

Introduction

Mortality improvements

- Countries studied:
 - France, Spain (« Latin countries »)
 - UK, USA (« Anglo-saxon countries)
- Study focused in particular on ages above ages 55-60

Mortality projections by cause of death

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Summary

Observed improvements

- Reducing mortality rates
- · Rectangularisation of the survival curve
- Male « extra-mortality »
- Causes of death and risk factors

Mortality projections

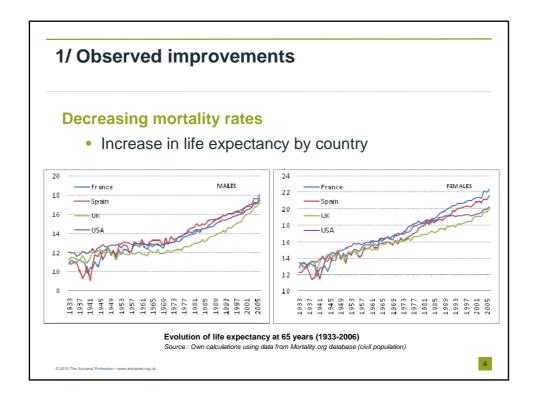
• Using observed cause of death trends

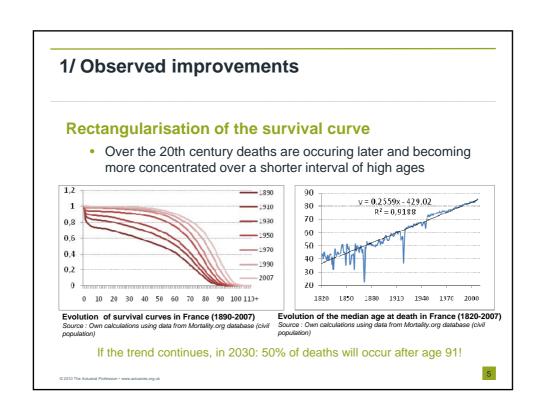
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1/ Observed improvements

Significant changes in mortality over the 20th century

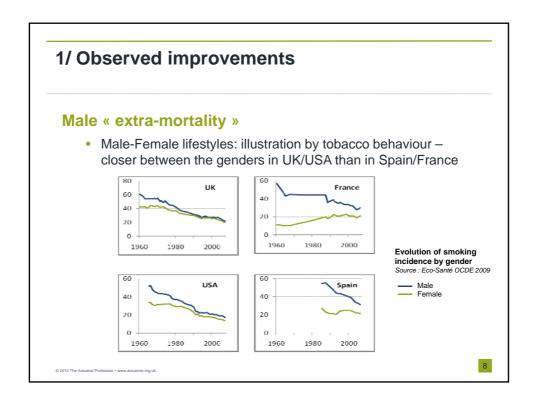
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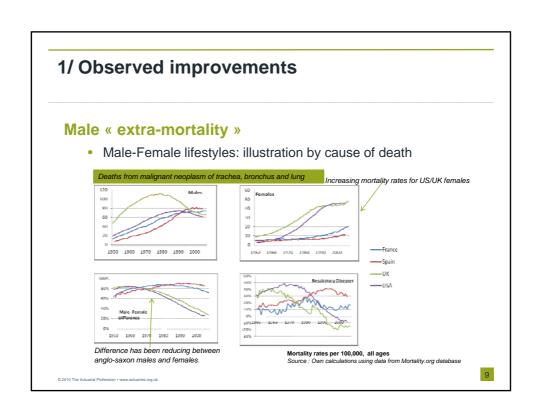




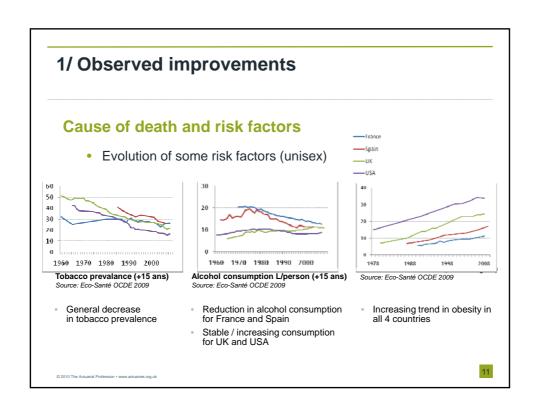
1/ Observed improvements Male « extra-mortality » • Male-Female difference has increased over time: illustration for France 3,5 **—1**870-1889 -1890-1909 **Characteristics -1**920 1939 1940-1959 · Silhouette with 2 humps Homme / q_Femme **——1960-19/9** • 15-25: accidents 1980-1999 1,5 -2000-2007 • 45-65: tumeurs (40%) CV (23%) 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 Evolution of the ratio of male to female mortality rates by age, for several periods since 1870 Source: Own calculations using data from Mortality.org database (civil population) 6

1/ Observed improvements Male « extra-mortality » Difference between genders is less pronounced for « anglosaxon » than « latin » countries. France 3 Espagne Royaume-Uni qx Homme / qx Femme 2.5 USA 2 Ratio of male to female 1,5 mortality rates by age (average 2002 - 2006) Source: Own calculations us data from Mortality.org databa (civil population) 1 20 30 40 50 60 70 80 90 100 Partial explanation: life style of « anglo-saxon » females closer to that of their male counterparts than in « latin » countries ?





Cause of death and risk factors The principle causes of death between ages 55 and 75 averaged across the 4 countries, in 2005 (unisex) Tumours Circulatory diseases Accident/Suicide/Murder Percentage of death accounted for 80% Tumours Circulatory diseases Accident/Suicide/Murder Percentage of death accounted for 80% Tumours Circulatory diseases 40% Respiratory diseases 12% Accident/Suicide/Murder Percentage of death accounted for 74% Percentage of death accounted for 74%



1/ Observed improvements

Conclusion – past mortality trends

- Future mortality improvements
 - We can hope for more future gains, especially for cancer
 - Impact of other medical progress?
- Increasing prevalence of obesity
 - · Could result in change in CVD future mortality
- Divergence of male female lifestyles
 - Female mortality improvements could stagnate

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2/ Mortality projections

Is it possible to use information from other countries' observed data when making future mortality projections?

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2/ Mortality projections

Considerations in Cause of death projections

- Richards (2011)* lists numerous issues with cause-of-death projections including:
 - 1) How is the inherent bias towards projecting lower improvements corrected?
 - 2) How is socio-economic bias handled?
 - 3) How are correlations in the data handled?
 - 4) How are correlations in projections handled?
 - 5) How are changes in the classification systems and in their application handled?

* Richards, S. J (2011) <u>Seven questions for projections by cause-of-death</u>, Longevitas Ltd

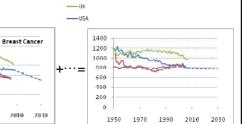
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2/ Mortality projections

Subjective model – applying cause of death projection

- Simple example of model for French female mortality
 - Graphically using an all-age mortality rate
 - Applying trends from all 4 countries

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Trachea, bronches and lung cancer

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2/ Mortality projections Subjective model – applying cause of death projection Simple example of model for French female mortality • Rate per 100 000 females Lung cancer Breast cancer 36 25 Cancer of reproductive system 15 Stomach cancer Bowel and colon cancer 22 The observed average improvement between 1987-2005: 0.556% Other cancers (46%) (Assume unch Circulatory diseases 254 215 Pessimistic projection CVD 192 170 Stroke 62 *45* 54 Respiratory diseases 54 45 Accidents Suicides Homicide 30 Transport accidents 3 Unexplained (33%) 273 Assumption of independence between causes of death

