

# The Future of Death in America

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Harvard University

joint work with Samir Soneji

(talk at the Center for Population and Development Studies, Harvard University, 12/15/08)

- Gary King and Samir Soneji. 2008. “The Future of Death in America”
- Gary King and Samir Soneji. 2008. “Eating Away Social Security’s Financial Problems”
- Gary King and Federico Girosi. 2008. *Demographic Forecasting*, Princeton University Press.
- copies at <http://gking.harvard.edu>

# The Forecasting Task

- **Time series:** 25-50 annual mortality rates
- **Cross-sections:** 1 time series for each age, country, cause, sex, etc.
- **Goal:** Forecast each time series 25 years
- **Challenges:** reducing error by:
  - Pooling cross-sections
  - Including demographic knowledge (smooth over time and age)
  - Including biological knowledge (smoking, obesity)

# How (Some) Existing Mortality Forecasts Work

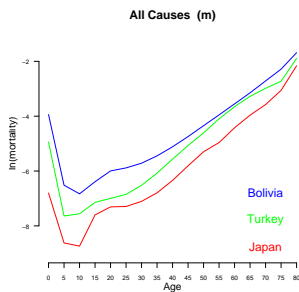
## Procedures:

- 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

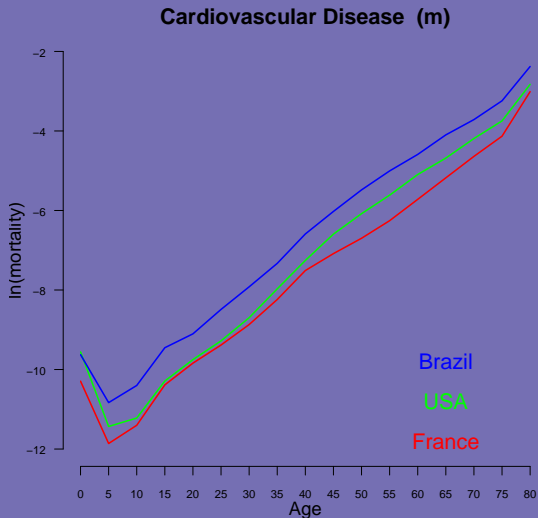
- Forecasts use qualitative information (good!)
- Statistical models add little (bad!)
- Method is invulnerable to being proven wrong
- We bring statistics to demography

# Existing Method 1: Parameterize the Age Profile

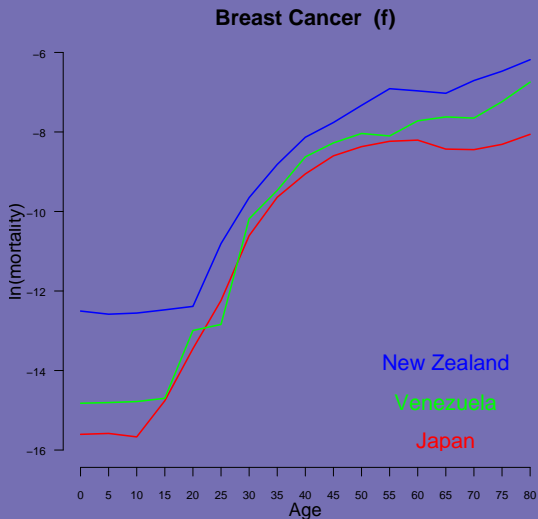


- **Gompertz (1825): log-mortality is linear in age after age 20**
  - Reduce age-specific rates to 2 parameters ( $\mu_{\text{age}} = \gamma_1 + \gamma_2 \times \text{age}$ )
  - Forecast only these 2 parameters ( $\gamma_1, \gamma_2$ )
  - Reduces variance, constrains forecasts
- Dozens of more general functional forms proposed since 1825
- **But does it fit anything else?**

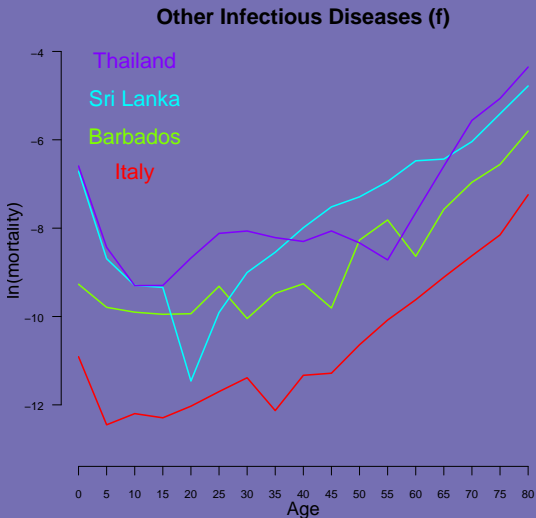
# Mortality Age Profile: The Same Pattern?



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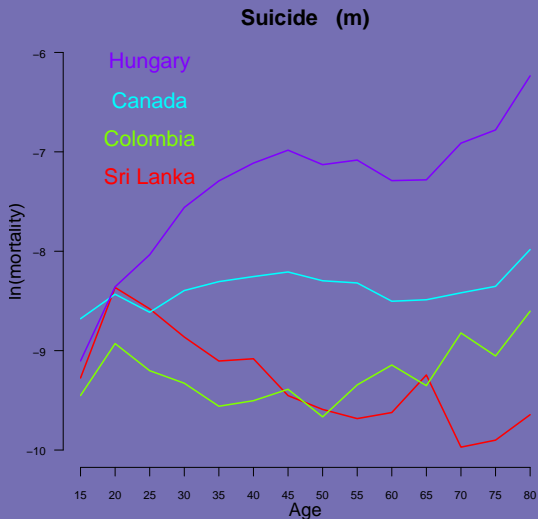


# Mortality Age Profile: The Same Pattern?





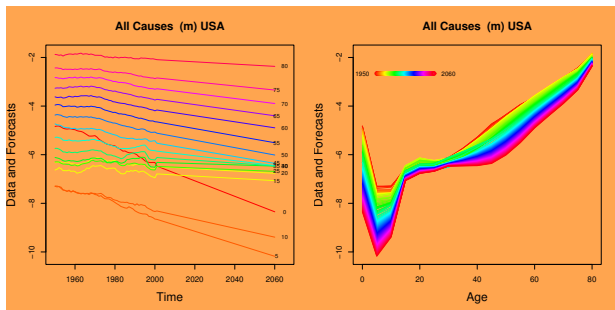
# Mortality Age Profile: The Same Pattern?



# 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
- Ignores covariate information

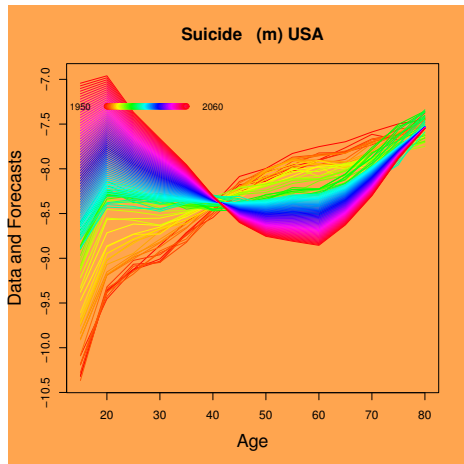
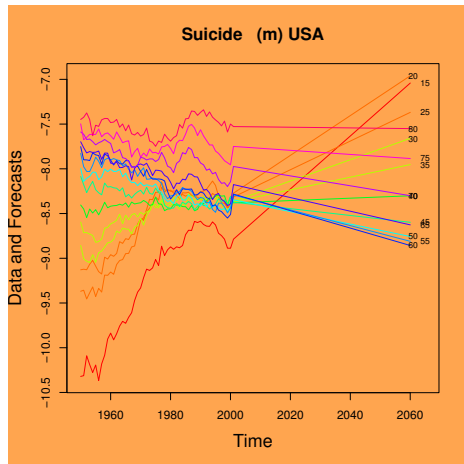
# Existing Method 2: Deterministic Projections



- 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?

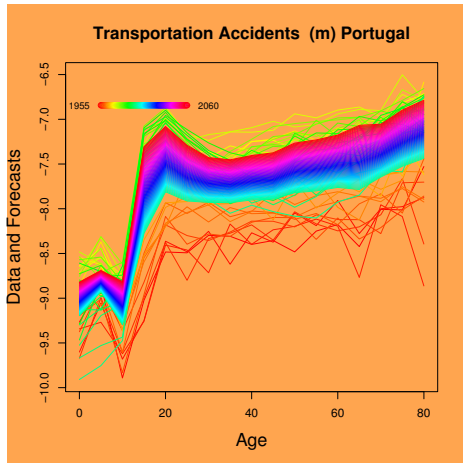
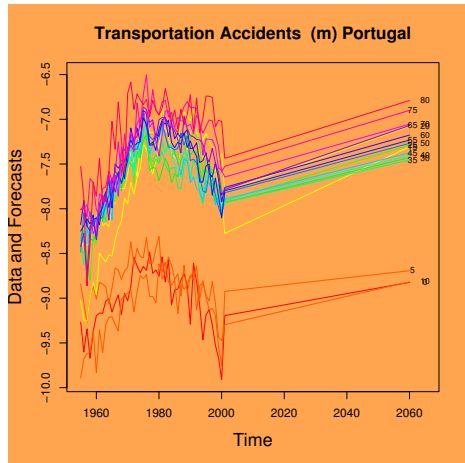
# The same pattern?

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

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

# Existing Method 3: Stacked Regression

(Murray and Lopez, 1996)

- Model mortality over countries ( $c$ ) and ages ( $a$ ) as:

$$m_{cat} = \mathbf{Z}_{ca,t-\ell} \beta_{ca} + \epsilon_{cat} \quad , \quad t = 1, \dots, T$$

- $\mathbf{Z}_{ca,t-\ell}$  : covariates lagged  $\ell$  years.
- $\beta_{ca}$  : coefficients to be estimated
- Equation by equation estimation: huge variances
- Pool over countries:  $\beta_{ca} \Rightarrow \beta_a$ 
  - Small variance (due to large  $n$ )
  - large biases (due to restrictive pooling over countries),
  - considerable information lost (due to no pooling over ages)
  - same covariates required in all cross-sections
- (It always seems ok to pool over variables outside your own field.)

# The New Approach

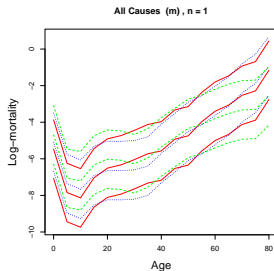
- Start with separate equation-by-equation regressions
- Use Bayesian priors to smooth across age, time, age $\times$ time, etc.
- Put priors on E(mortality), not coefficients
- No arbitrary normalizations
- Different covariates allowed in each regression
- Only one smoothing parameter to represent demographic information
- $\rightsquigarrow$  An easy-to-use software program, YourCast



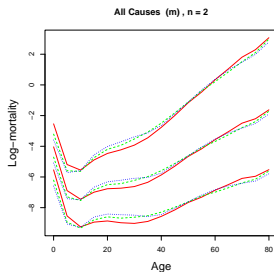
# Formalizing (Prior) Indifference (so no cooking the books)

equal color = equal probability

Level indifference

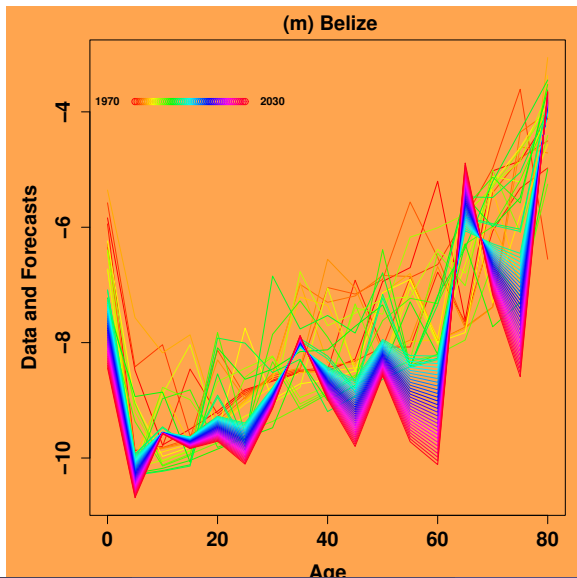


Level and slope indifference



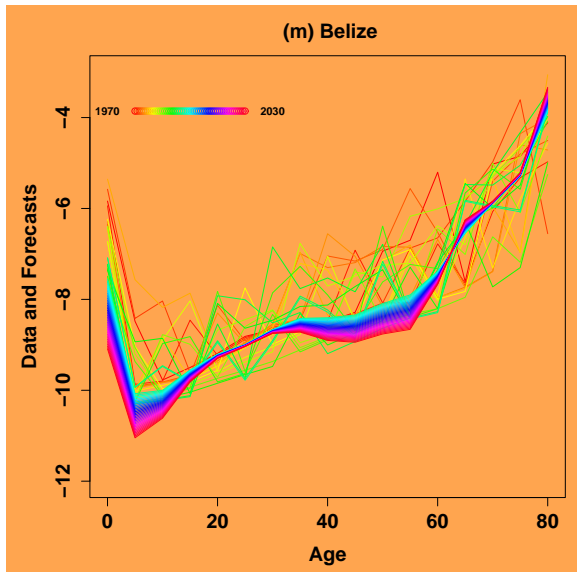
# Mortality from Respiratory Infections, Males

Least Squares



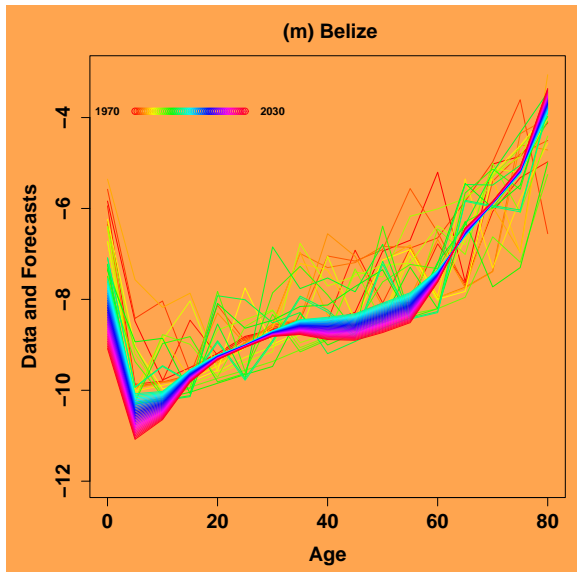
# Mortality from Respiratory Infections, males, $\sigma = 2.00$

Smoothing over Age Groups



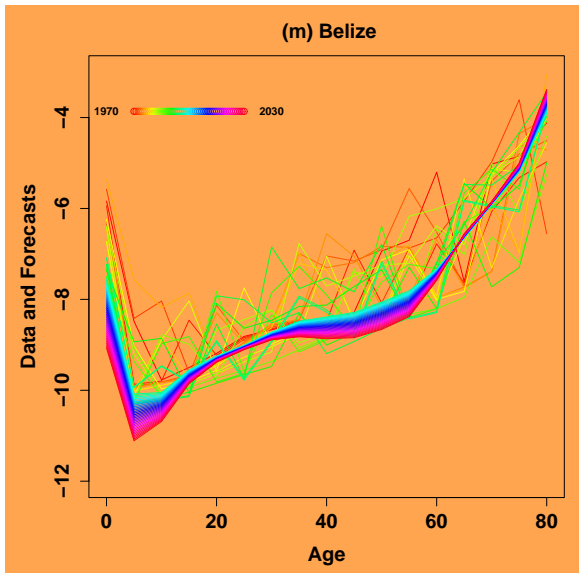
# Mortality from Respiratory Infections, males, $\sigma = 1.51$

Smoothing over Age Groups



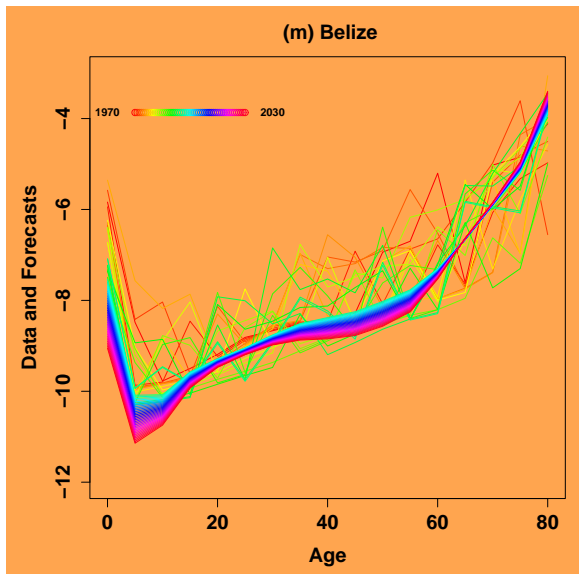
# Mortality from Respiratory Infections, males, $\sigma = 1.15$

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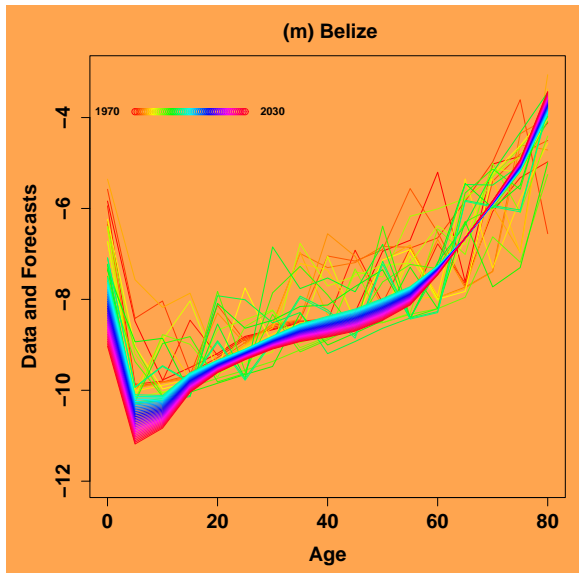
# Mortality from Respiratory Infections, males, $\sigma = 0.87$

Smoothing over Age Groups



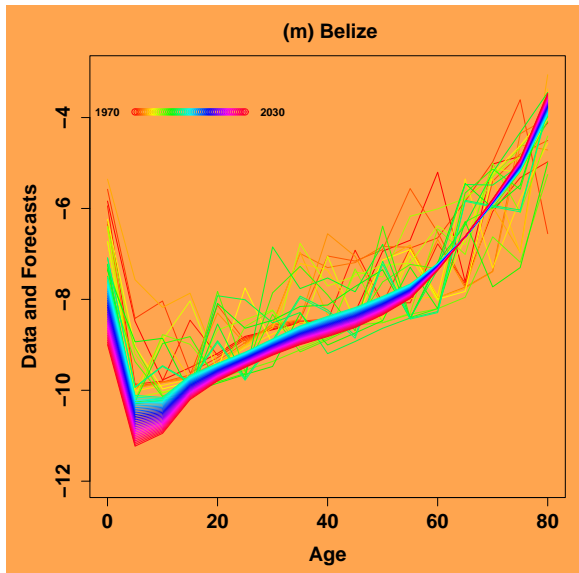
# Mortality from Respiratory Infections, males, $\sigma = 0.66$

Smoothing over Age Groups



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

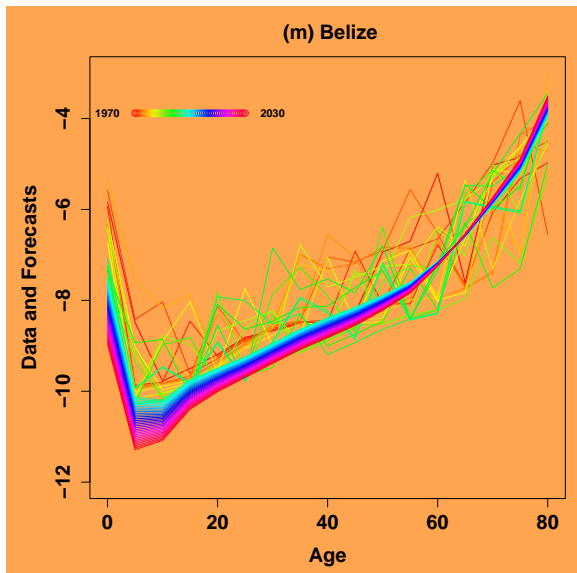
Smoothing over Age Groups





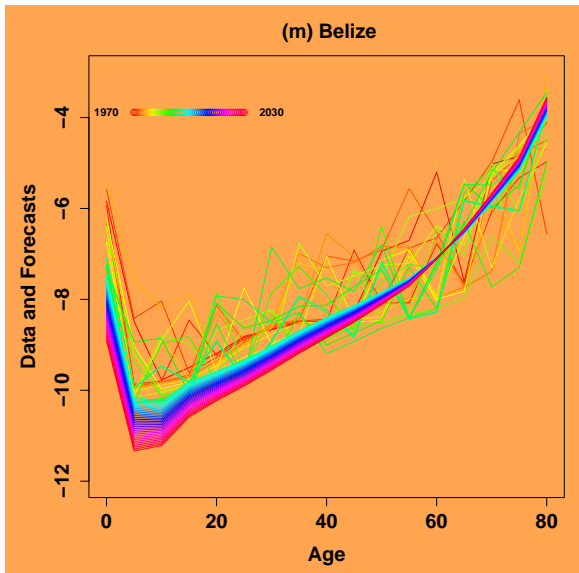
# Mortality from Respiratory Infections, males, $\sigma = 0.38$

Smoothing over Age Groups



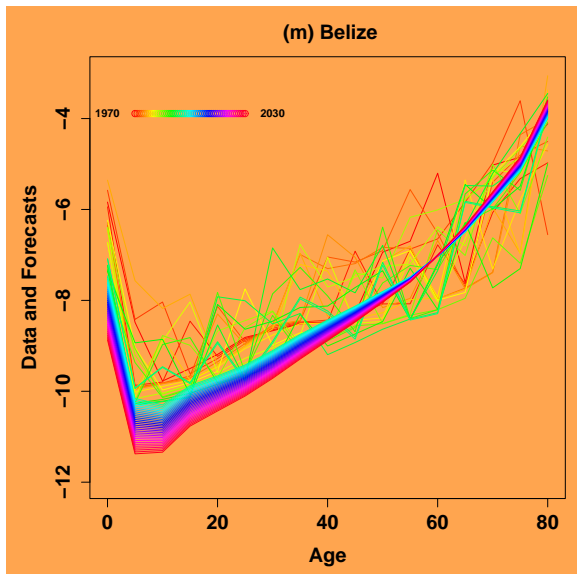
# Mortality from Respiratory Infections, males, $\sigma = 0.28$

Smoothing over Age Groups



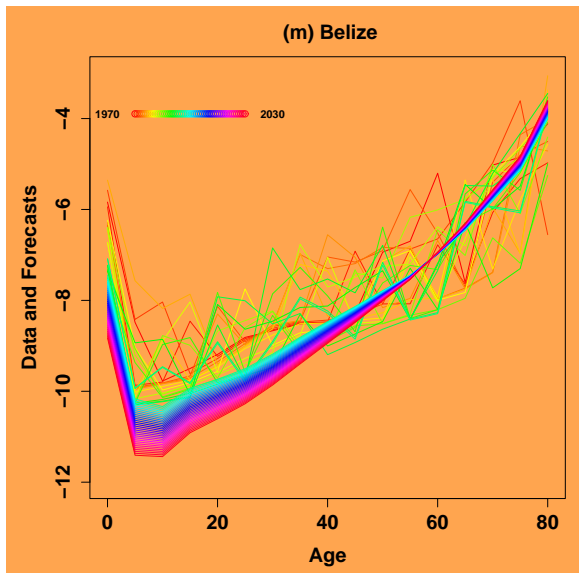
# Mortality from Respiratory Infections, males, $\sigma = 0.21$

Smoothing over Age Groups



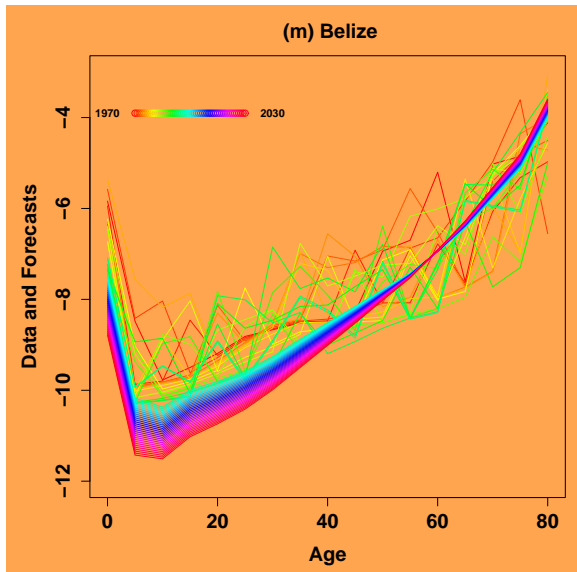
# Mortality from Respiratory Infections, males, $\sigma = 0.16$

Smoothing over Age Groups



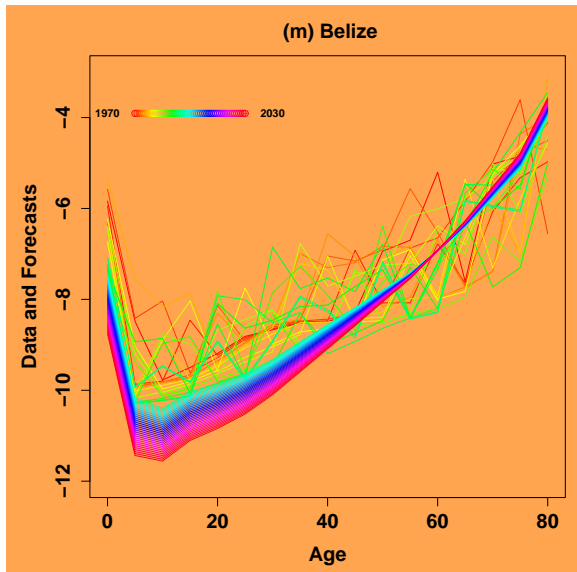
# Mortality from Respiratory Infections, males, $\sigma = 0.12$

Smoothing over Age Groups



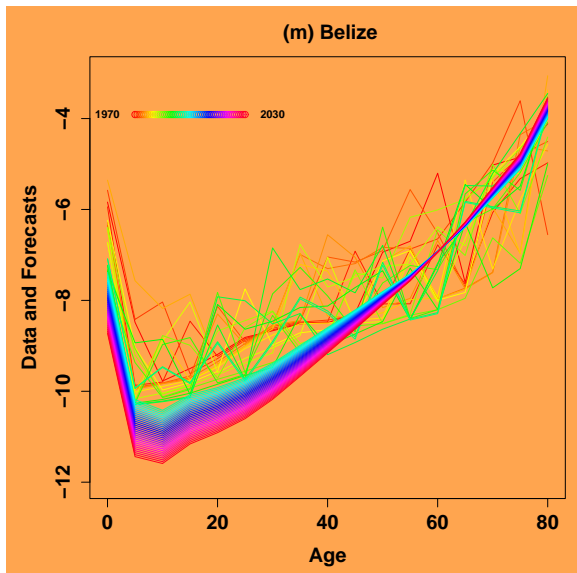
# Mortality from Respiratory Infections, males, $\sigma = 0.09$

Smoothing over Age Groups



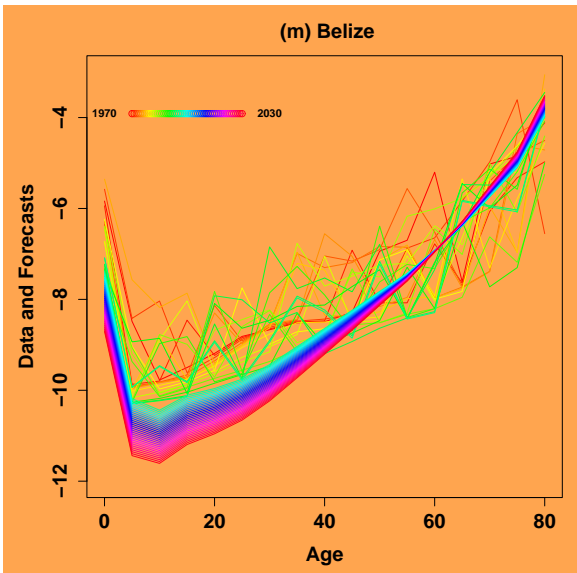
# Mortality from Respiratory Infections, males, $\sigma = 0.07$

Smoothing over Age Groups



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

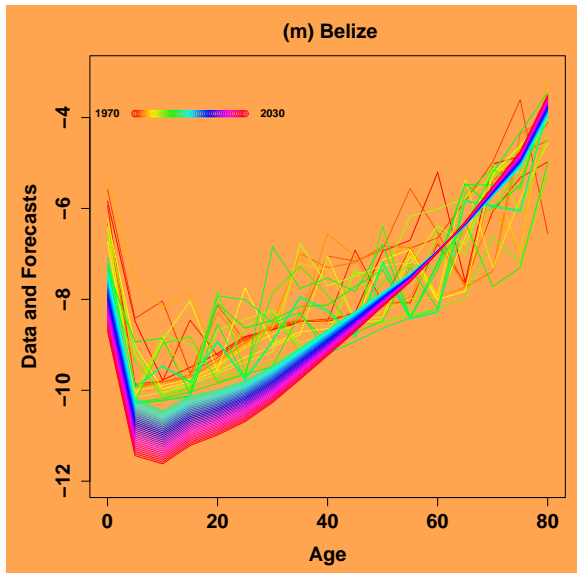
Smoothing over Age Groups





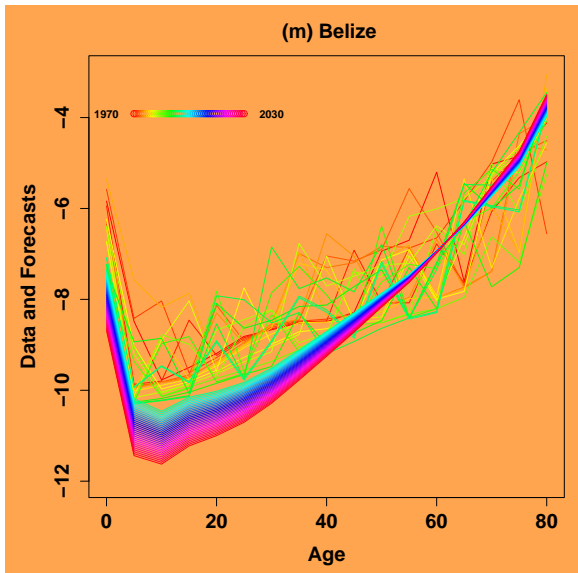
# Mortality from Respiratory Infections, males, $\sigma = 0.04$

Smoothing over Age Groups



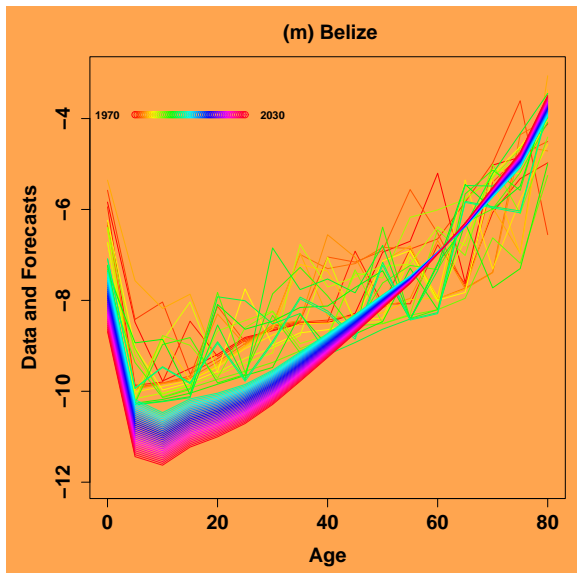
# Mortality from Respiratory Infections, males, $\sigma = 0.03$

Smoothing over Age Groups



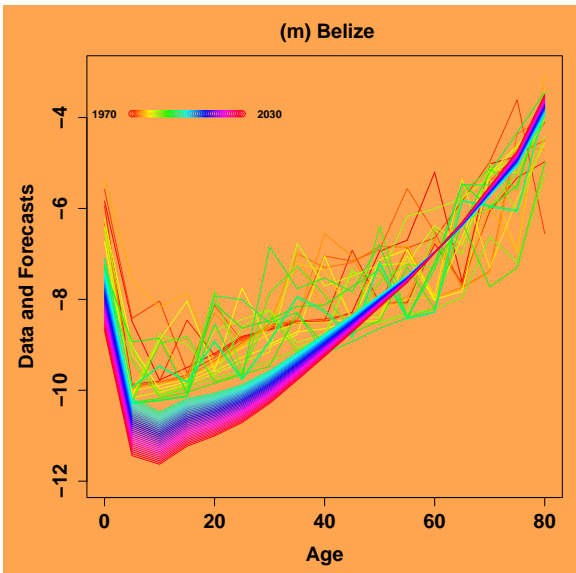
# Mortality from Respiratory Infections, males, $\sigma = 0.02$

Smoothing over Age Groups



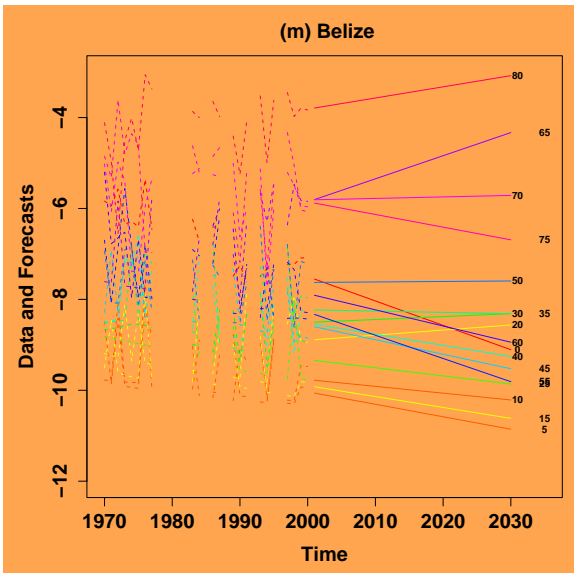
# Mortality from Respiratory Infections, males, $\sigma = 0.01$

Smoothing over Age Groups



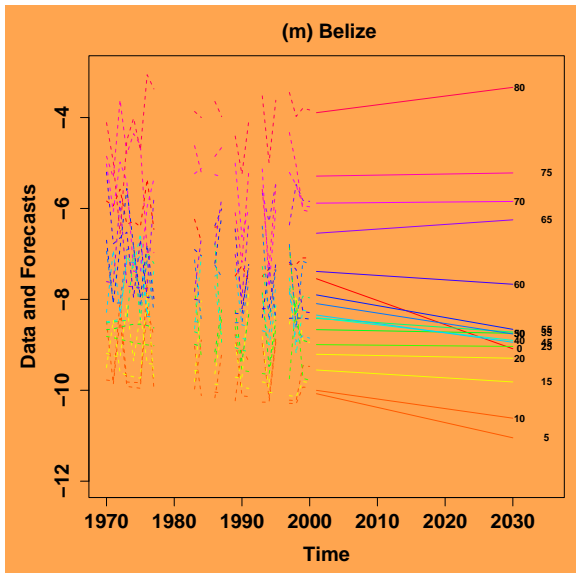
# Mortality from Respiratory Infections, males

Least Squares



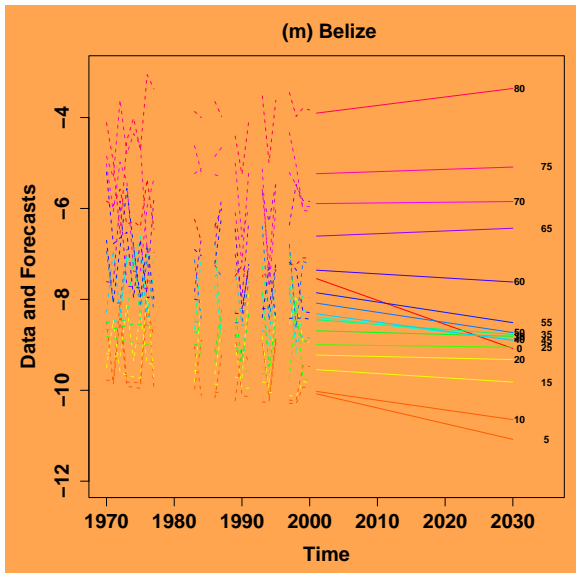
# Mortality from Respiratory Infections, males, $\sigma = 2.00$

Smoothing over Age Groups



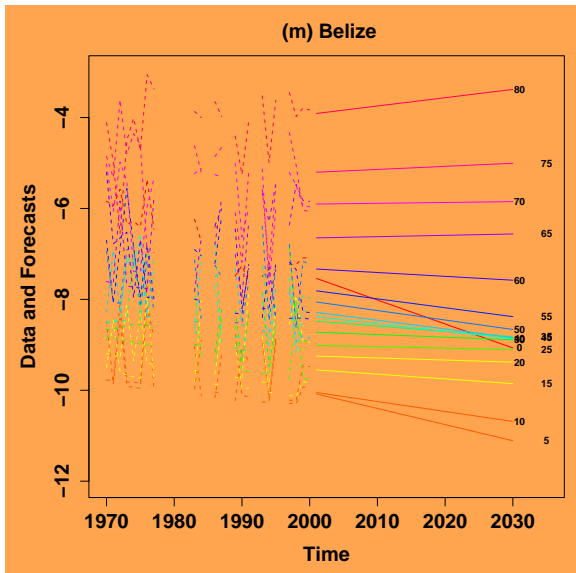
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Smoothing over Age Groups



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

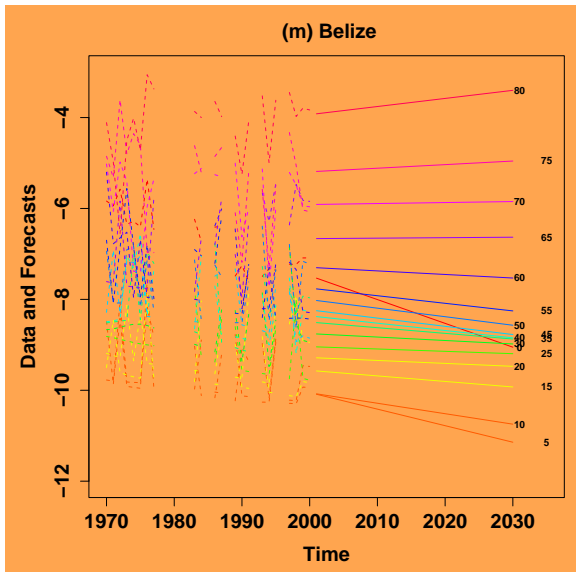
Smoothing over Age Groups





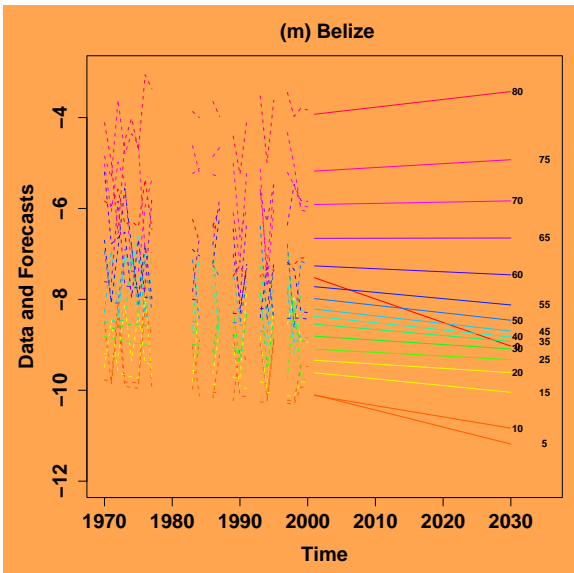
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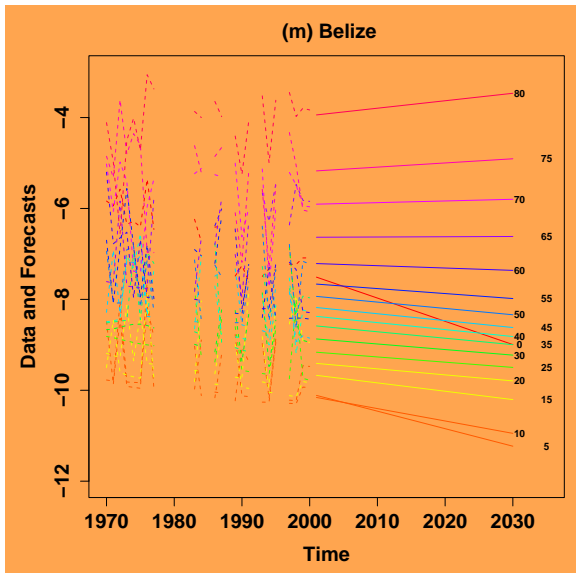
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Smoothing over Age Groups



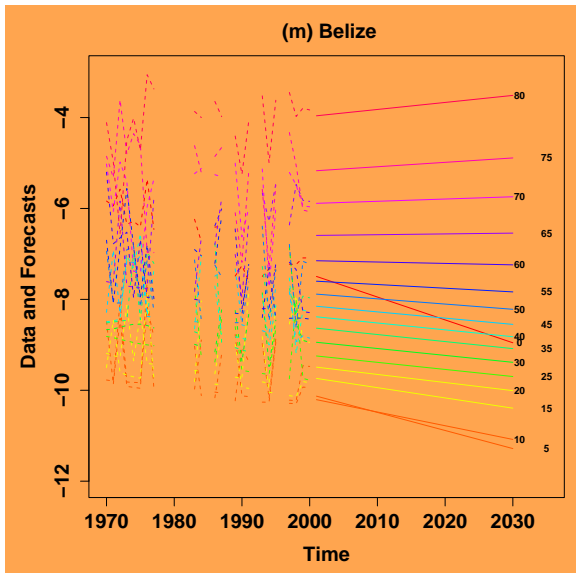
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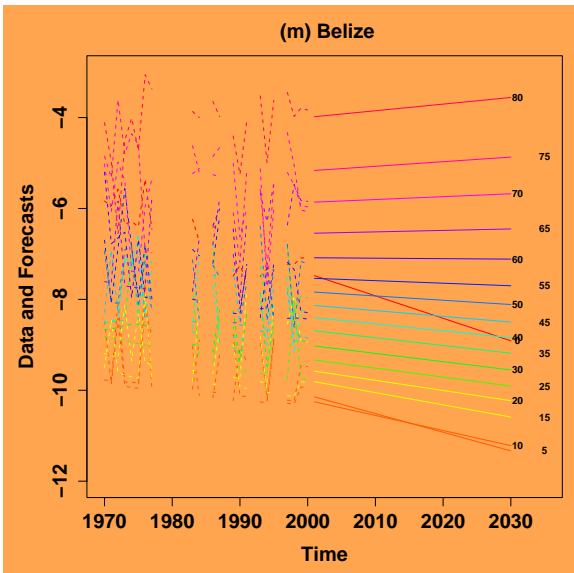
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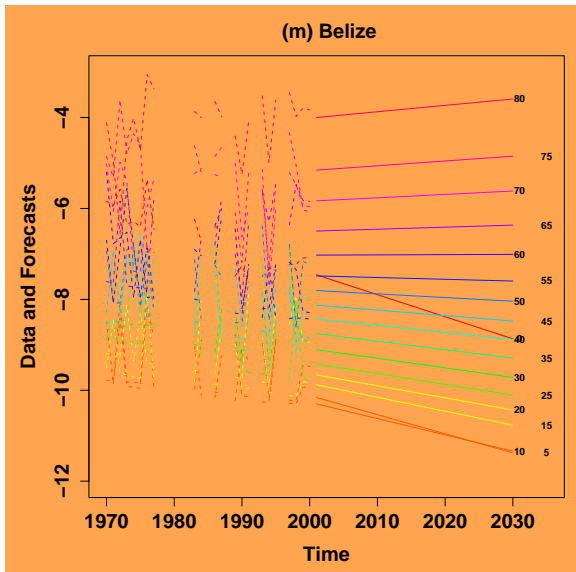
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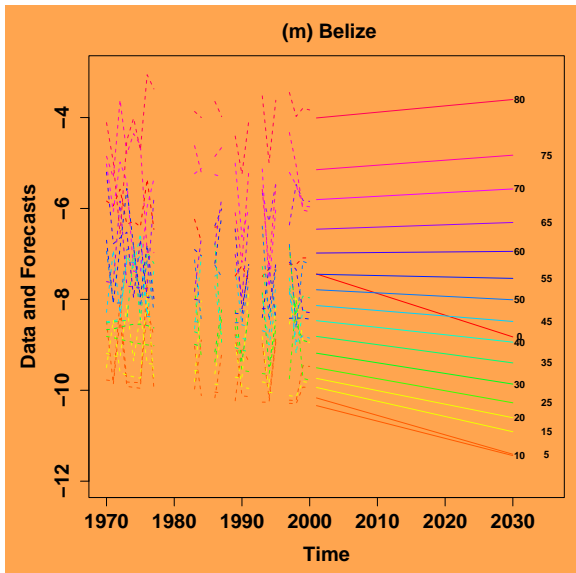
# Mortality from Respiratory Infections, males, $\sigma = 0.21$

Smoothing over Age Groups



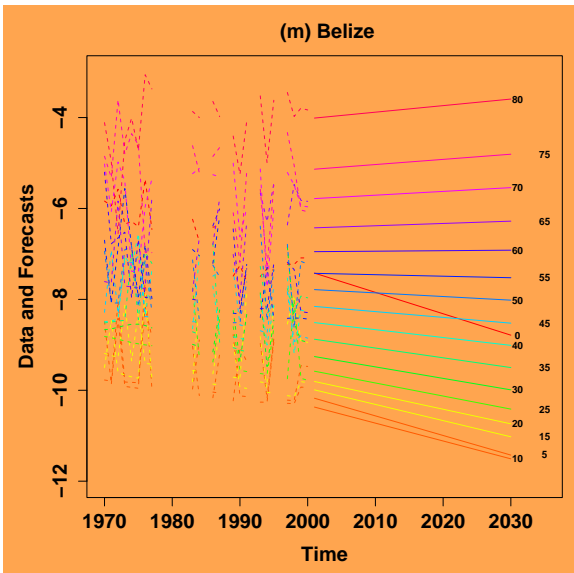
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# Mortality from Respiratory Infections, males, $\sigma = 0.12$

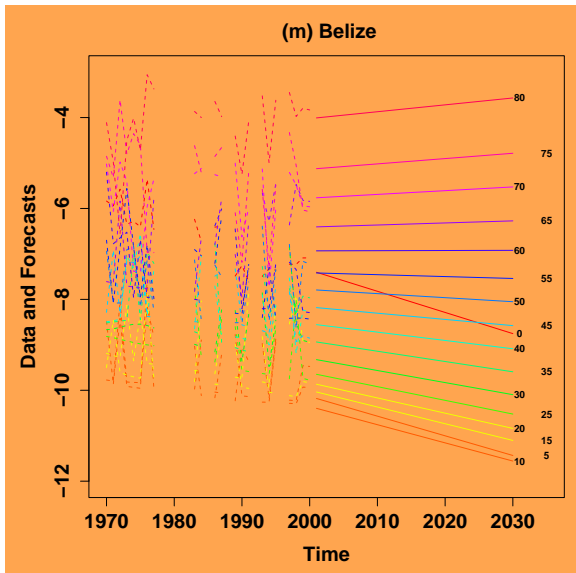
Smoothing over Age Groups





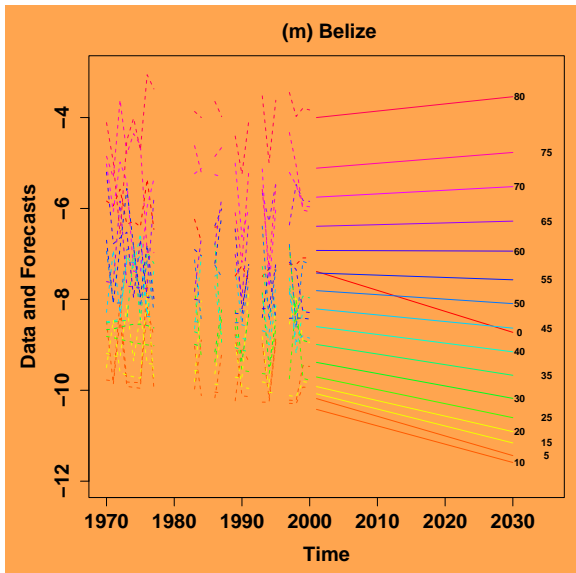
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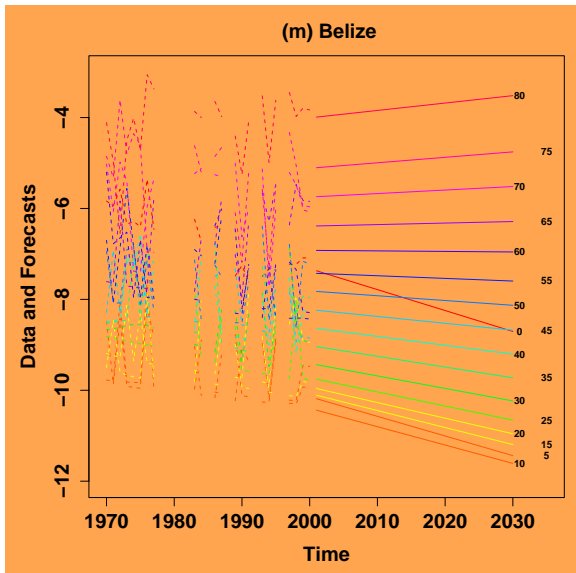
# Mortality from Respiratory Infections, males, $\sigma = 0.07$

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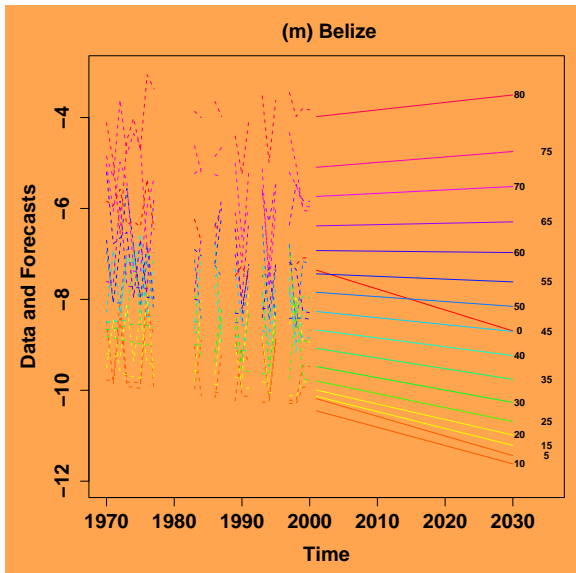
# Mortality from Respiratory Infections, males, $\sigma = 0.05$

Smoothing over Age Groups



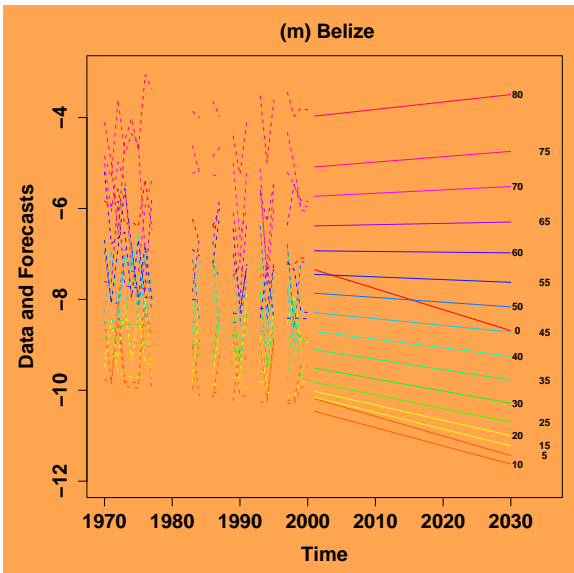
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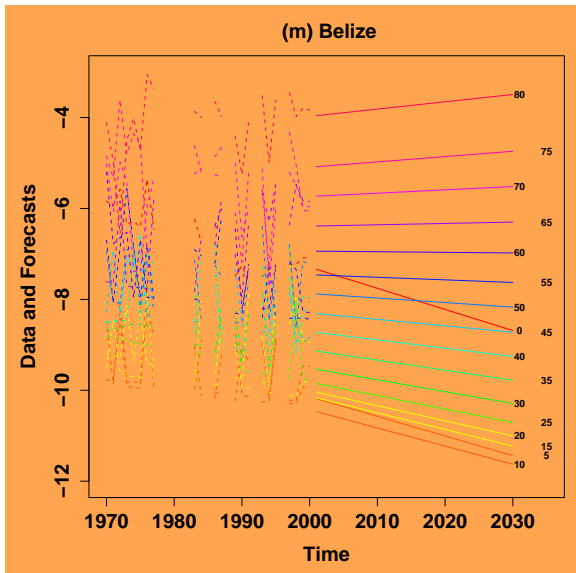
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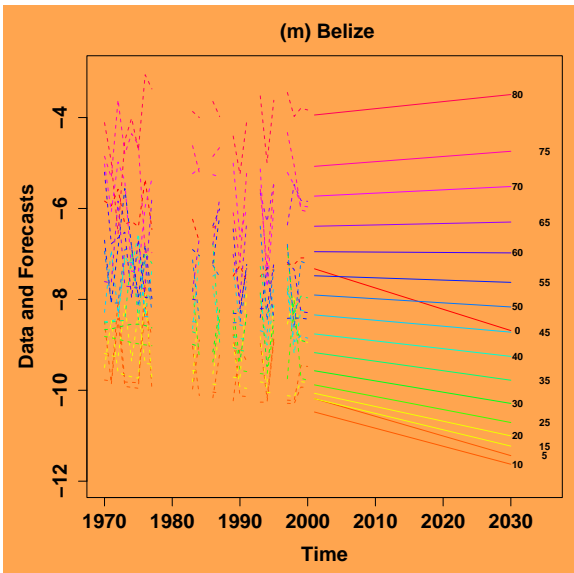
# Mortality from Respiratory Infections, males, $\sigma = 0.02$

Smoothing over Age Groups



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

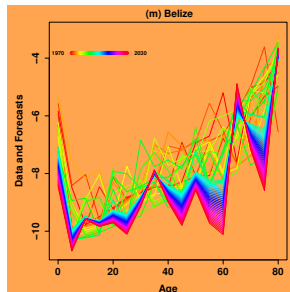
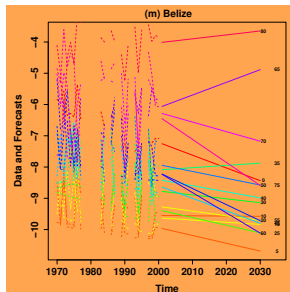
Smoothing over Age Groups



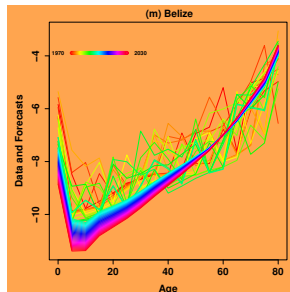
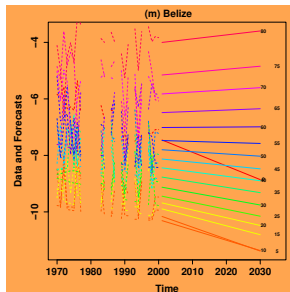
# Smoothing Trends over Age Groups

Log-mortality in Belize males from respiratory infections

Least Squares



Smoothing  
Age Groups

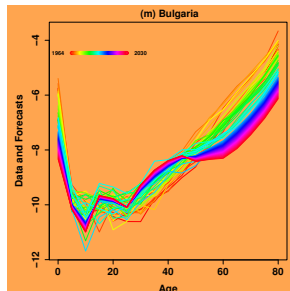
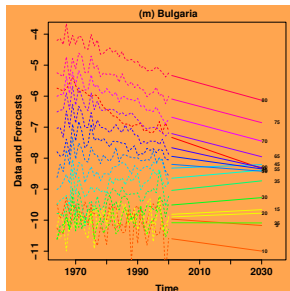




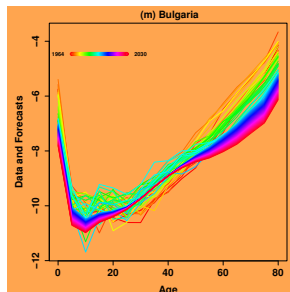
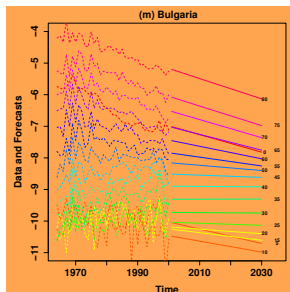
# Smoothing Trends over Age Groups and Time

Log-Mortality in Bulgarian males from respiratory infections

Least Squares



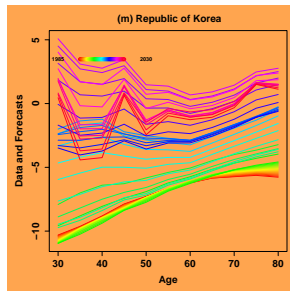
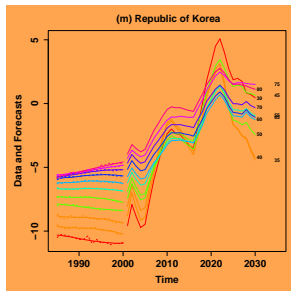
Smoothing  
Age and Time



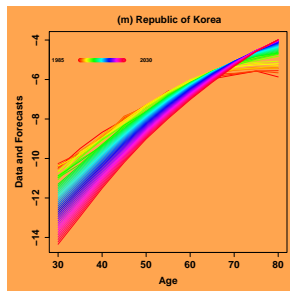
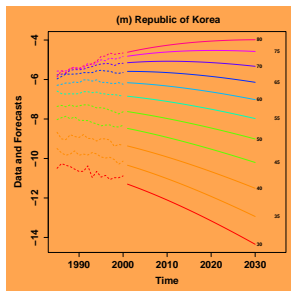
# Using Covariates (GDP, tobacco, trend, log trend)

Lung cancer in Korean Males

Least Squares



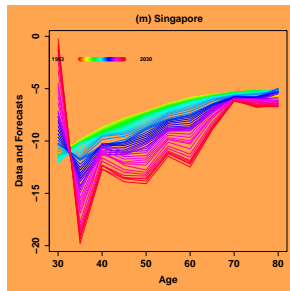
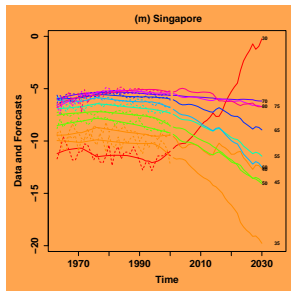
Smooth over age,  
time, age/time



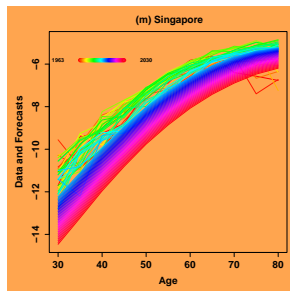
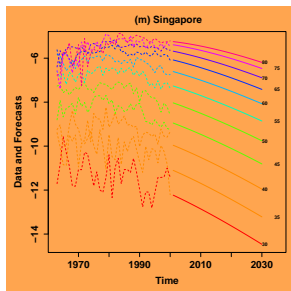
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Lung cancer in Males, Singapore

Least Squares

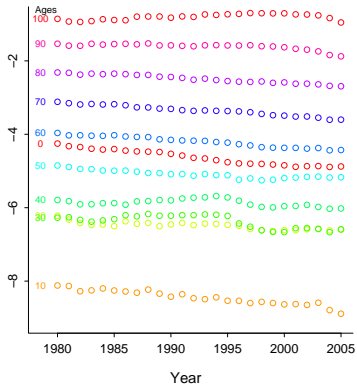
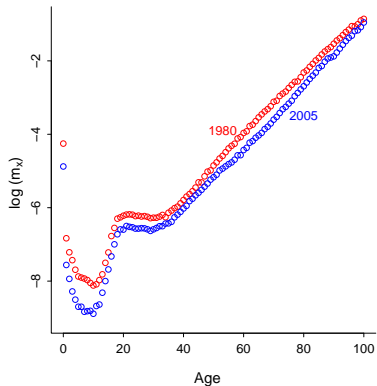


Smooth over age,  
time, age/time

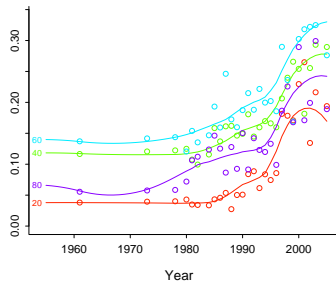
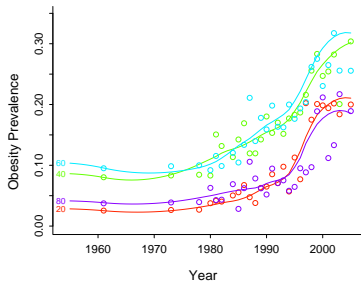
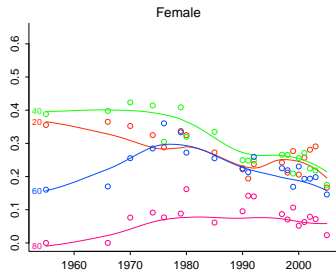
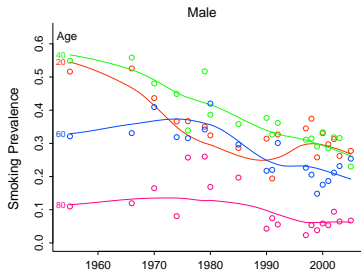


# U.S. Male Mortality over Age and Time

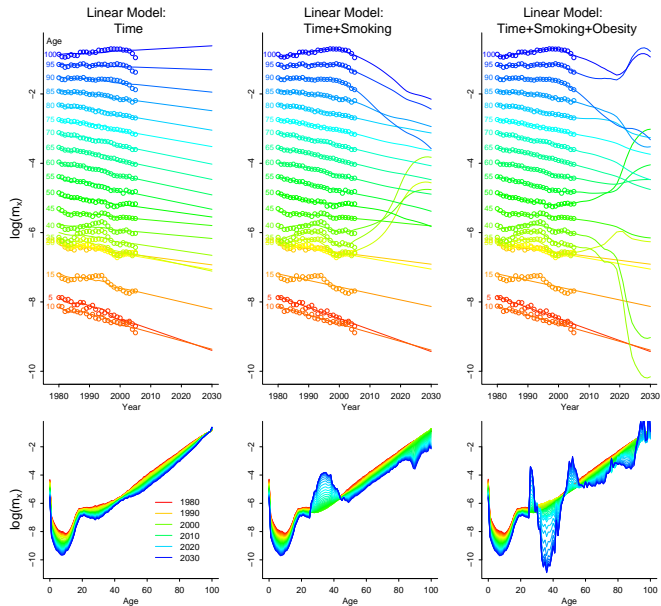
Demographic Facts: Smoothness in both dimensions



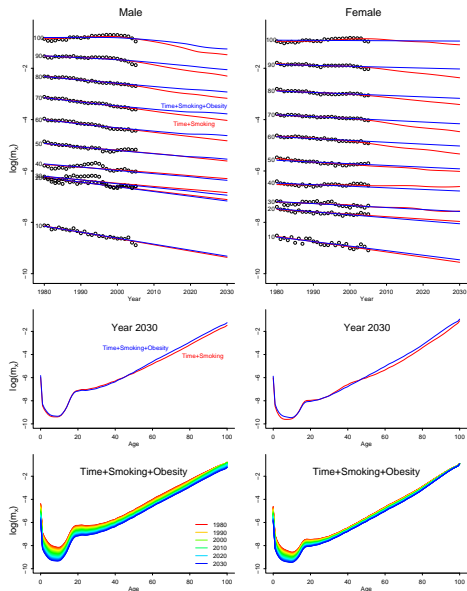
# Biological Risk Factors in U.S. Data



# Linear Models: Biology vs. Demography

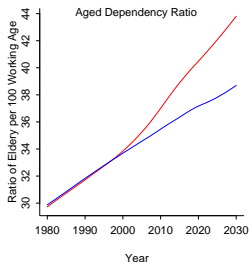
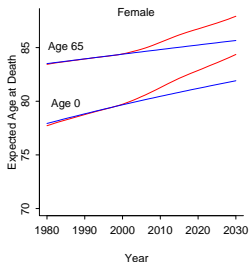
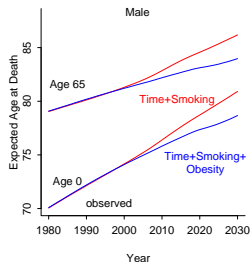


# Forecasts: Biology and Demography



- Forecasts retain smoothness over age and time
- After age 50, age-specific mortality increases when adding obesity.
- 2030 forecast for 70-year-olds (per 100,000PYs). Males: 2,290 deaths with obesity; 1,775 without; Females: 1,558 with, 1,144 without.
- At ages over 90, model forecasts converge faster for females than males.

# Life Expectancy and Aged Dependency Ratios



- **Male Life Expectancy ( $\pm 25$  years)**

- Past: +5.1 years  $\rightsquigarrow$  75.2
- Future: +5.7 years  $\rightsquigarrow$  80.9 (excluding obesity)
- Future: +3.5 years  $\rightsquigarrow$  78.7 (a 35% drop)

- **Female Life Expectancy ( $\pm 25$  years)**

- Past: +2.7 years  $\rightsquigarrow$  80.4
- Future: +3.9 years  $\rightsquigarrow$  84.4 (excluding obesity)
- Future: +1.8 years  $\rightsquigarrow$  81.9 (a 53% drop)

- $\rightsquigarrow$  1/2 trillion dollar difference for Social Security



For papers, software, etc.

<http://GKing.Harvard.edu>