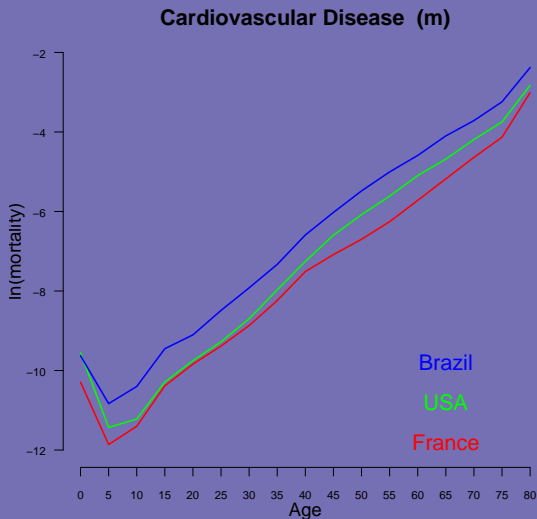
- **Gompertz (1825): log-mortality is linear in age after age 20**
  - reduces 17 age-specific mortality rates to 2 parameters (intercept and slope)
  - Then forecast only these 2 parameters
  - Reduces variance, constrains forecasts
- Dozens of more general functional forms proposed

# Existing Method 1: Parameterize the Age Profile

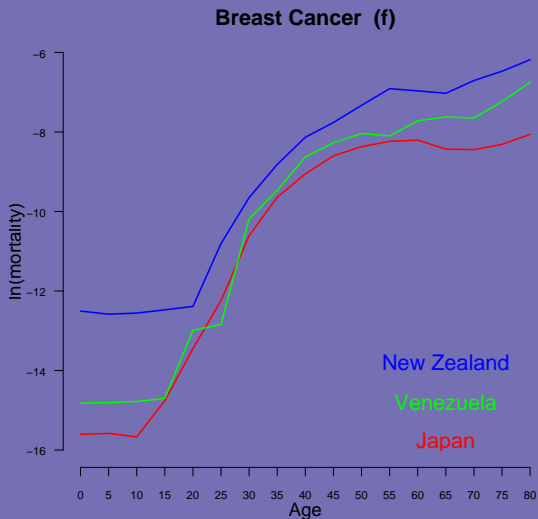


- **Gompertz (1825): log-mortality is linear in age after age 20**
  - reduces 17 age-specific mortality rates to 2 parameters (intercept and slope)
  - Then forecast only these 2 parameters
  - Reduces variance, constrains forecasts
- Dozens of more general functional forms proposed
- **But does it fit anything else?**

# Mortality Age Profile: The Same Pattern?

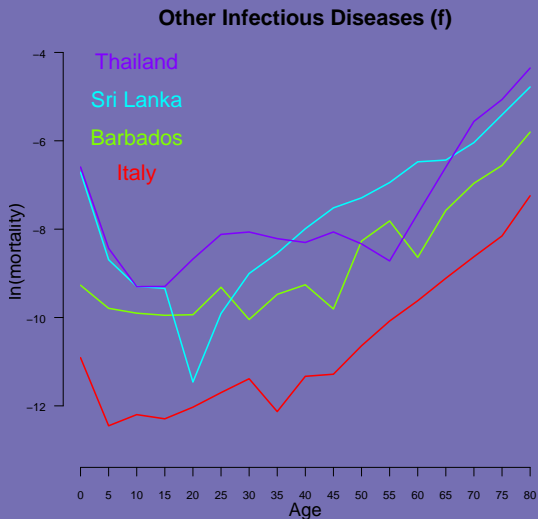


# Mortality Age Profile: The Same Pattern?

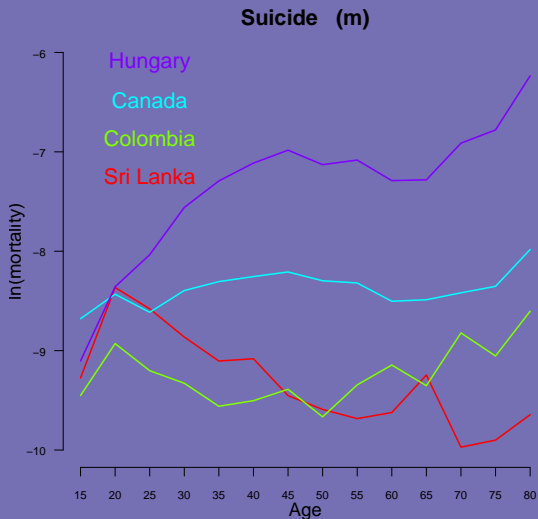




# Mortality Age Profile: The Same Pattern?



# Mortality Age Profile: The Same Pattern?



# Parameterizing Age Profiles Does Not Work

# Parameterizing Age Profiles Does Not Work

- No mathematical form fits all or even most age profiles

# Parameterizing Age Profiles Does Not Work

- No mathematical form fits all or even most age profiles
- Out-of-sample age profiles often unrealistic

# Parameterizing Age Profiles Does Not Work

- No mathematical form fits all or even most age profiles
- Out-of-sample age profiles often unrealistic
- The key empirical patterns are **qualitative**:

# Parameterizing Age Profiles Does Not Work

- No mathematical form fits all or even most age profiles
- Out-of-sample age profiles often unrealistic
- The key empirical patterns are **qualitative**:
  - Adjacent age groups have **similar** mortality rates

# Parameterizing Age Profiles Does Not Work

- No mathematical form fits all or even most age profiles
- Out-of-sample age profiles often unrealistic
- The key empirical patterns are **qualitative**:
  - Adjacent age groups have **similar** mortality rates
  - Age profiles are **more variable** for younger ages



# Parameterizing Age Profiles Does Not Work

- No mathematical form fits all or even most age profiles
- Out-of-sample age profiles often unrealistic
- The key empirical patterns are **qualitative**:
  - Adjacent age groups have **similar** mortality rates
  - Age profiles are **more variable** for younger ages
  - We **don't know** much about levels or exact shapes

# Parameterizing Age Profiles Does Not Work

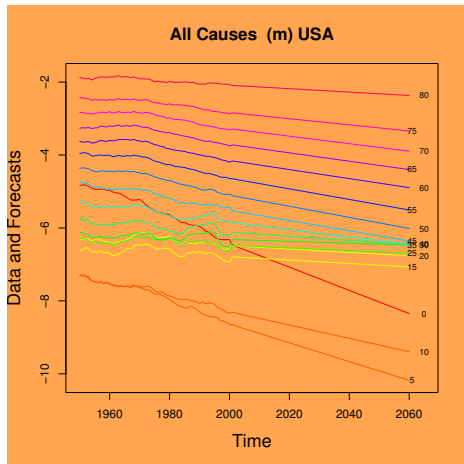
- No mathematical form fits all or even most age profiles
- Out-of-sample age profiles often unrealistic
- The key empirical patterns are **qualitative**:
  - Adjacent age groups have **similar** mortality rates
  - Age profiles are **more variable** for younger ages
  - We **don't know** much about levels or exact shapes
- Key question: how to include this qualitative information

# Parameterizing Age Profiles Does Not Work

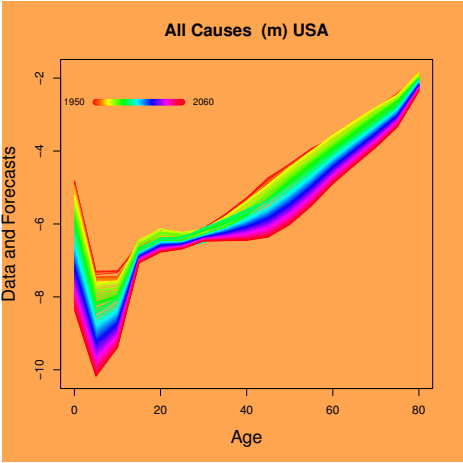
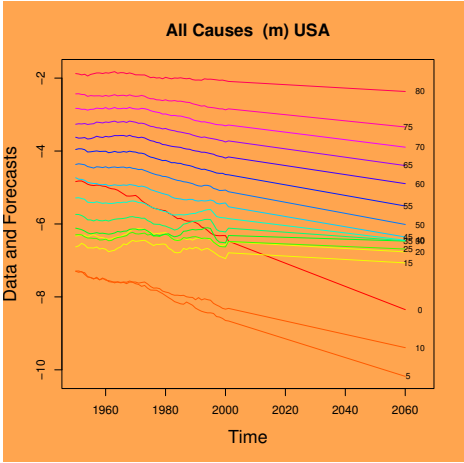
- No mathematical form fits all or even most age profiles
- Out-of-sample age profiles often unrealistic
- The key empirical patterns are **qualitative**:
  - Adjacent age groups have **similar** mortality rates
  - Age profiles are **more variable** for younger ages
  - We **don't know** much about levels or exact shapes
- Key question: how to include this qualitative information
- Also: Method ignores covariate information; the leading current method (McNown-Rogers) not replicable

# Deterministic Projections

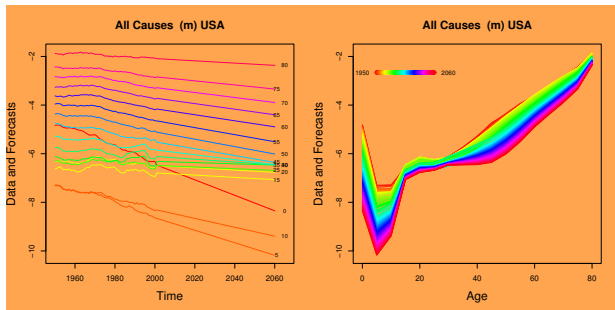
# Deterministic Projections



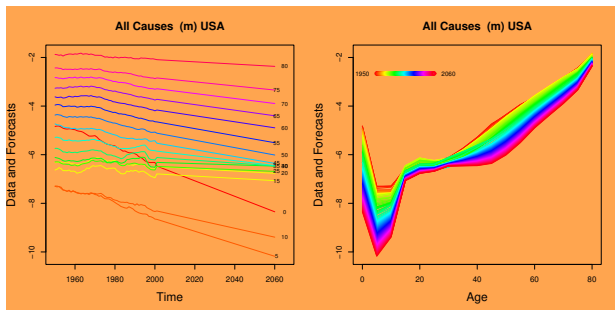
# Deterministic Projections



# Existing Method 2: Deterministic Projections



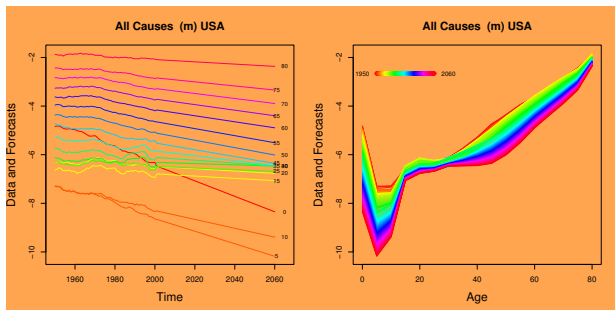
# Existing Method 2: Deterministic Projections



- Random walk with drift; Lee-Carter; least squares on linear trend

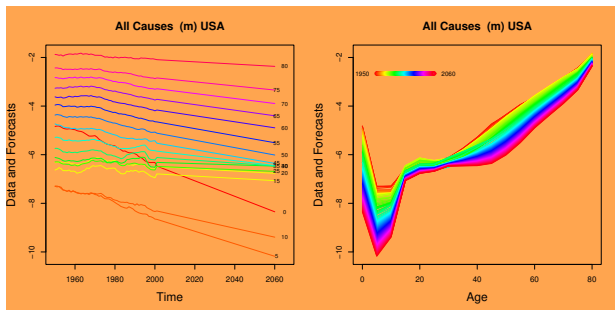


# Existing Method 2: Deterministic Projections



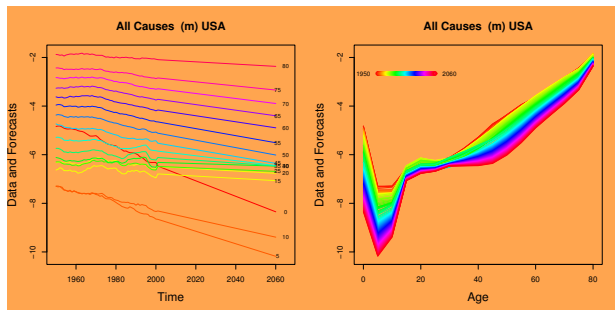
- Random walk with drift; Lee-Carter; least squares on linear trend
- Pros: simple, fast, works well in appropriate data

# Existing Method 2: Deterministic Projections



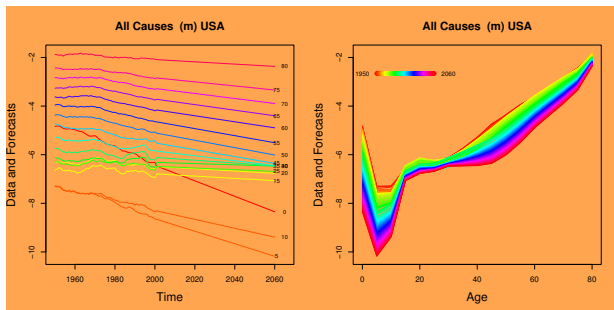
- Random walk with drift; Lee-Carter; least squares on linear trend
- Pros: simple, fast, works well in appropriate data
- Cons: omits covariates

# Existing Method 2: Deterministic Projections



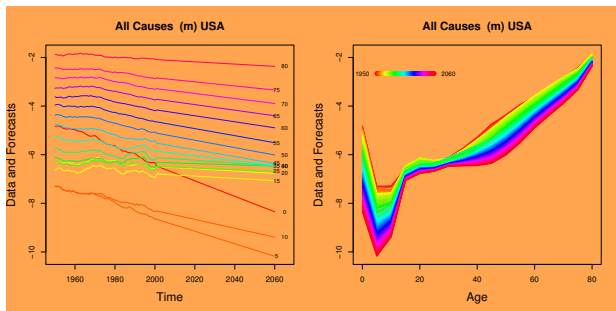
- Random walk with drift; Lee-Carter; least squares on linear trend
- Pros: simple, fast, works well in appropriate data
- Cons: omits covariates; forecasts fan out

# Existing Method 2: Deterministic Projections



- Random walk with drift; Lee-Carter; least squares on linear trend
- Pros: simple, fast, works well in appropriate data
- Cons: omits covariates; forecasts fan out; age profile becomes less smooth

# Existing Method 2: Deterministic Projections



- Random walk with drift; Lee-Carter; least squares on linear trend
- Pros: simple, fast, works well in appropriate data
- Cons: omits covariates; forecasts fan out; age profile becomes less smooth
- Does it fit elsewhere?

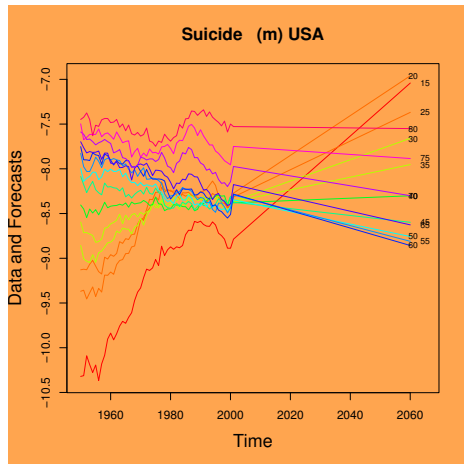
# The same pattern?

# The same pattern?

Random Walk with Drift  $\approx$  Lee-Carter  $\approx$  Least Squares

# The same pattern?

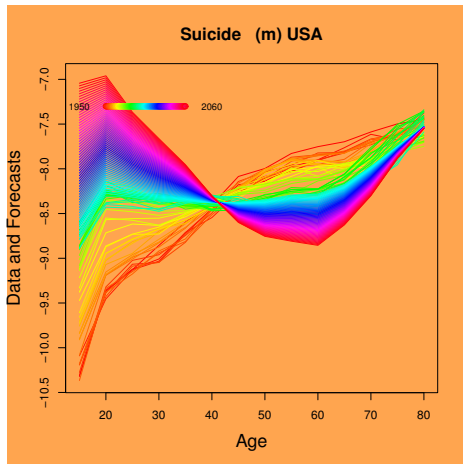
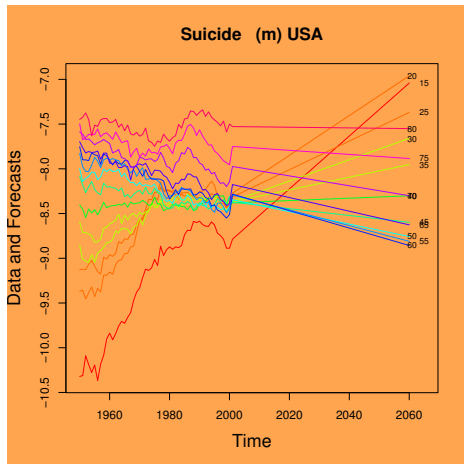
Random Walk with Drift  $\approx$  Lee-Carter  $\approx$  Least Squares





# The same pattern?

Random Walk with Drift  $\approx$  Lee-Carter  $\approx$  Least Squares



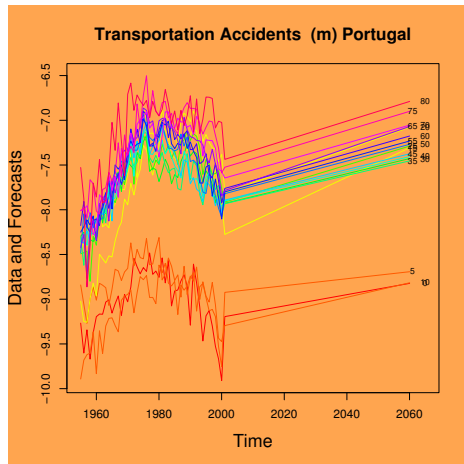
# The same pattern?

# The same pattern?

Random Walk with Drift  $\approx$  Lee-Carter  $\approx$  Least Squares

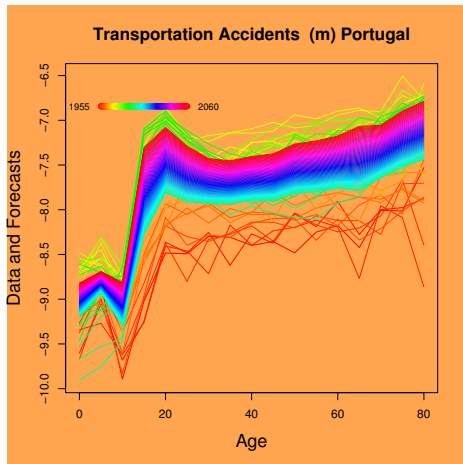
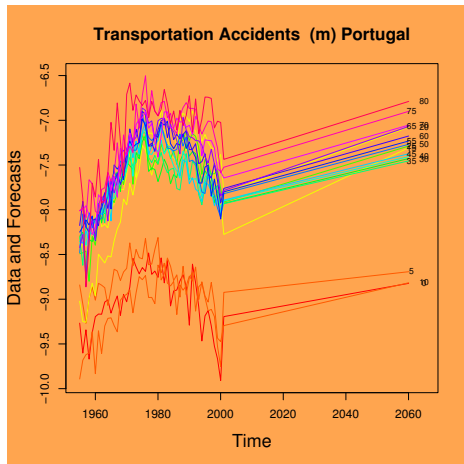
# The same pattern?

Random Walk with Drift  $\approx$  Lee-Carter  $\approx$  Least Squares



# The same pattern?

Random Walk with Drift  $\approx$  Lee-Carter  $\approx$  Least Squares



# Deterministic Projections Do Not Work

# Deterministic Projections Do Not Work

- Linearity does not fit most time series data

# Deterministic Projections Do Not Work

- Linearity does not fit most time series data
- Out-of-sample age profiles become unrealistic over time



# Specs for an Improved Forecasting Method

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth



# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth
  - Younger age groups are more variable

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth
  - Younger age groups are more variable
  - Mortality trends smoothly over time

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth
  - Younger age groups are more variable
  - Mortality trends smoothly over time
  - Neighboring age groups have similar mortality trends

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth
  - Younger age groups are more variable
  - Mortality trends smoothly over time
  - Neighboring age groups have similar mortality trends
  - Neighboring countries have similar trends in mortality

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth
  - Younger age groups are more variable
  - Mortality trends smoothly over time
  - Neighboring age groups have similar mortality trends
  - Neighboring countries have similar trends in mortality
- **Statistical Modeling**

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth
  - Younger age groups are more variable
  - Mortality trends smoothly over time
  - Neighboring age groups have similar mortality trends
  - Neighboring countries have similar trends in mortality
- **Statistical Modeling**
  - Priors on expected mortality rather than coefficients

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth
  - Younger age groups are more variable
  - Mortality trends smoothly over time
  - Neighboring age groups have similar mortality trends
  - Neighboring countries have similar trends in mortality
- **Statistical Modeling**
  - Priors on expected mortality rather than coefficients
  - Only choose parameter values we know something about

# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth
  - Younger age groups are more variable
  - Mortality trends smoothly over time
  - Neighboring age groups have similar mortality trends
  - Neighboring countries have similar trends in mortality
- **Statistical Modeling**
  - Priors on expected mortality rather than coefficients
  - Only choose parameter values we know something about
  - Allow ignorance about specific patterns



# Specs for an Improved Forecasting Method

Our Goal: Use **all available information**

- **Quantitative data**
  - Use all mortality data
  - Allows covariates (smoking causes lung cancer!)
  - Allow different covariates in each regression (smoking doesn't help forecast infant mortality!)
- **Qualitative information**
  - Mortality age profiles are smooth
  - Younger age groups are more variable
  - Mortality trends smoothly over time
  - Neighboring age groups have similar mortality trends
  - Neighboring countries have similar trends in mortality
- **Statistical Modeling**
  - Priors on expected mortality rather than coefficients
  - Only choose parameter values we know something about
  - Allow ignorance about specific patterns
  - Allow variables to change meaning in different countries (such as GDP) or time periods (ICD changes)

# How to Forecast Two Short Time Series?

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

U.S.:  $y_t = X_{t-1}\beta + \epsilon_t$  ( $t = 1950, \dots, 2005$ )

Mexico:  $y_t = X_{t-1}\beta + \epsilon_t$  ( $t = 1950, \dots, 2005$ )

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

U.S.:  $y_t = X_{t-1}\beta + \epsilon_t$  ( $t = 1950, \dots, 2005$ )

Mexico:  $y_t = X_{t-1}\beta + \epsilon_t$  ( $t = 1950, \dots, 2005$ )

Options:

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

$$\text{U.S.:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

$$\text{Mexico:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

Options:

- Estimate regressions separately:

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

$$\text{U.S.:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

$$\text{Mexico:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

Options:

- Estimate regressions separately:
  - too few observations

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

$$\text{U.S.:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

$$\text{Mexico:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

Options:

- Estimate regressions separately:
  - too few observations
  - confidence intervals too wide



# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

$$\text{U.S.:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

$$\text{Mexico:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

Options:

- Estimate regressions separately:
  - too few observations
  - confidence intervals too wide
- Pooling (Murray and Lopez, 1996):

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

$$\text{U.S.:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

$$\text{Mexico:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

Options:

- Estimate regressions separately:
  - too few observations
  - confidence intervals too wide
- Pooling (Murray and Lopez, 1996):
  - Pool over countries (political scientists mortified)

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

$$\text{U.S.:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

$$\text{Mexico:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

## Options:

- Estimate regressions separately:
  - too few observations
  - confidence intervals too wide
- Pooling (Murray and Lopez, 1996):
  - Pool over countries (political scientists mortified)
  - Pool over age groups (public health scholars mortified)

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

$$\text{U.S.:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

$$\text{Mexico:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

## Options:

- Estimate regressions separately:
  - too few observations
  - confidence intervals too wide
- Pooling (Murray and Lopez, 1996):
  - Pool over countries (political scientists mortified)
  - Pool over age groups (public health scholars mortified)
  - Enormous biases either way

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

$$\text{U.S.:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

$$\text{Mexico:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

## Options:

- Estimate regressions separately:
  - too few observations
  - confidence intervals too wide
- Pooling (Murray and Lopez, 1996):
  - Pool over countries (political scientists mortified)
  - Pool over age groups (public health scholars mortified)
  - Enormous biases either way
  - Requires covariates with the same meaning in all cross-sections

# How to Forecast Two Short Time Series?

2 models for mortality from CVD (men age 60-65):

$$\text{U.S.:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

$$\text{Mexico:} \quad y_t = X_{t-1}\beta + \epsilon_t \quad (t = 1950, \dots, 2005)$$

## Options:

- Estimate regressions separately:
  - too few observations
  - confidence intervals too wide
- Pooling (Murray and Lopez, 1996):
  - Pool over countries (political scientists mortified)
  - Pool over age groups (public health scholars mortified)
  - Enormous biases either way
  - Requires covariates with the same meaning in all cross-sections
- **Qualitative knowledge:** patterns are **similar**, not **identical**.

# How to do it?

# How to do it?

Just three easy steps:



# How to do it?

Just three easy steps:

$$P(y_i|\eta_i) = \left\{ \prod_{s=1}^S \prod_{k=1}^{K_s} \left[ F(\tau_{is}^k|\mu_i, 1) - F(\tau_{is}^{k-1}|\mu_i, 1) \right] \mathbf{I}(y_{is}=k) \right\} \frac{\sqrt{\mathfrak{B}} P_{10} P_{11}}{\sqrt{\mathfrak{B}} P_{10} + P_{11}},$$

$$L_s(\beta, \omega^2, \gamma|y) \propto \prod_{i=1}^n \int_{-\infty}^{\infty} \prod_{s=1}^S \prod_{k=1}^{K_s} \left[ F(\tau_{is}^k|X_i\beta + \eta_i, 1) \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \phi$$

$$\text{RD}_\gamma = \sqrt{\mathfrak{B}}/(1 + \sqrt{\mathfrak{B}}) - 1/(1 + \sqrt{\mathfrak{B}}) - F(\tau_{is}^{k-1}|X_i\beta + \eta_i, 1) \mathbf{I}(y_{is}=k) N(\eta_i|0,$$

$$\Theta_{ab} = \Pr(X_a|Y = b), \mathfrak{B} = (\Theta_{11}\Theta_{00})/(\Theta_{01}\Theta_{10}). \phi = (\mathfrak{B}\zeta_{01}^2/\zeta_{11}^2)^{1/2} \\ = \sqrt{\mathfrak{B}}\zeta_{01}/\zeta_{11}, \text{ and } \gamma = \sqrt{\mathfrak{B}}/(\sqrt{\mathfrak{B}} + \eta_{11}/\eta_{10}). \text{ Then, } \text{RD}_\gamma$$

$$\eta_{11}\gamma = \frac{\sqrt{\mathfrak{B}}\eta_{10}\Lambda_{11}}{\sqrt{\mathfrak{B}}\Lambda_{10} + \Lambda_{11}}, \quad \Lambda_{01}\gamma = \frac{\sqrt{\mathfrak{B}}\Lambda_{01}\Gamma_{10}}{\sqrt{\mathfrak{B}}\Gamma_{10} + \Gamma_{11}}, \zeta\Gamma GK \boxtimes \Phi\phi$$

$$\Gamma_{10}(1 - \gamma) = \frac{\Gamma_{10}\Gamma_{11}}{\sqrt{\mathfrak{B}}\Gamma_{10} + P_{11}}, \quad P_{00}(1 - \gamma) = \frac{P_{11}P_{00}}{\sqrt{\mathfrak{B}}P_{10} + P_{11}}.$$

$$\text{rd} \in [\min[\text{rd}(\underline{\tau}_j), \text{rd}(\bar{\tau}_j)], \max[\text{rd}(\underline{\tau}_j), \text{rd}(\bar{\tau}_j)]]$$

# How to do it

- Standard Bayesian technology smooths coefficients, requires considerable prior information

- Standard Bayesian technology smooths coefficients, requires considerable prior information
- We translate assumptions about mortality into assumptions about coefficients ( $E(y) = X\beta$ ) so standard Bayesian machinery can be used

- Standard Bayesian technology smooths coefficients, requires considerable prior information
- We translate assumptions about mortality into assumptions about coefficients ( $E(y) = X\beta$ ) so standard Bayesian machinery can be used
- No extraneous assumptions; few adjustable parameters

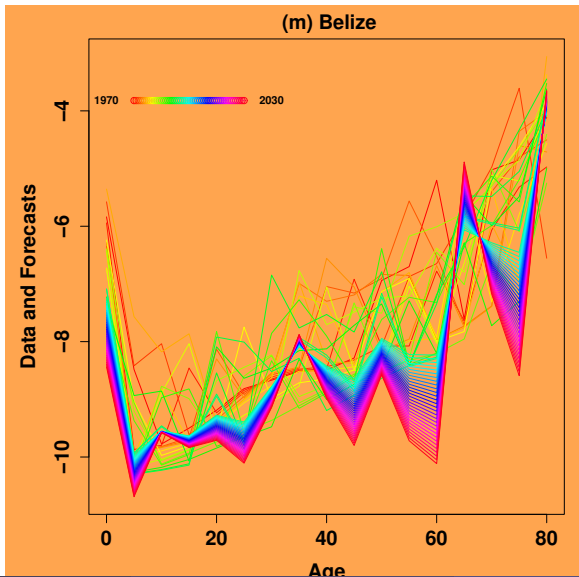
# How to do it

- Standard Bayesian technology smooths coefficients, requires considerable prior information
- We translate assumptions about mortality into assumptions about coefficients ( $E(y) = X\beta$ ) so standard Bayesian machinery can be used
- No extraneous assumptions; few adjustable parameters
- Remaining parameters chosen based on real qualitative information

- Standard Bayesian technology smooths coefficients, requires considerable prior information
- We translate assumptions about mortality into assumptions about coefficients ( $E(y) = X\beta$ ) so standard Bayesian machinery can be used
- No extraneous assumptions; few adjustable parameters
- Remaining parameters chosen based on real qualitative information
- Added a wide array of ways to combine cross-sections

# Mortality from Respiratory Infections, Males

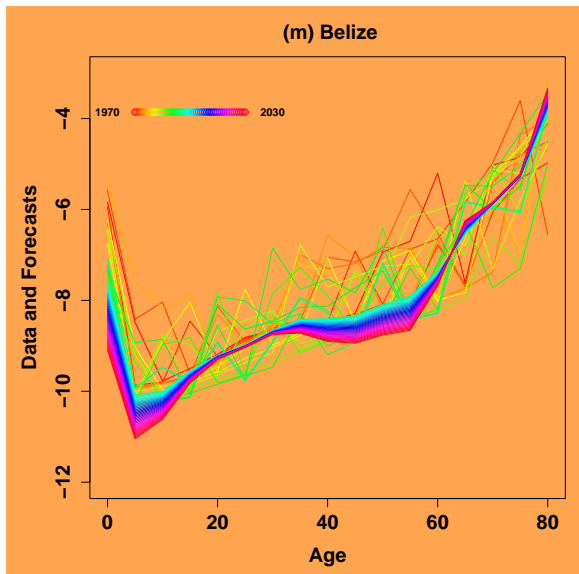
Least Squares





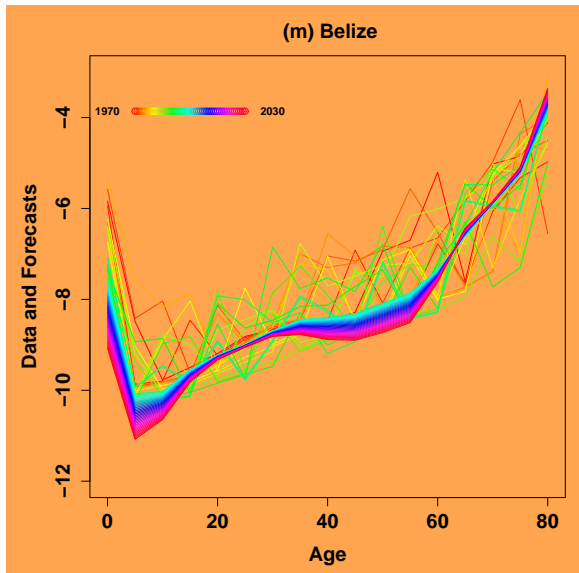
# Mortality from Respiratory Infections, males, $\sigma = 2.00$

Smoothing over Age Groups



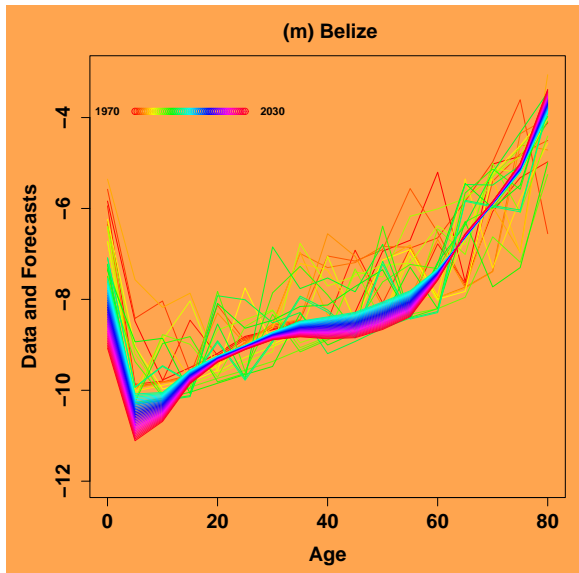
# Mortality from Respiratory Infections, males, $\sigma = 1.51$

Smoothing over Age Groups



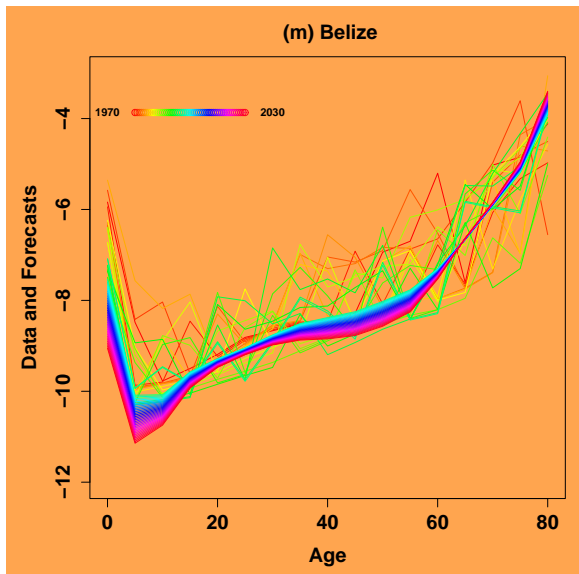
# Mortality from Respiratory Infections, males, $\sigma = 1.15$

Smoothing over Age Groups



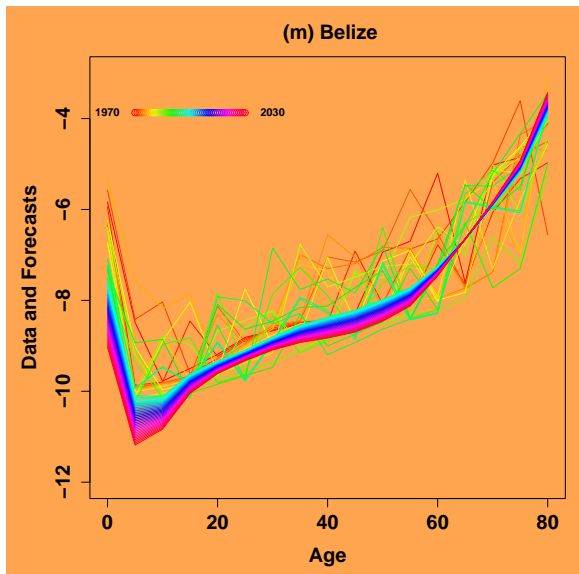
# Mortality from Respiratory Infections, males, $\sigma = 0.87$

Smoothing over Age Groups



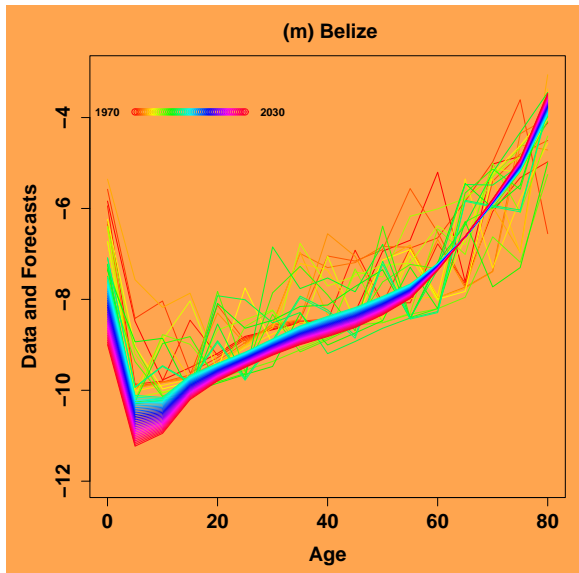
# Mortality from Respiratory Infections, males, $\sigma = 0.66$

Smoothing over Age Groups



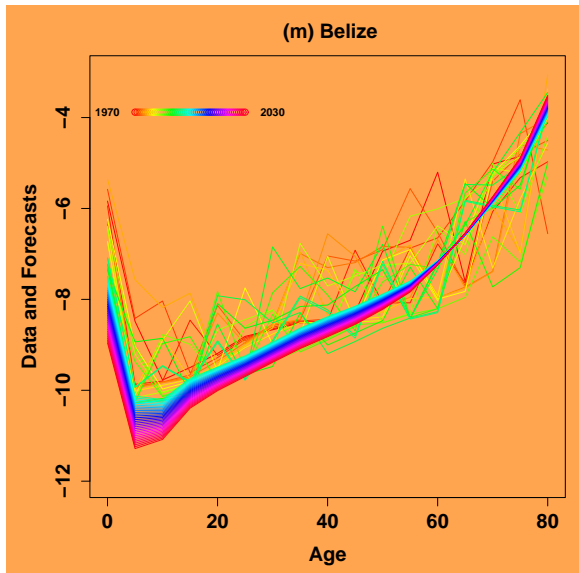
# Mortality from Respiratory Infections, males, $\sigma = 0.50$

Smoothing over Age Groups



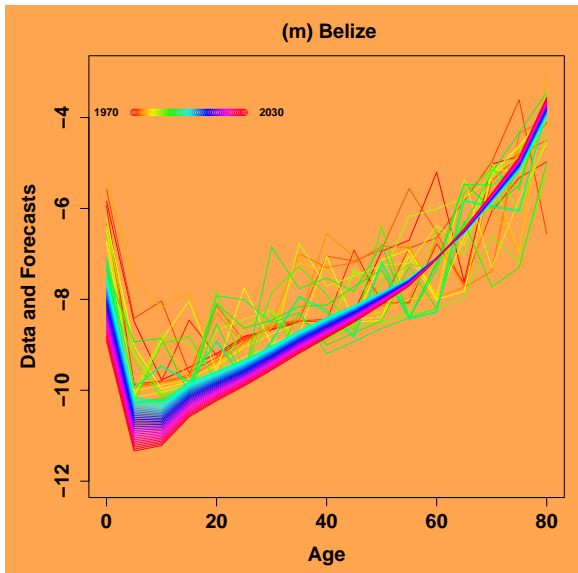
# Mortality from Respiratory Infections, males, $\sigma = 0.38$

Smoothing over Age Groups



# Mortality from Respiratory Infections, males, $\sigma = 0.28$

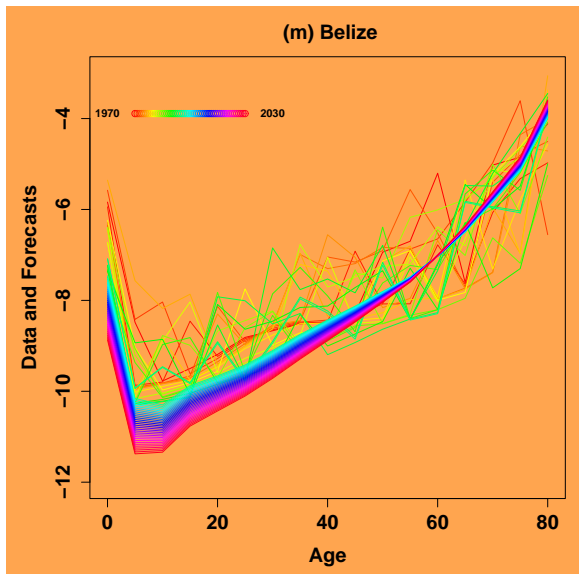
Smoothing over Age Groups





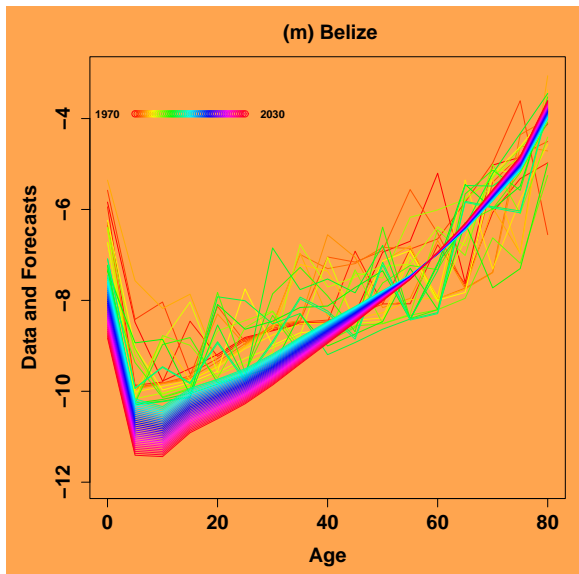
# Mortality from Respiratory Infections, males, $\sigma = 0.21$

Smoothing over Age Groups



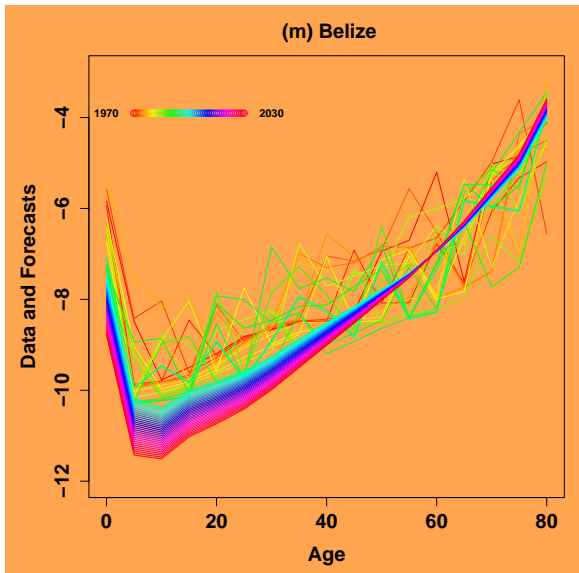
# Mortality from Respiratory Infections, males, $\sigma = 0.16$

Smoothing over Age Groups



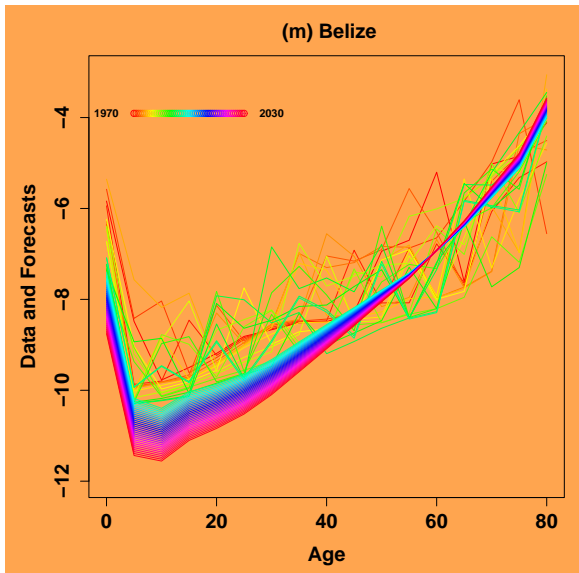
# Mortality from Respiratory Infections, males, $\sigma = 0.12$

Smoothing over Age Groups



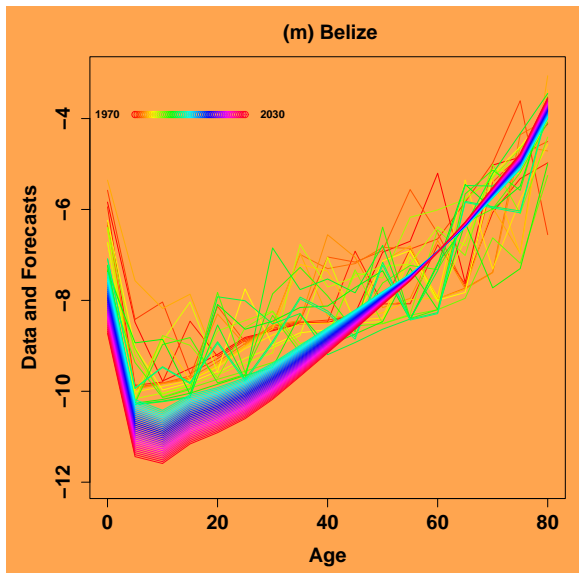
# Mortality from Respiratory Infections, males, $\sigma = 0.09$

Smoothing over Age Groups



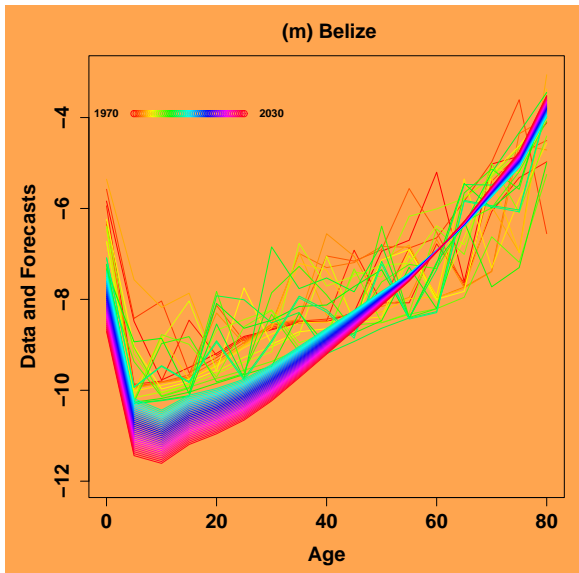
# Mortality from Respiratory Infections, males, $\sigma = 0.07$

Smoothing over Age Groups



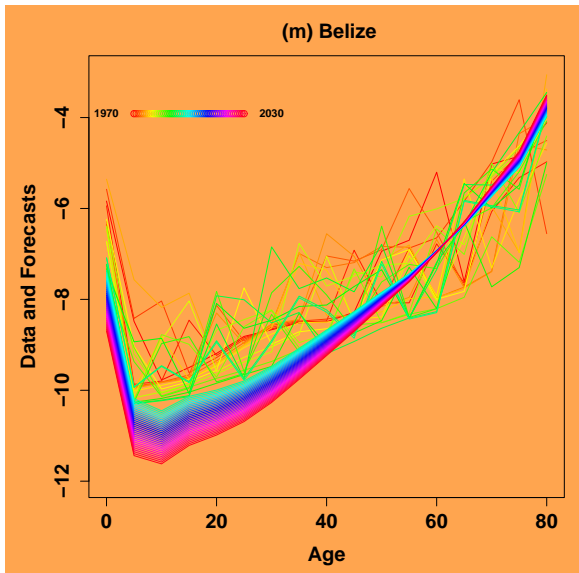
# Mortality from Respiratory Infections, males, $\sigma = 0.05$

Smoothing over Age Groups



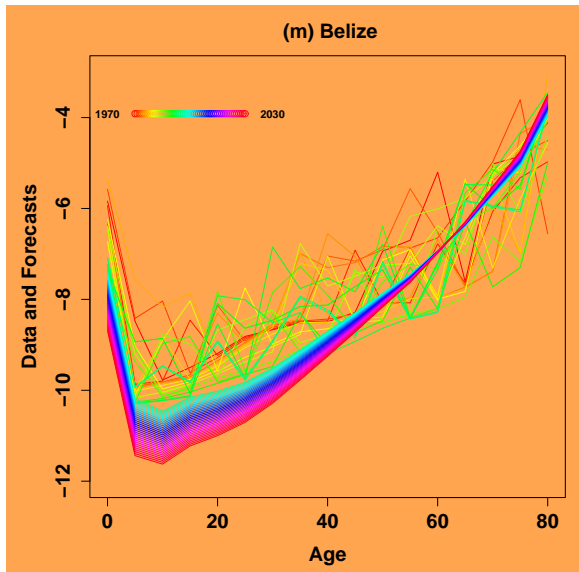
# Mortality from Respiratory Infections, males, $\sigma = 0.04$

Smoothing over Age Groups



# Mortality from Respiratory Infections, males, $\sigma = 0.03$

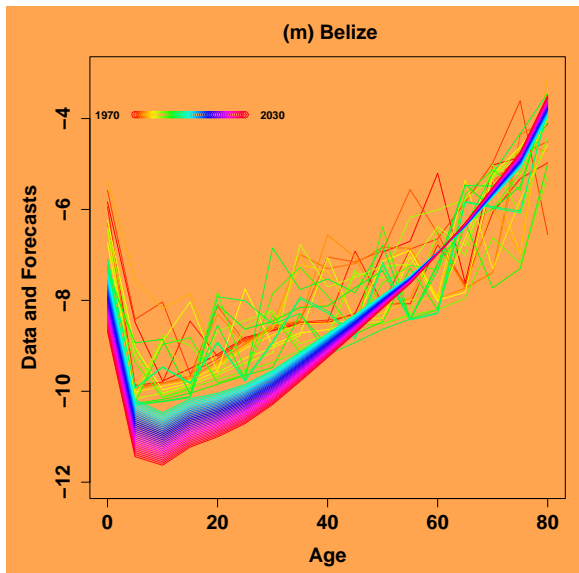
Smoothing over Age Groups





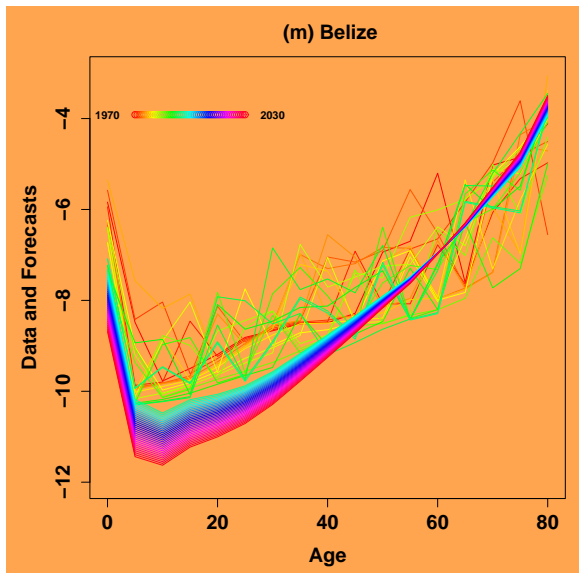
# Mortality from Respiratory Infections, males, $\sigma = 0.02$

Smoothing over Age Groups



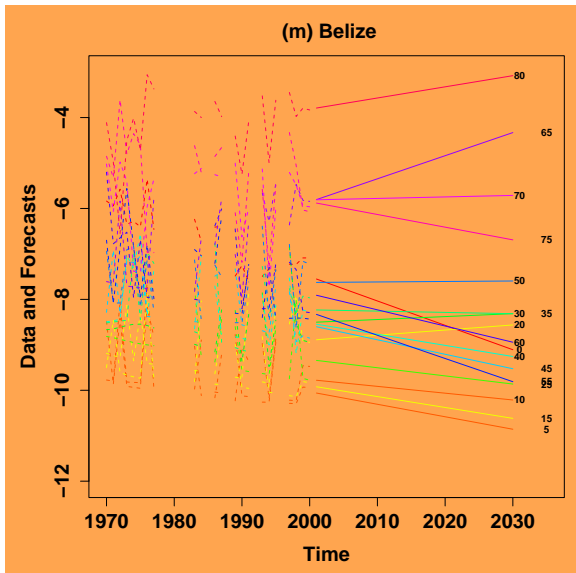
# Mortality from Respiratory Infections, males, $\sigma = 0.01$

Smoothing over Age Groups



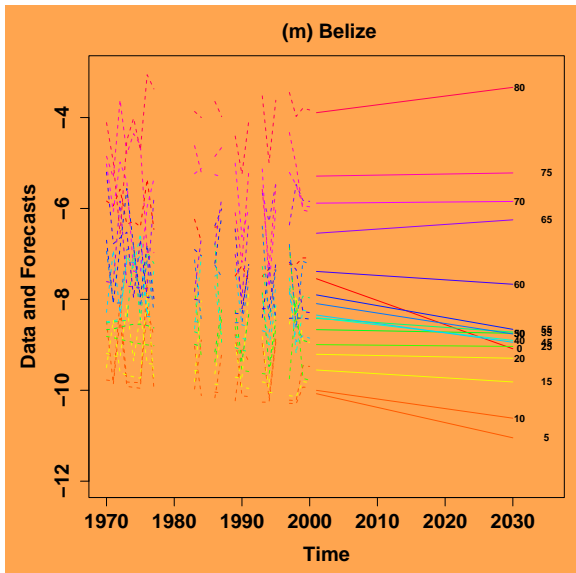
# Mortality from Respiratory Infections, males

Least Squares



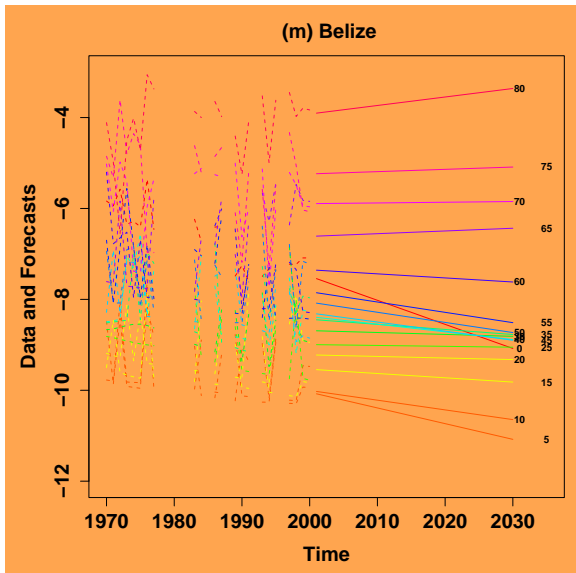
# Mortality from Respiratory Infections, males, $\sigma = 2.00$

Smoothing over Age Groups



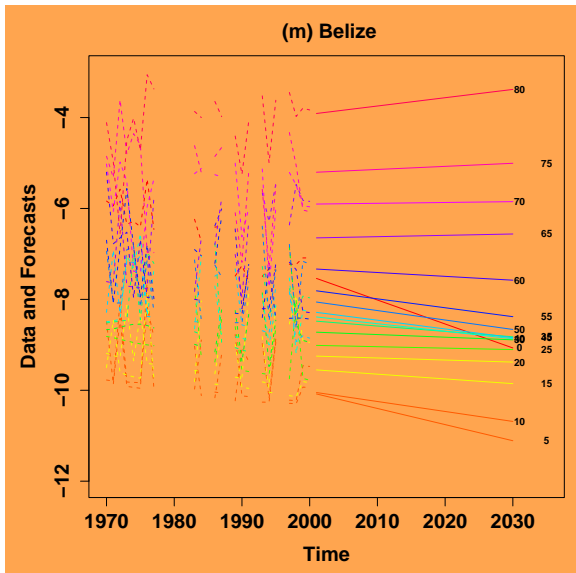
# Mortality from Respiratory Infections, males, $\sigma = 1.51$

Smoothing over Age Groups



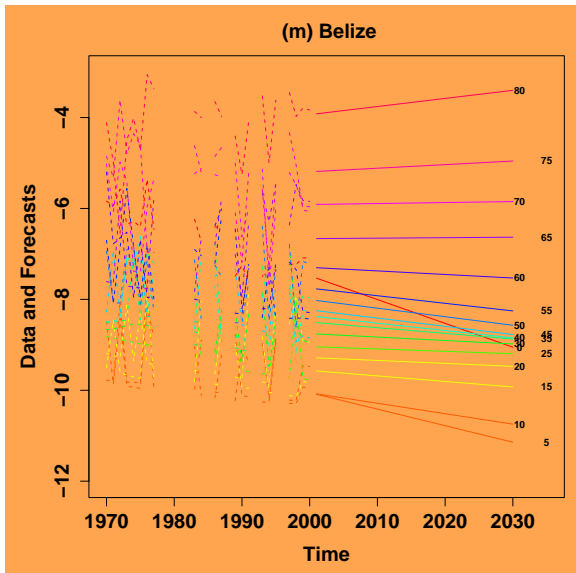
# Mortality from Respiratory Infections, males, $\sigma = 1.15$

Smoothing over Age Groups



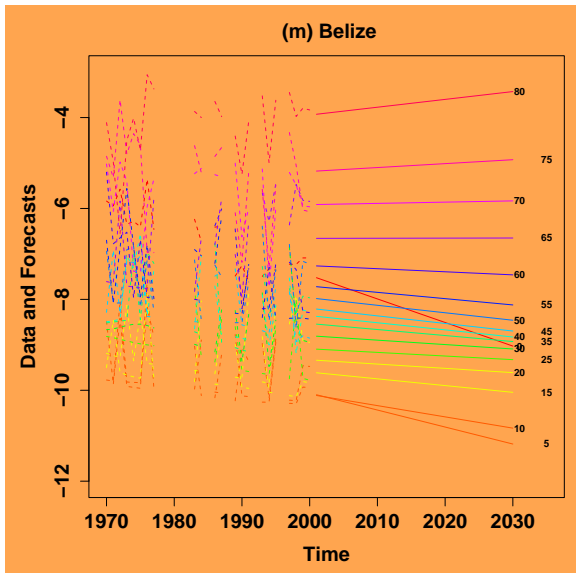
# Mortality from Respiratory Infections, males, $\sigma = 0.87$

Smoothing over Age Groups



# Mortality from Respiratory Infections, males, $\sigma = 0.66$

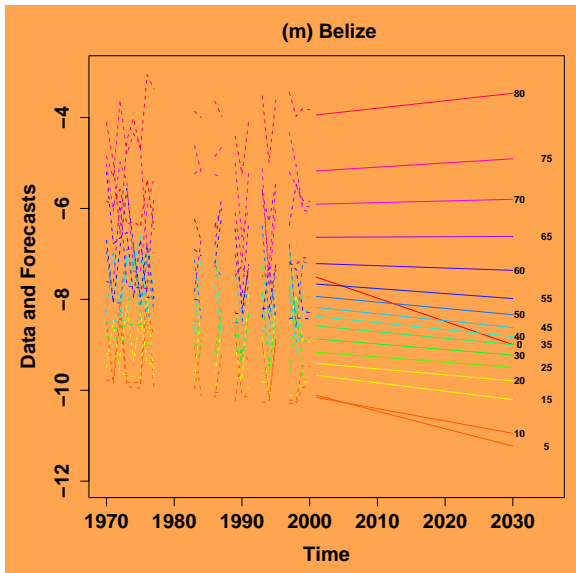
Smoothing over Age Groups





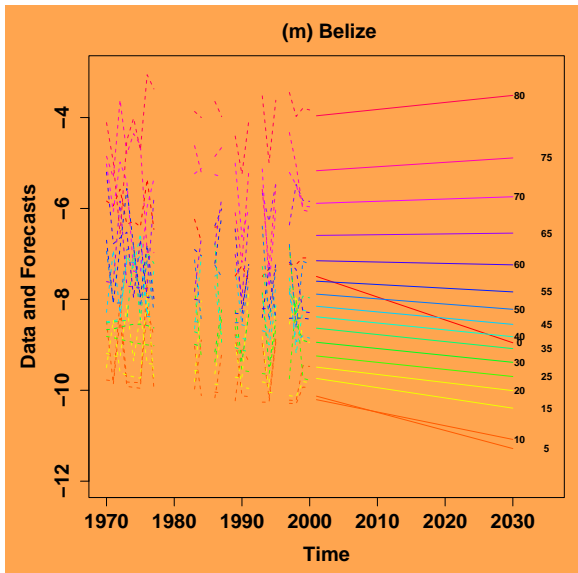
# Mortality from Respiratory Infections, males, $\sigma = 0.50$

Smoothing over Age Groups



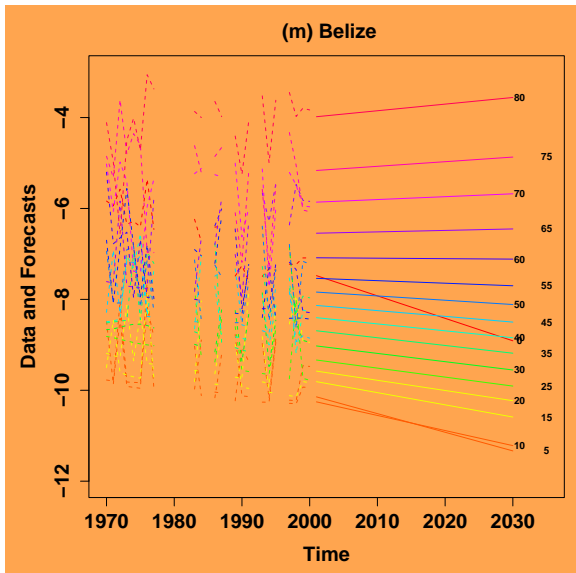
# Mortality from Respiratory Infections, males, $\sigma = 0.38$

Smoothing over Age Groups



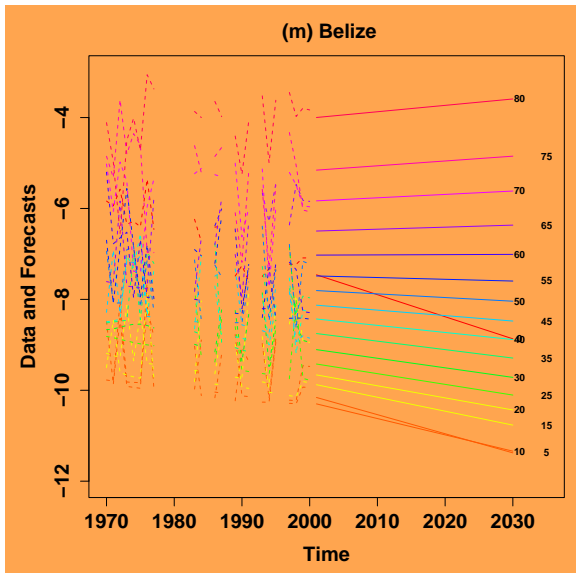
# Mortality from Respiratory Infections, males, $\sigma = 0.28$

Smoothing over Age Groups



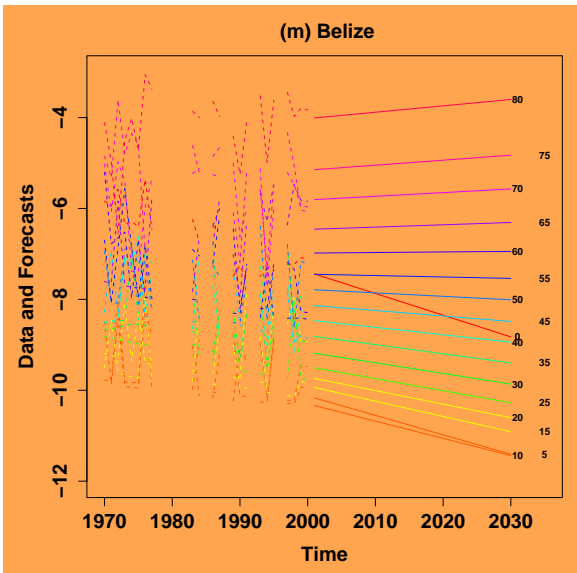
# Mortality from Respiratory Infections, males, $\sigma = 0.21$

Smoothing over Age Groups



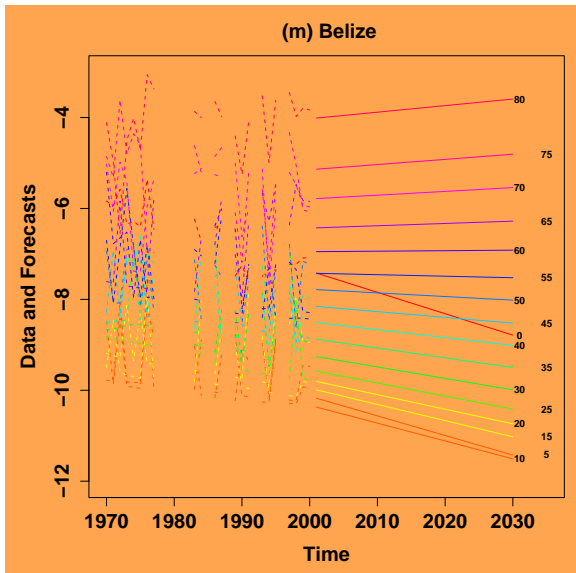
# Mortality from Respiratory Infections, males, $\sigma = 0.16$

Smoothing over Age Groups



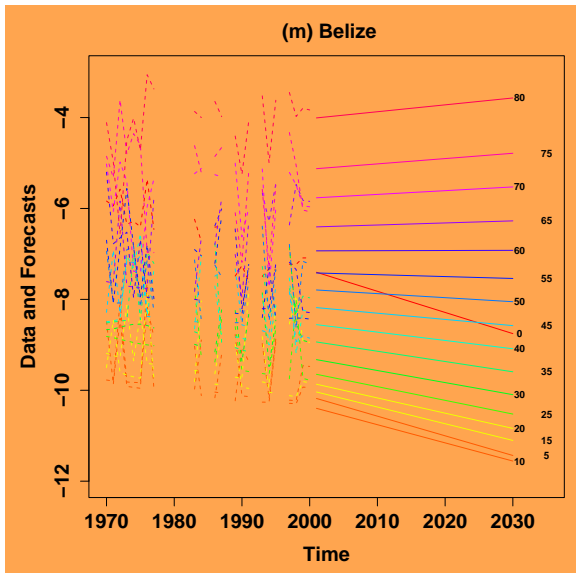
# Mortality from Respiratory Infections, males, $\sigma = 0.12$

Smoothing over Age Groups



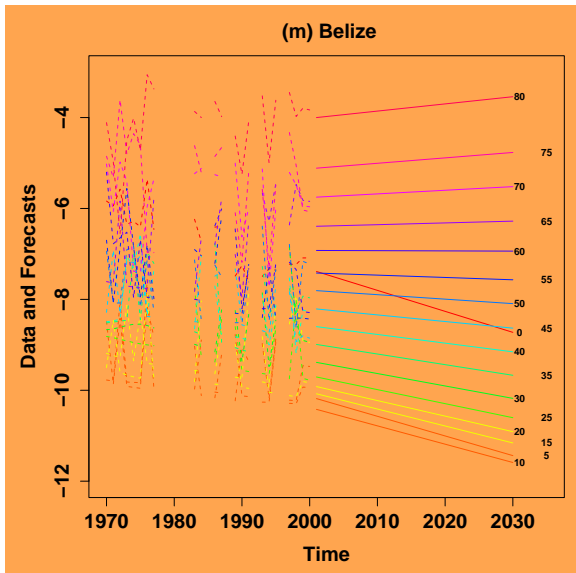
# Mortality from Respiratory Infections, males, $\sigma = 0.09$

Smoothing over Age Groups



# Mortality from Respiratory Infections, males, $\sigma = 0.07$

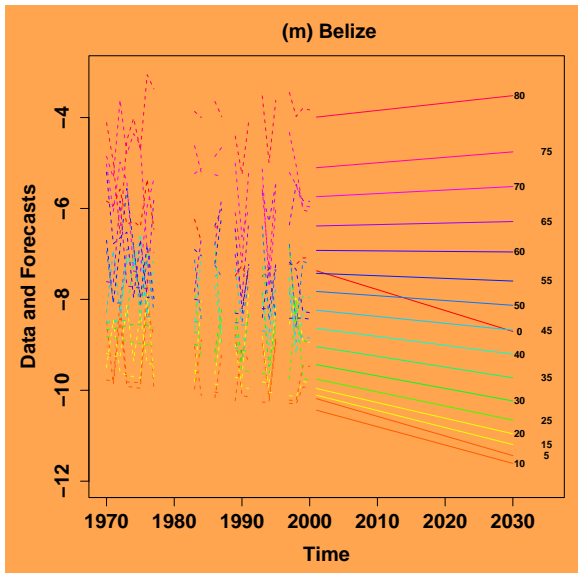
Smoothing over Age Groups





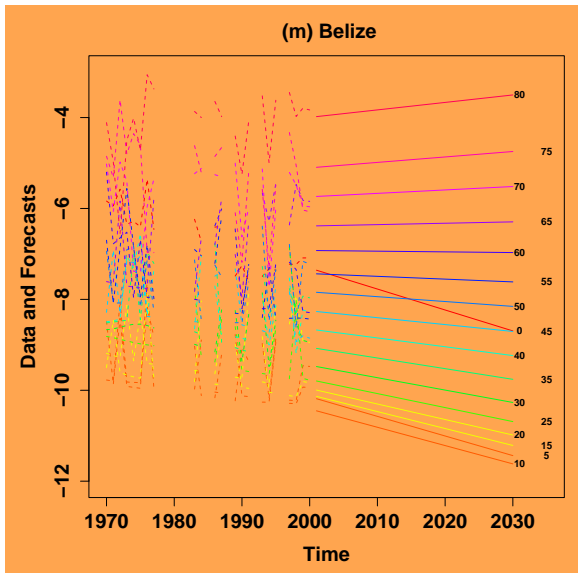
# Mortality from Respiratory Infections, males, $\sigma = 0.05$

Smoothing over Age Groups



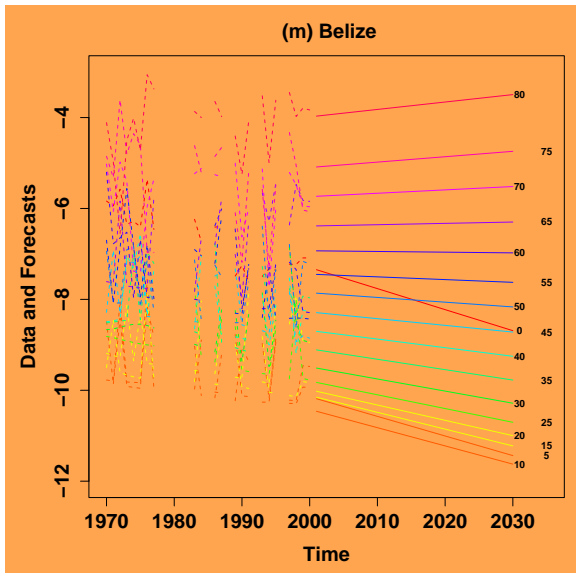
# Mortality from Respiratory Infections, males, $\sigma = 0.04$

Smoothing over Age Groups



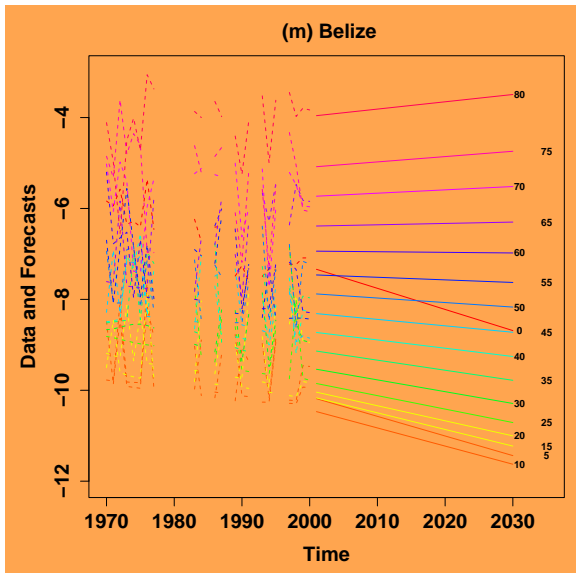
# Mortality from Respiratory Infections, males, $\sigma = 0.03$

Smoothing over Age Groups



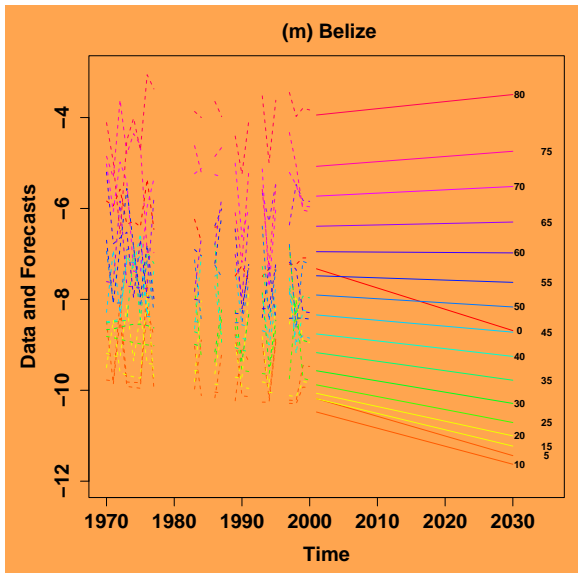
# Mortality from Respiratory Infections, males, $\sigma = 0.02$

Smoothing over Age Groups



# Mortality from Respiratory Infections, males, $\sigma = 0.01$

Smoothing over Age Groups



# Smoothing Trends over Age Groups

# Smoothing Trends over Age Groups

Log-mortality in Belize males from respiratory infections

# Smoothing Trends over Age Groups

Log-mortality in Belize males from respiratory infections

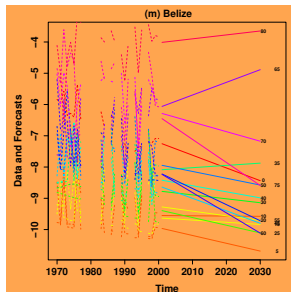
Least Squares



# Smoothing Trends over Age Groups

Log-mortality in Belize males from respiratory infections

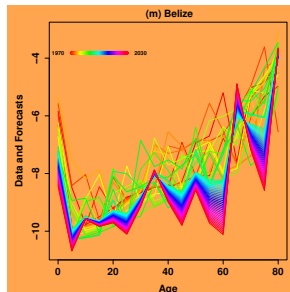
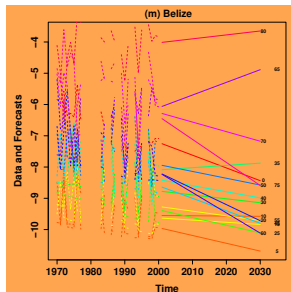
Least Squares



# Smoothing Trends over Age Groups

Log-mortality in Belize males from respiratory infections

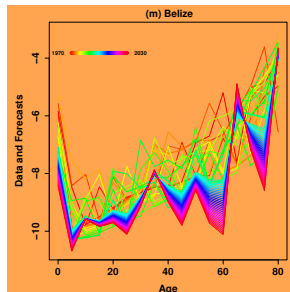
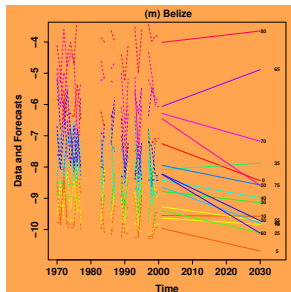
Least Squares



# Smoothing Trends over Age Groups

Log-mortality in Belize males from respiratory infections

Least Squares

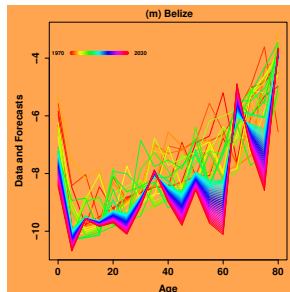
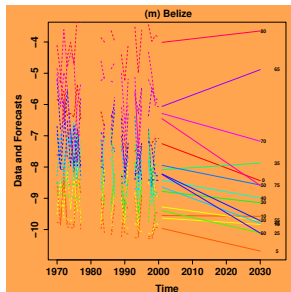


Smoothing  
Age Groups

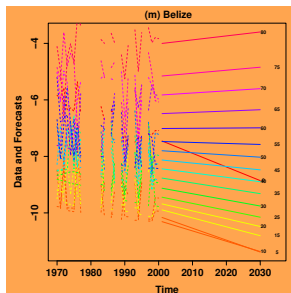
# Smoothing Trends over Age Groups

Log-mortality in Belize males from respiratory infections

Least Squares



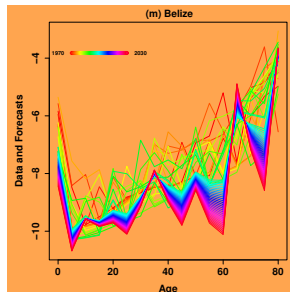
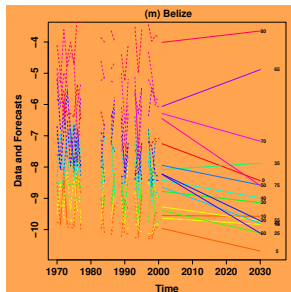
Smoothing  
Age Groups



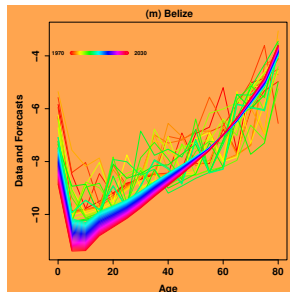
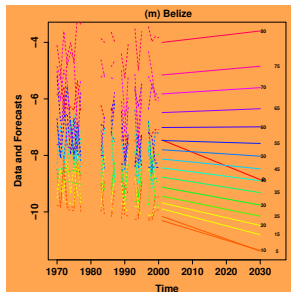
# Smoothing Trends over Age Groups

Log-mortality in Belize males from respiratory infections

Least Squares



Smoothing  
Age Groups



# Smoothing Trends over Age Groups and Time

# Smoothing Trends over Age Groups and Time

Log-Mortality in Bulgarian males from respiratory infections

# Smoothing Trends over Age Groups and Time

Log-Mortality in Bulgarian males from respiratory infections

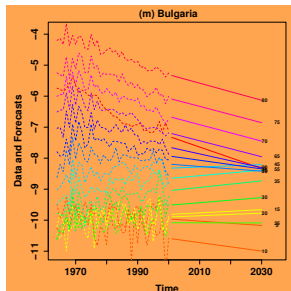
## Least Squares



# Smoothing Trends over Age Groups and Time

Log-Mortality in Bulgarian males from respiratory infections

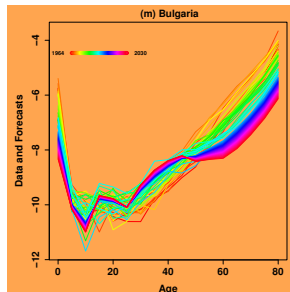
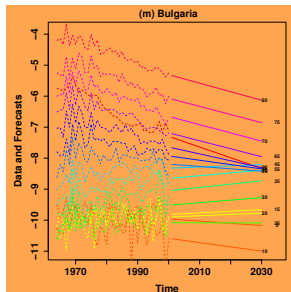
Least Squares



# Smoothing Trends over Age Groups and Time

Log-Mortality in Bulgarian males from respiratory infections

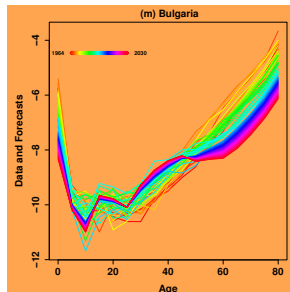
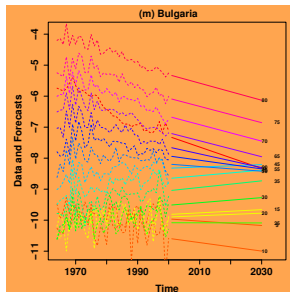
Least Squares



# Smoothing Trends over Age Groups and Time

Log-Mortality in Bulgarian males from respiratory infections

Least Squares

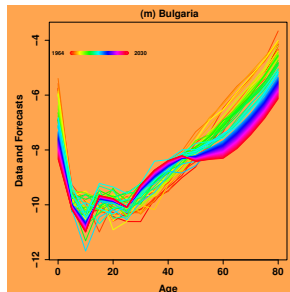
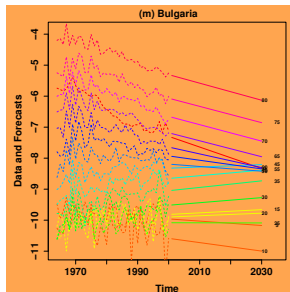


Smoothing  
Age and Time

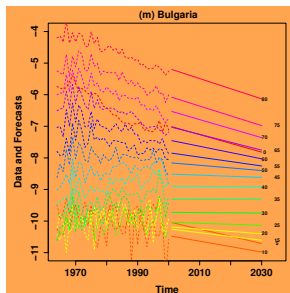
# Smoothing Trends over Age Groups and Time

Log-Mortality in Bulgarian males from respiratory infections

Least Squares



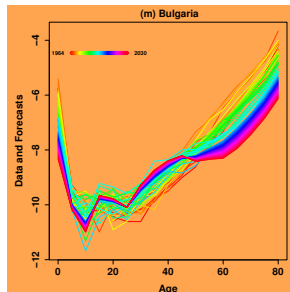
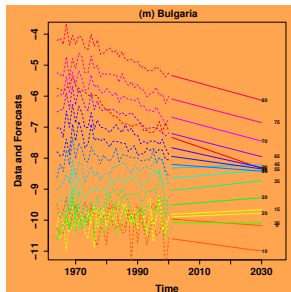
Smoothing  
Age and Time



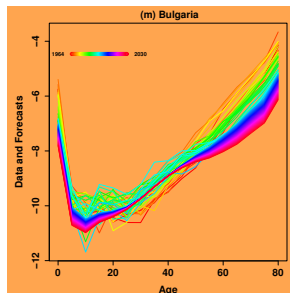
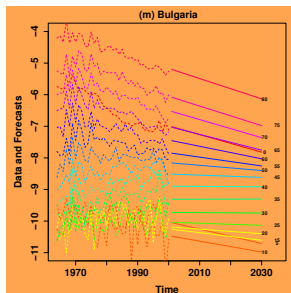
# Smoothing Trends over Age Groups and Time

Log-Mortality in Bulgarian males from respiratory infections

Least Squares



Smoothing  
Age and Time



# Using Covariates (GDP, tobacco, trend, log trend)

# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Korean Males

# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Korean Males

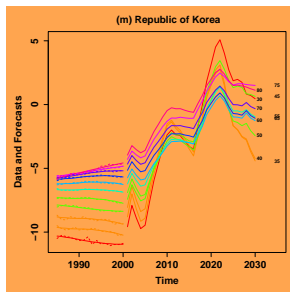
## Least Squares



# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Korean Males

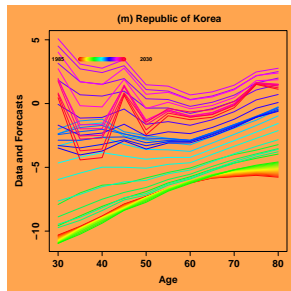
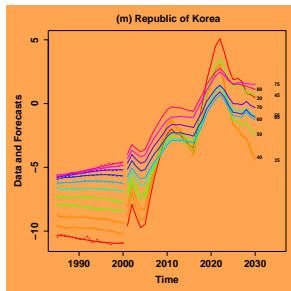
Least Squares



# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Korean Males

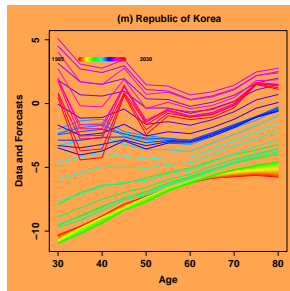
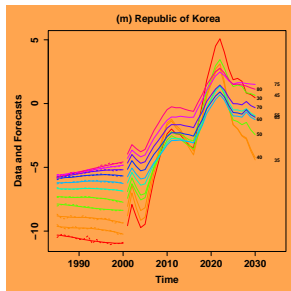
Least Squares



# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Korean Males

Least Squares

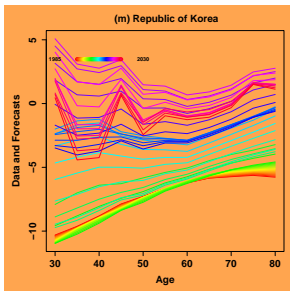
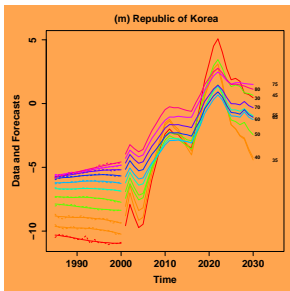


Smooth over age,  
time, age/time

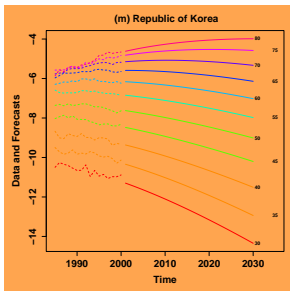
# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Korean Males

Least Squares



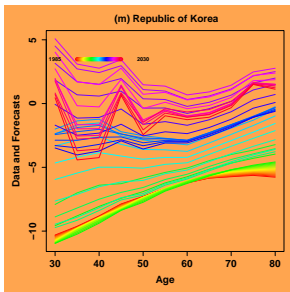
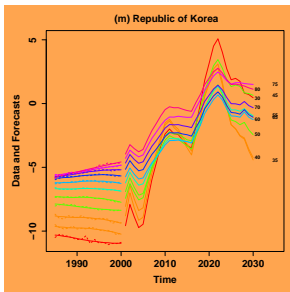
Smooth over age,  
time, age/time



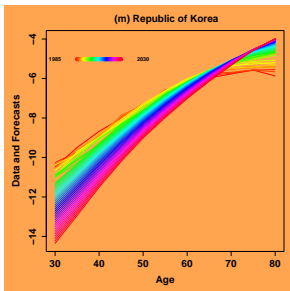
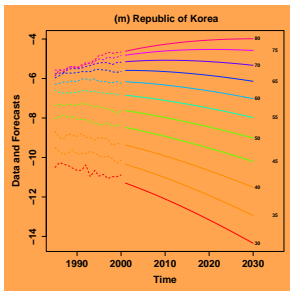
# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Korean Males

Least Squares



Smooth over age,  
time, age/time



# Using Covariates (GDP, tobacco, trend, log trend)

# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Males, Singapore

# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Males, Singapore

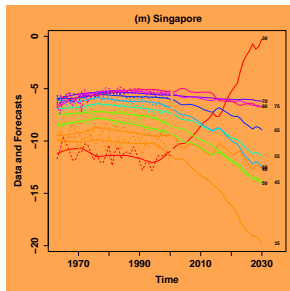
## Least Squares



# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Males, Singapore

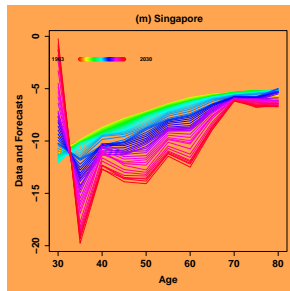
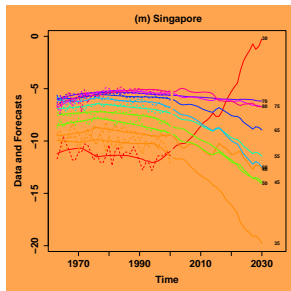
Least Squares



# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Males, Singapore

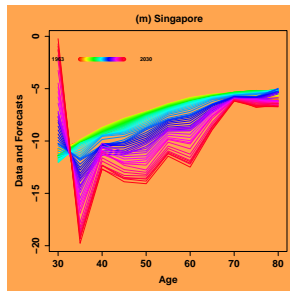
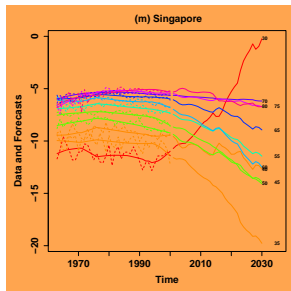
Least Squares



# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Males, Singapore

Least Squares

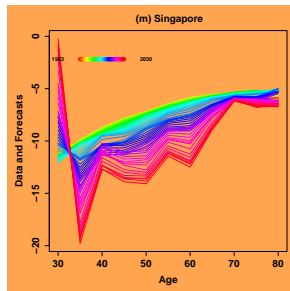
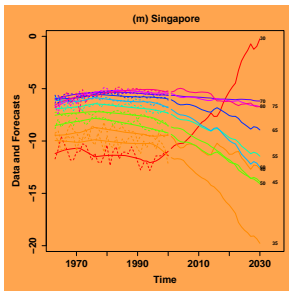


Smooth over age,  
time, age/time

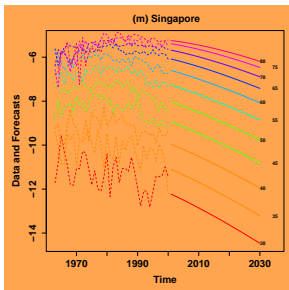
# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Males, Singapore

Least Squares



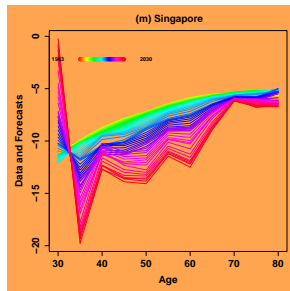
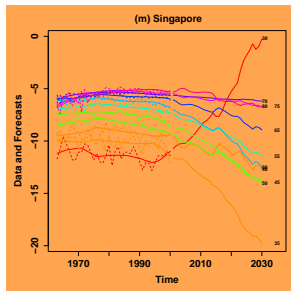
Smooth over age,  
time, age/time



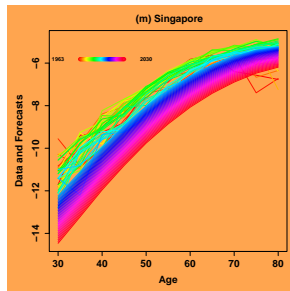
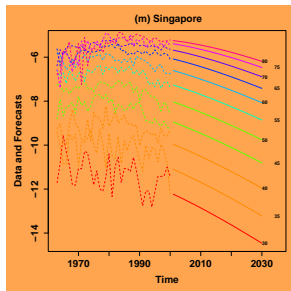
# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Males, Singapore

Least Squares

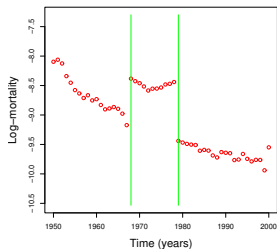


Smooth over age,  
time, age/time

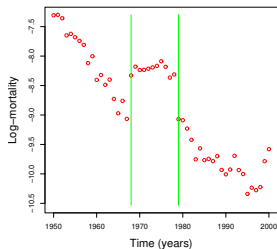


# What about ICD Changes?

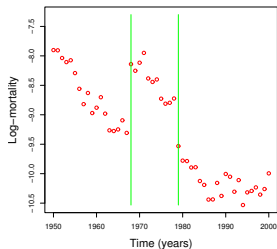
Other Infectious Diseases : USA , age 0 (m)



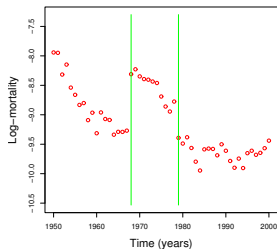
Other Infectious Diseases : France , age 0 (m)



Other Infectious Diseases : Australia , age 0 (m)

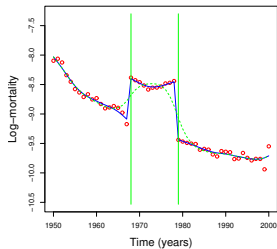


Other Infectious Diseases : United Kingdom , age 0 (m)

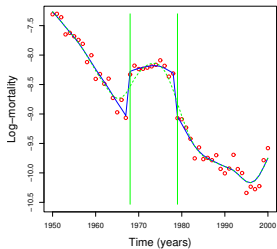


# Fixing ICD Changes

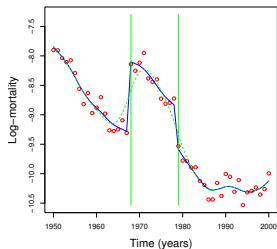
Other Infectious Diseases : USA , age 0 (m)



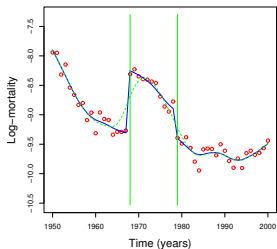
Other Infectious Diseases : France , age 0 (m)



Other Infectious Diseases : Australia , age 0 (m)



Other Infectious Diseases : United Kingdom , age 0 (m)



# Formalizing (Prior) Indifference

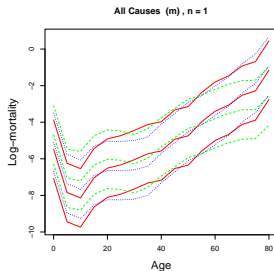
equal **color** = equal **probability**



# Formalizing (Prior) Indifference

equal color = equal probability

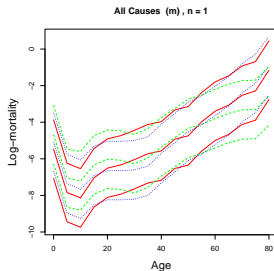
Level indifference



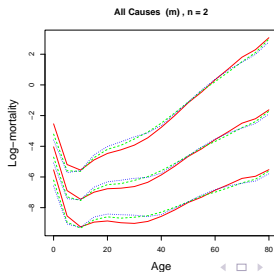
# Formalizing (Prior) Indifference

equal color = equal probability

Level indifference



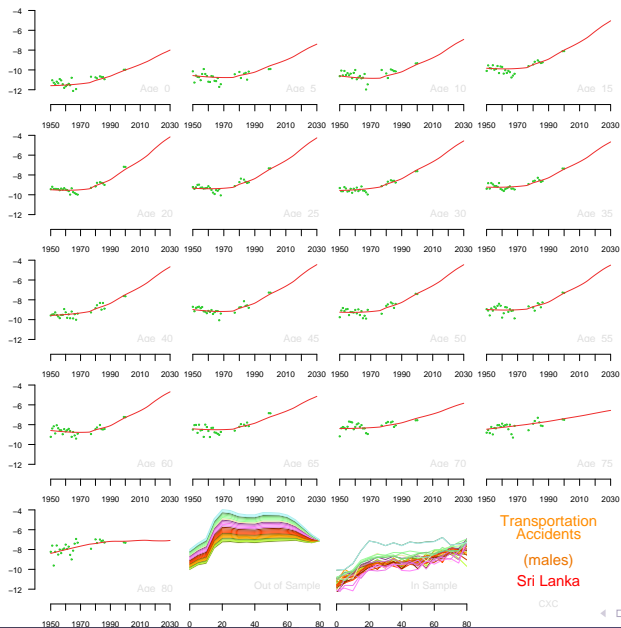
Level and slope indifference



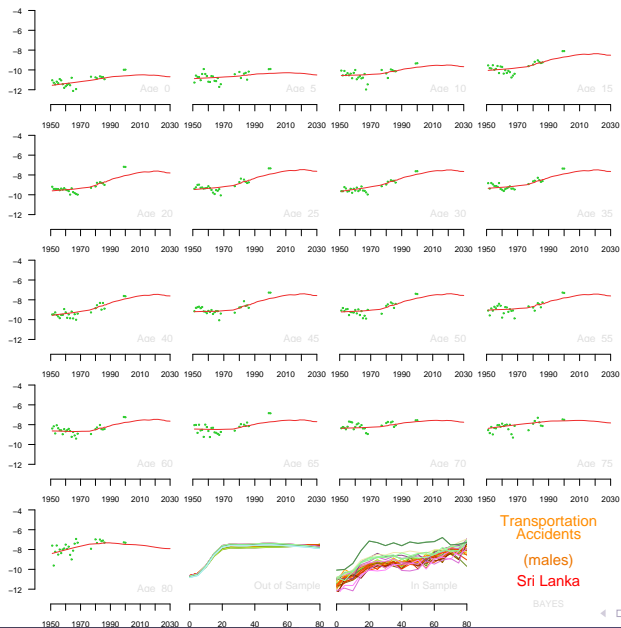
A book manuscript, YourCast software, etc.

<http://GKing.Harvard.edu>

# Without Country Smoothing



# With Country Smoothing



# Formalizing Similarity

# Formalizing Similarity

## Standard Bayesian Approach

# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar



# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients

# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?

# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?
- Requires covariates with the same meaning in each cross-section

# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?
- Requires covariates with the same meaning in each cross-section
  - Does GDP mean the same thing in Botswana and the U.S.?

# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?
- Requires covariates with the same meaning in each cross-section
  - Does GDP mean the same thing in Botswana and the U.S.?
- Imposes no assumptions on covariates or mortality

# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?
- Requires covariates with the same meaning in each cross-section
  - Does GDP mean the same thing in Botswana and the U.S.?
- Imposes no assumptions on covariates or mortality
  - If covariates are dissimilar, then making coefficients similar makes mortality dissimilar [since  $E(y_t) = X_t\beta$  in each cross-section]

# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?
- Requires covariates with the same meaning in each cross-section
  - Does GDP mean the same thing in Botswana and the U.S.?
- Imposes no assumptions on covariates or mortality
  - If covariates are dissimilar, then making coefficients similar makes mortality dissimilar [since  $E(y_t) = X_t\beta$  in each cross-section]

## Alternative Approach



# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?
- Requires covariates with the same meaning in each cross-section
  - Does GDP mean the same thing in Botswana and the U.S.?
- Imposes no assumptions on covariates or mortality
  - If covariates are dissimilar, then making coefficients similar makes mortality dissimilar [since  $E(y_t) = X_t\beta$  in each cross-section]

## Alternative Approach

- Assume **expected mortality** is similar

# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?
- Requires covariates with the same meaning in each cross-section
  - Does GDP mean the same thing in Botswana and the U.S.?
- Imposes no assumptions on covariates or mortality
  - If covariates are dissimilar, then making coefficients similar makes mortality dissimilar [since  $E(y_t) = X_t\beta$  in each cross-section]

## Alternative Approach

- Assume **expected mortality** is similar
- Coefficients are unobserved, mortality patterns are well known

# Formalizing Similarity

## Standard Bayesian Approach

- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?
- Requires covariates with the same meaning in each cross-section
  - Does GDP mean the same thing in Botswana and the U.S.?
- Imposes no assumptions on covariates or mortality
  - If covariates are dissimilar, then making coefficients similar makes mortality dissimilar [since  $E(y_t) = X_t\beta$  in each cross-section]

## Alternative Approach

- Assume **expected mortality** is similar
- Coefficients are unobserved, mortality patterns are well known
- Different covariates allowed in each cross-section

# Formalizing Similarity

## Standard Bayesian Approach

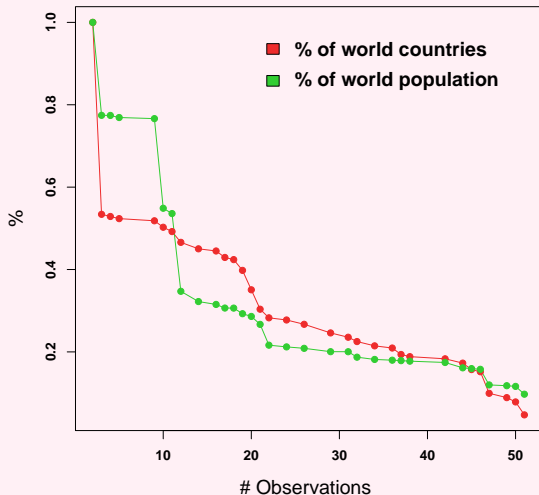
- Assume **coefficients** are similar
  - But we know little about the coefficients
- Requires the same covariates in each cross-section
  - Why measure water quality in the U.S.?
- Requires covariates with the same meaning in each cross-section
  - Does GDP mean the same thing in Botswana and the U.S.?
- Imposes no assumptions on covariates or mortality
  - If covariates are dissimilar, then making coefficients similar makes mortality dissimilar [since  $E(y_t) = X_t\beta$  in each cross-section]

## Alternative Approach

- Assume **expected mortality** is similar
- Coefficients are unobserved, mortality patterns are well known
- Different covariates allowed in each cross-section
- Covariates with the same name can have different meanings

# Many Short Time Series

Coverage of WHO data base (age specific, all causes)



# Preview of Results: Out-of-Sample Evaluation

# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

	Mean Absolute Error			% Improvement	
	Best Previous	Our Method	Best Conceivable	Over Best Previous	to Best Conceivable
Cardiovascular	0.34	0.27	0.19	22	49
Lung Cancer	0.36	0.27	0.17	24	47
Transportation	0.37	0.31	0.18	16	31
Respiratory Chronic	0.45	0.39	0.26	13	30
Other Infectious	0.55	0.48	0.32	12	30
Stomach Cancer	0.30	0.27	0.20	8	24
All-Cause	0.17	0.15	0.08	12	22
Suicide	0.31	0.29	0.18	7	17
Respiratory Infectious	0.49	0.47	0.28	3	7



# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

	Mean Absolute Error			% Improvement	
	Best	Our	Best	Over Best	to Best
	Previous	Method	Conceivable	Previous	Conceivable
Cardiovascular	0.34	0.27	0.19	22	49
Lung Cancer	0.36	0.27	0.17	24	47
Transportation	0.37	0.31	0.18	16	31
Respiratory Chronic	0.45	0.39	0.26	13	30
Other Infectious	0.55	0.48	0.32	12	30
Stomach Cancer	0.30	0.27	0.20	8	24
All-Cause	0.17	0.15	0.08	12	22
Suicide	0.31	0.29	0.18	7	17
Respiratory Infectious	0.49	0.47	0.28	3	7

- Each row averages 6,800 forecast errors (17 age groups, 40 countries, and 10 out-of-sample years).

# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

	Mean Absolute Error			% Improvement	
	Best	Our	Best	Over Best	to Best
	Previous	Method	Conceivable	Previous	Conceivable
Cardiovascular	0.34	0.27	0.19	22	49
Lung Cancer	0.36	0.27	0.17	24	47
Transportation	0.37	0.31	0.18	16	31
Respiratory Chronic	0.45	0.39	0.26	13	30
Other Infectious	0.55	0.48	0.32	12	30
Stomach Cancer	0.30	0.27	0.20	8	24
All-Cause	0.17	0.15	0.08	12	22
Suicide	0.31	0.29	0.18	7	17
Respiratory Infectious	0.49	0.47	0.28	3	7

- Each row averages 6,800 forecast errors (17 age groups, 40 countries, and 10 out-of-sample years).
- **% to best conceivable** = % of the way our method takes us from the best existing to the best conceivable forecast.

# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

	Mean Absolute Error			% Improvement	
	Best Previous	Our Method	Best Conceivable	Over Best Previous	to Best Conceivable
Cardiovascular	0.34	0.27	0.19	22	49
Lung Cancer	0.36	0.27	0.17	24	47
Transportation	0.37	0.31	0.18	16	31
Respiratory Chronic	0.45	0.39	0.26	13	30
Other Infectious	0.55	0.48	0.32	12	30
Stomach Cancer	0.30	0.27	0.20	8	24
All-Cause	0.17	0.15	0.08	12	22
Suicide	0.31	0.29	0.18	7	17
Respiratory Infectious	0.49	0.47	0.28	3	7

- Each row averages 6,800 forecast errors (17 age groups, 40 countries, and 10 out-of-sample years).
- **% to best conceivable** = % of the way our method takes us from the best existing to the best conceivable forecast.
- The new method out-performs with the same covariates, for most countries, causes, sexes, and age groups.

# Preview of Results: Out-of-Sample Evaluation

Mean Absolute Error in Males (over age and country)

	Mean Absolute Error			% Improvement	
	Best	Our	Best	Over Best	to Best
	Previous	Method	Conceivable	Previous	Conceivable
Cardiovascular	0.34	0.27	0.19	22	49
Lung Cancer	0.36	0.27	0.17	24	47
Transportation	0.37	0.31	0.18	16	31
Respiratory Chronic	0.45	0.39	0.26	13	30
Other Infectious	0.55	0.48	0.32	12	30
Stomach Cancer	0.30	0.27	0.20	8	24
All-Cause	0.17	0.15	0.08	12	22
Suicide	0.31	0.29	0.18	7	17
Respiratory Infectious	0.49	0.47	0.28	3	7

- Each row averages 6,800 forecast errors (17 age groups, 40 countries, and 10 out-of-sample years).
- % to best conceivable = % of the way our method takes us from the best existing to the best conceivable forecast.
- The new method out-performs with the same covariates, for most countries, causes, sexes, and age groups.
- Does much better with better covariates

