

IMPORTANCE OF THE REFERENCE POPULATION FOR MULTI-POPULATION MODELS

Søren Kjærgaard, Jim Oeppen , Malene Kallestrup-Lamb,
Christian M. Dahl , Marie-Pier Bergeron-Boucher, and Rune
Lindahl-Jacobsen

Max-Planck Odense Center on the Biodemography of Aging

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- Life table deaths provides an interesting alternative
- This project extends and generalises models suggested by Oeppen and Bergeron-Boucher to sub-population mortality using data for socio-economic sub-groups.
- We present five models and compare forecasts from each model with the Lee-Carter model.

Compositional Data Analysis

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- Life table deaths is characterised by: $d_x \geq 0$ & $\sum d_x = 1$
- Thus, life table deaths is compositional data
- Only relative information is important \rightarrow scale invariant

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Can the framework suggested by Oeppen (2008) be used for mortality in socio-economic subgroups?

Five age constrained models

- Independent model (M1)

$$\text{clr}(d_{t,x,g} \ominus \alpha_{x,g}) = b_{x,g}k_{t,g} + \epsilon_{t,x,g}, \quad (1)$$

- Vertical model (M2)

$$\text{clr}(d_{t,x,g} \ominus \alpha_{x,g}) = b_x k_{t,g} + \epsilon_{t,x,g} \quad (2)$$

- Horizontal model (M3)

$$\text{clr}(d_{t,x,g} \ominus \alpha_{x,g}) = b_{x,g}k_t + \epsilon_{t,x,g} \quad (3)$$

- Relative model (M4)

$$\text{clr}(d_{t,x}^N \ominus \alpha_x) = B_x K_t + \epsilon_{t,x},$$

$$\text{clr}(d_{t,x,g} \ominus \alpha_{x,g} \ominus d_{t,x}^N) = b_{x,g} k_{t,g} + \epsilon_{t,x,g}, \quad (4)$$

- Three dimensional model (M5)

$$\text{clr}(d_{t,x,g} \ominus \alpha_{x,g}) = k_t \beta_x \gamma_g + \epsilon_{t,x,g}, \quad (5)$$

Including dependence among the mortality indexes

- M1, M3 and M5 estimate one k_t parameter vector
- k_t estimates in M2 (vertical model) are fitted to a cointegrated VAR model

$$\Delta k_t = \Pi k_{t-1} + \sum_{i=1}^{p-1} \Gamma \Delta k_{t-i} + B + \epsilon_t$$

- M5 (relative model) estimates k_t parameter vectors for each group and one national

Common trends among the socio-economic groups

$$\Delta k_t = \Pi k_{t-1} + \sum_{i=1}^{p-1} \Gamma \Delta k_{t-i} + B + \epsilon_t \quad (6)$$

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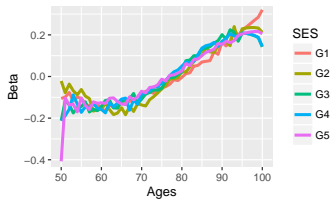
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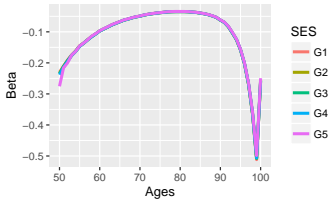
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- k_t can be decomposed into $n-r$ common stochastic trends $\alpha'_{\perp} k_t$ and r cointegrating relations $\beta' k_t$
- As the system has to balance \rightarrow the rank of Π can be used to determine r
- Using the Johansen test we find 2 common stochastic trends

- Mortality data for Danish males are constructed using an affluence index weighting income and wealth
- The data publish in Cairns et al. (2016)

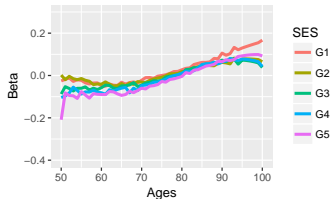
Beta – M1 Independent



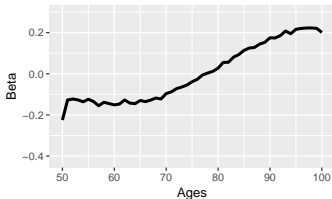
Beta – M4 Relative



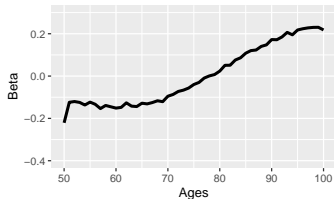
Beta – M2 Horizontal



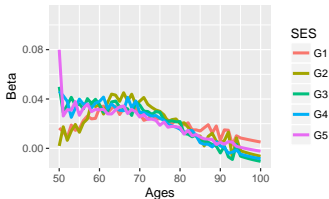
Beta – M5 Three Dimensional



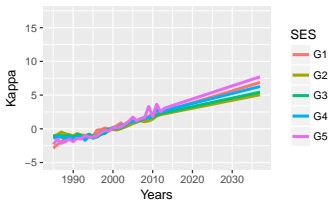
Beta – M3 Vertical



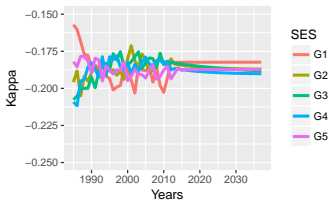
Beta – LC



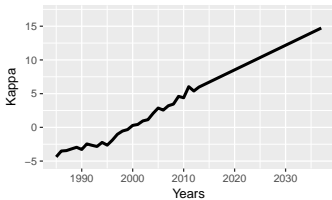
Kappa – M1 Independent



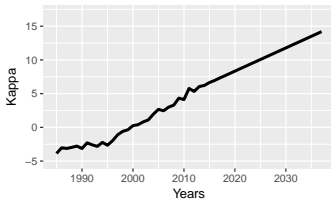
Kappa – M4 Relative



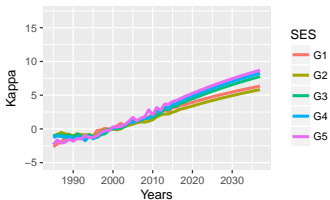
Kappa – M2 Horizontal



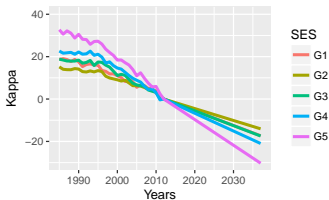
Kappa – M5 Three Dimensional



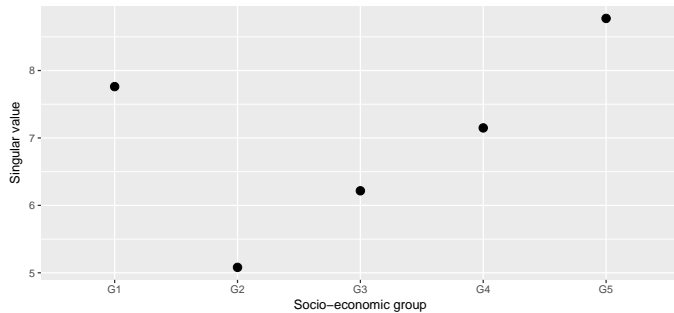
Kappa – M3 Vertical



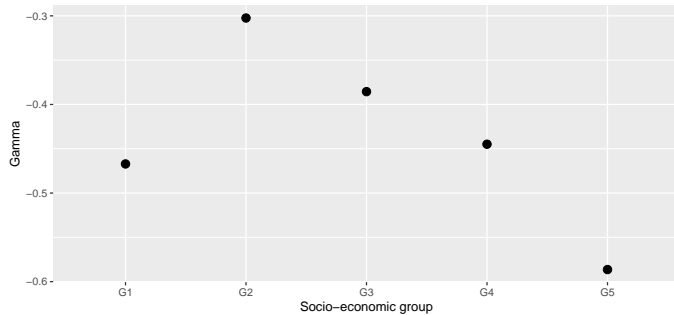
Kappa – LC Lee-Carter

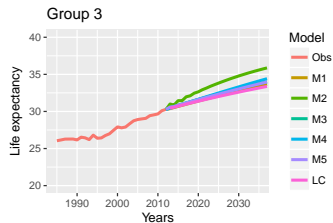
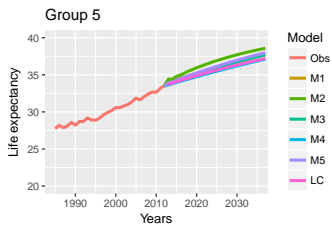
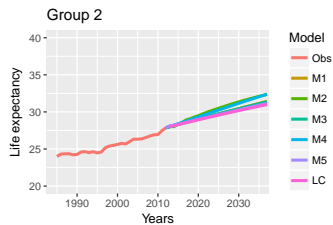
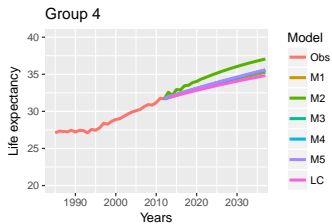
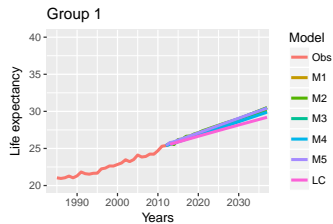


Singular value – M1 independent

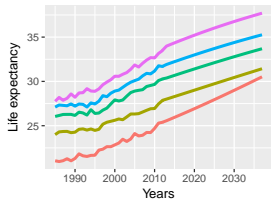


Gamma – M5 Three Dimensional





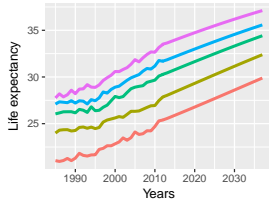
M1 – Independent



SES



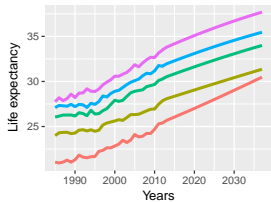
M4 – Relative



SES



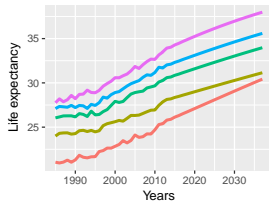
M2 – Horizontal



SES



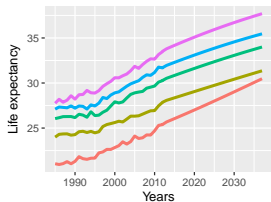
M5 – Three dimensional



SES



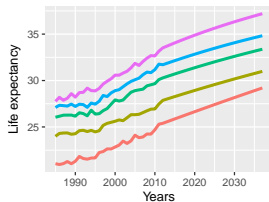
M3 – Vertical



SES



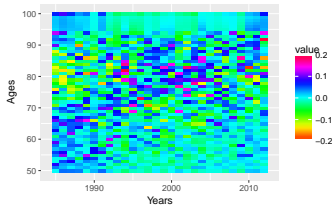
LC – Lee-Carter



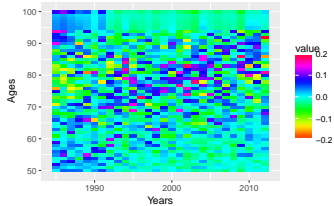
SES



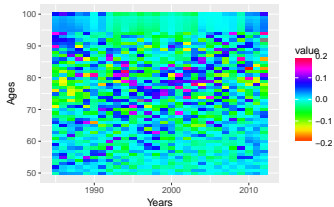
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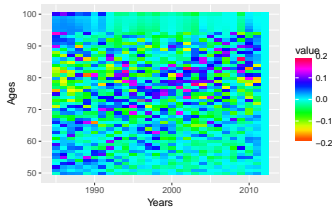
M4 – Relative



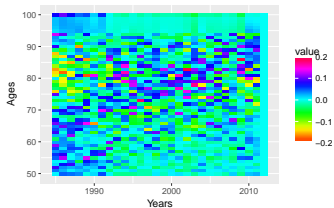
M2 – Horizontal



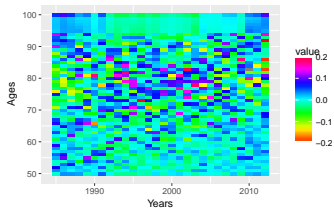
M5 – Three dimensional



M3 – Verticale



LC – Lee Carter



Residual analysis

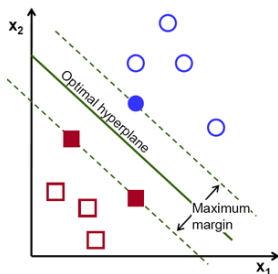
- Cause of death specific information is available for the Danish data
- Question: Is there any relation between misfits in the models and the causes people are dying from.
- Thus, we use support vector machine (SVM) to classify small and large residuals based on information about cause of death.
- The cause of death data is aggregated in 12 causes

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Table: SVM weights illustrated for the independent model

COD1	COD2	COD3	COD4	COD5	COD6	COD7	COD8	COD9	COD10	COD11	COD12
13.36	2.54	4.40	22.29	4.64	20.11	45.12	13.27	12.30	4.20	54.33	19.23

- COD1 = Infectious diseases
- COD2 = Cancer (not lung)
- COD3 = Blood diseases
- COD4 = Mental illness
- COD5 = Meningitis and diseases in the nervous system
- COD6 = Circulatory diseases
- COD7 = Lungs and breathing diseases
- COD8 = Digestive diseases and diseases urine, kidney
- COD9 = Senility without mental illness
- COD10 = Road and other accidents and suicide
- COD11 = Other
- COD12 = Lung cancer

Conclusions

- Coda models can successfully be used to forecast mortality in socio-economic sub-populations
- 2 trends are found to dominate mortality trends for Danish males by socio-economic status
- The relative model introduces the strongest coherence and forecasts are dominated by the national level
- Lungs and breathing diseases and other diseases are closest related to misfits of the independence models

