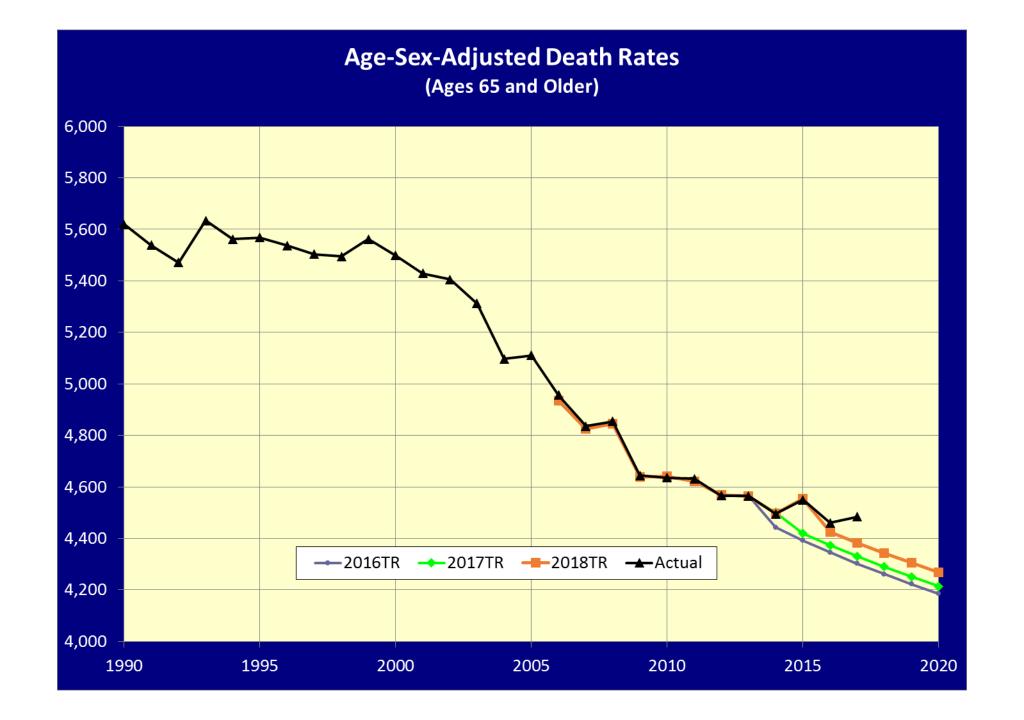
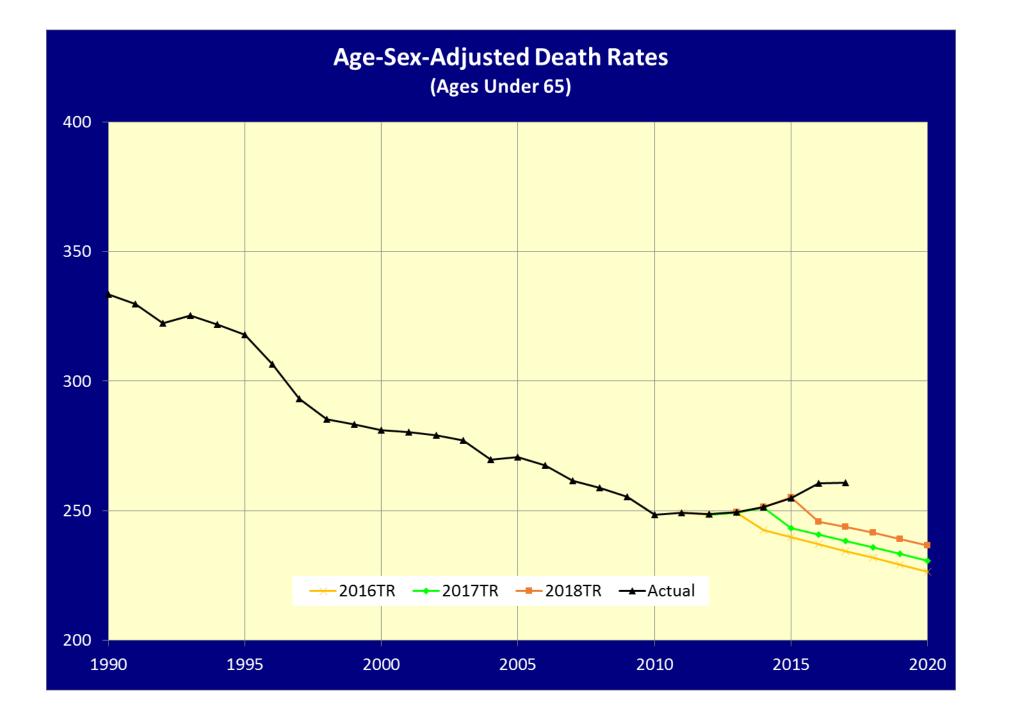
## Mortality Overview

Office of the Chief Actuary
TPAM 2019 Meeting
December 14, 2018

### Projecting Mortality

- Mortality rates are assumed to decline in the future. But how fast?
- The annual Trustees Report (TR) uses three sets of (deterministic) projections:
  - Low cost (alternative I)
  - Intermediate (alternative II)
  - High cost (alternative III)





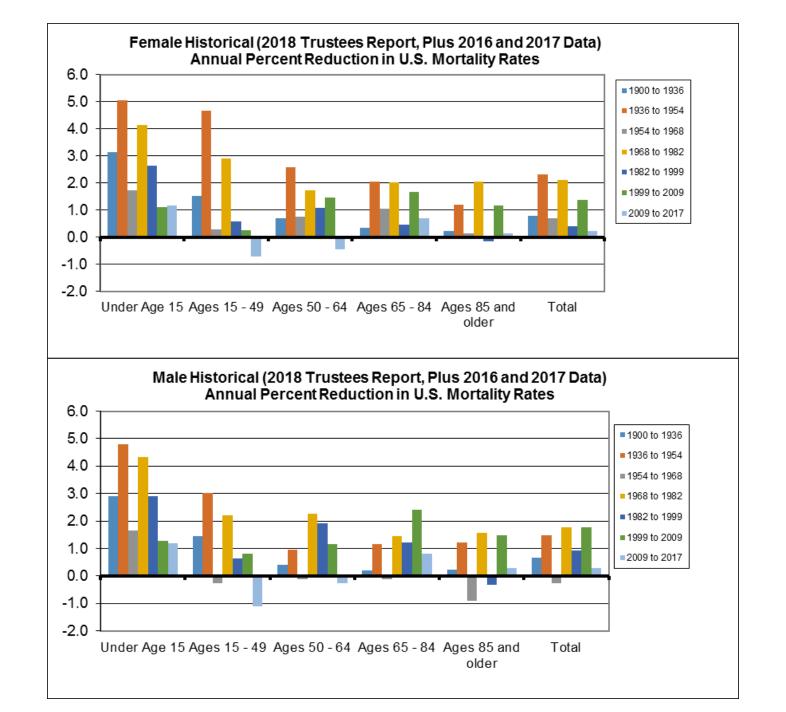
## Trustees Assumptions: Ultimate Annual Rates of Decline

#### 5 broad age groups:

- 1. Ages 0 14
- 2. Ages 15 49
- 3. Ages 50 64
- 4. Ages 65 84
- 5. Ages 85 and older

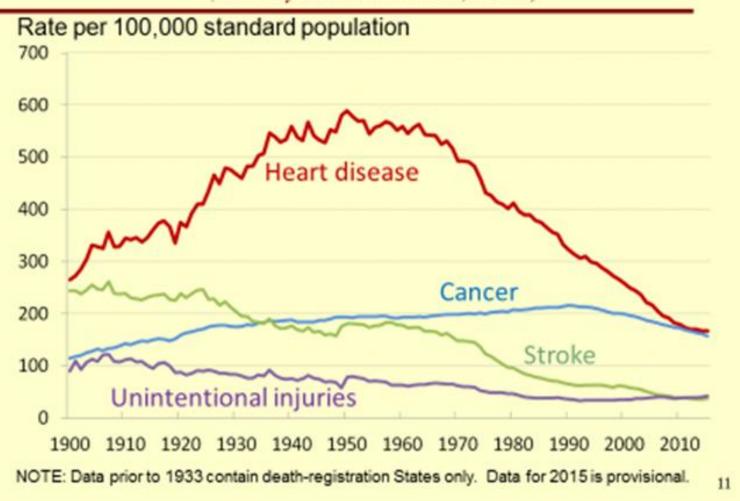
#### 5 causes of death:

- 1. Cardiovascular
- 2. Cancer
- 3. Violence
- 4. Respiratory
- 5. All other



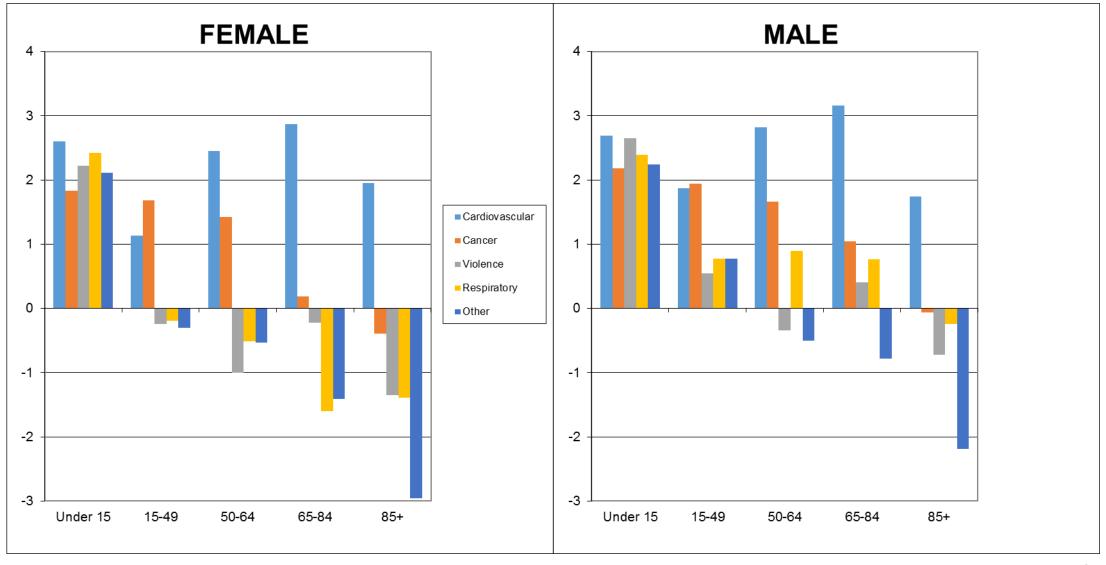
## Age-adjusted Death Rates for Heart Disease, Cancer, Stroke, and Unintentional Injuries: United States, 1900-2015

(courtesy Robert Anderson, NCHS)



#### Mortality Decline by Cause of Death:

Rate of Change from 1979 to 2017

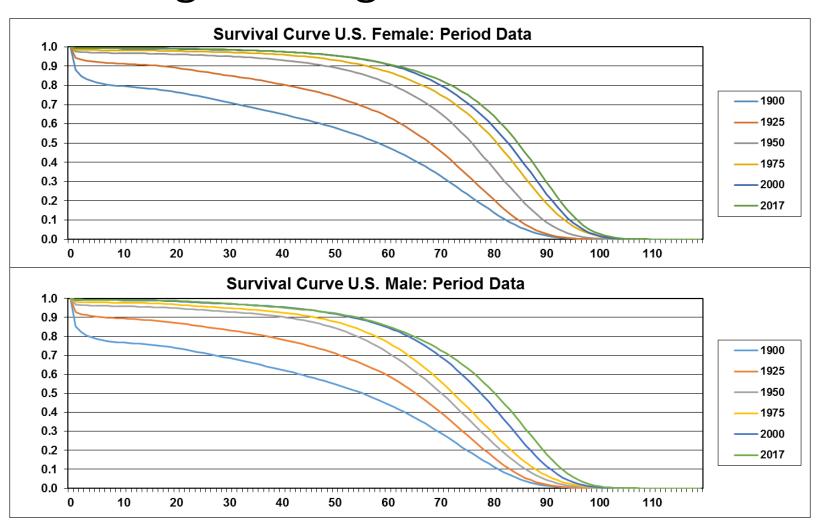


### How Future Conditions Might Change

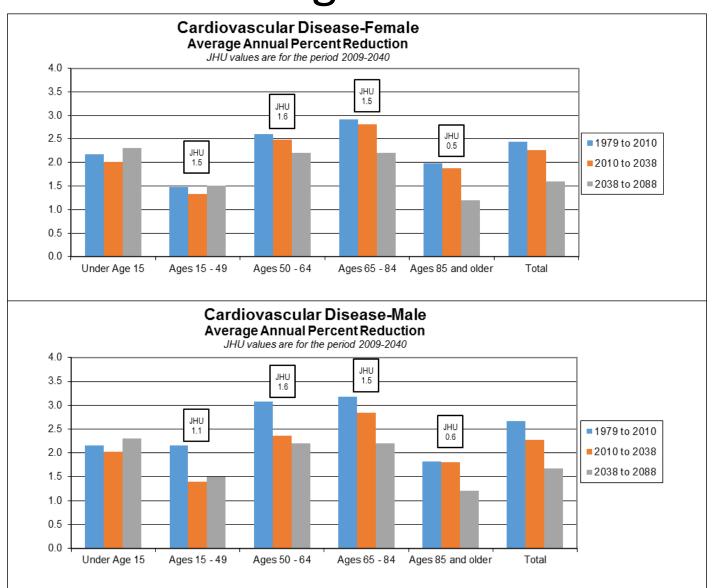
- Smoking decline for women
  - Started and stopped later than men
- Obesity sedentary lifestyle
- Difference by income/earnings
- Health spending must decelerate
  - Advances help only if they apply to all
- Human limits
  - Increasing understanding of deceleration

## Is there an Omega?

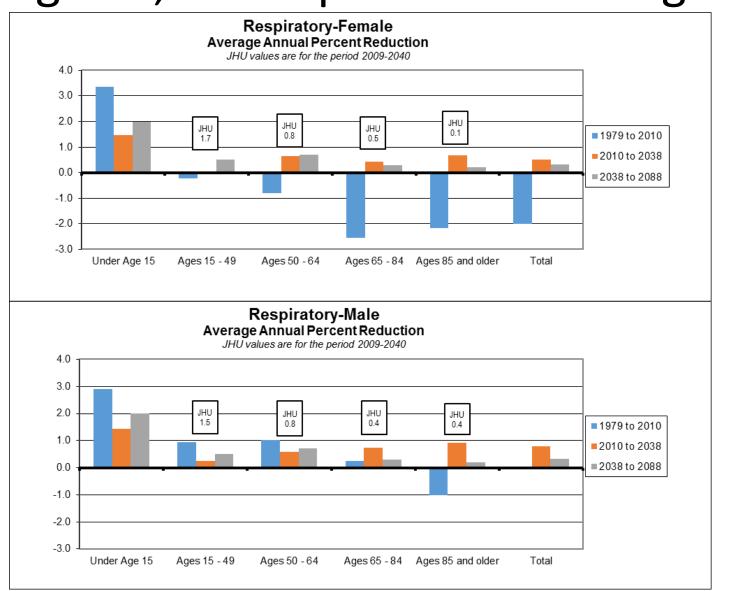
Rectangularizing the survival curve?



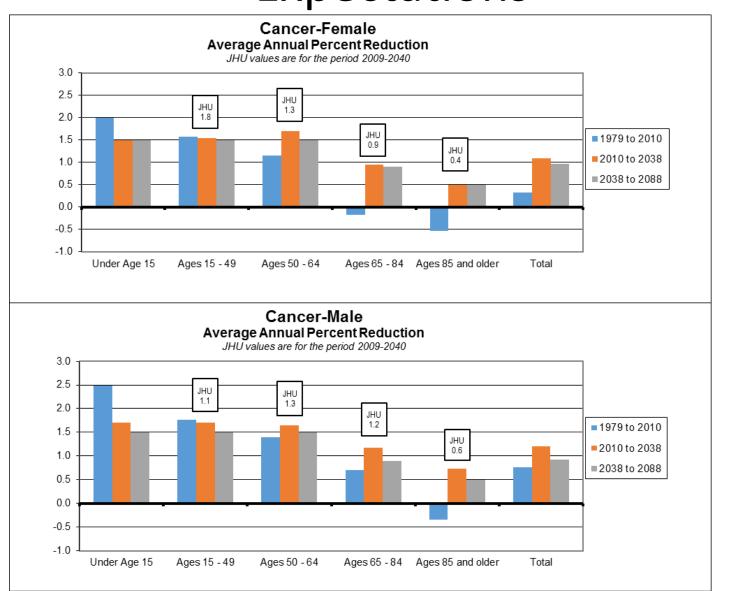
# Cardiovascular: JHU Less Optimistic than Trustees Over Age 50 for Next 30 Years



# Respiratory: JHU More Optimistic Under Age 50; Less Optimistic Over Age 85



# Cancer: JHU Very Similar to Trustees' Expectations



### For More Information...

https://www.ssa.gov/OACT/index.html

- Annual Trustees Reports: https://www.ssa.gov/OACT/TR/index.html
- Documentation of Trustees Report data and assumptions: <a href="https://www.ssa.gov/OACT/TR/2018/2018">https://www.ssa.gov/OACT/TR/2018/2018</a> Long-Range Demographic Assumptions.pdf
- Historical and Projected mortality rates: https://www.ssa.gov/OACT/HistEst/DeathHome.html

## Appendix

## Various Alternative Projection Approaches Using Data

- Extrapolating past trends
  - Age setback (early method)
  - Mortality rate by age and sex (Lee/Carter)
  - Life Expectancy at birth (Vaupel/Oeppen)
  - Mortality rates by trend all ages (2011 Technical Panel, CBO 2013 2015)
- Or reflect changing conditions
  - Improvement by cohort (UK CMI, SOA)
  - Mortality rate by age, sex, cause (OCACT TR, 2015 Technical Panel)

### Will Life Expectancy Rise Linearly?

Vaupel/Oeppen 2002; Best Nations

- Requires accelerating rate of decline in mortality rates if retain age gradient
- LE most affected by lowest ages only so much gain possible
- Most disagree
  - Vallin/Meslé

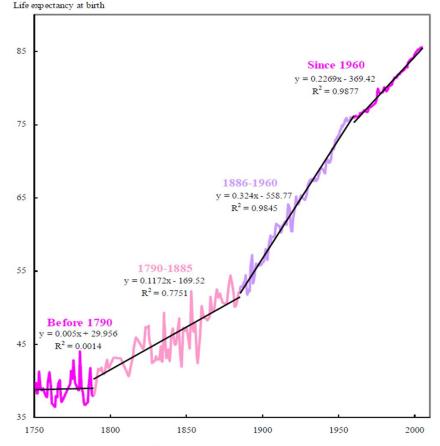
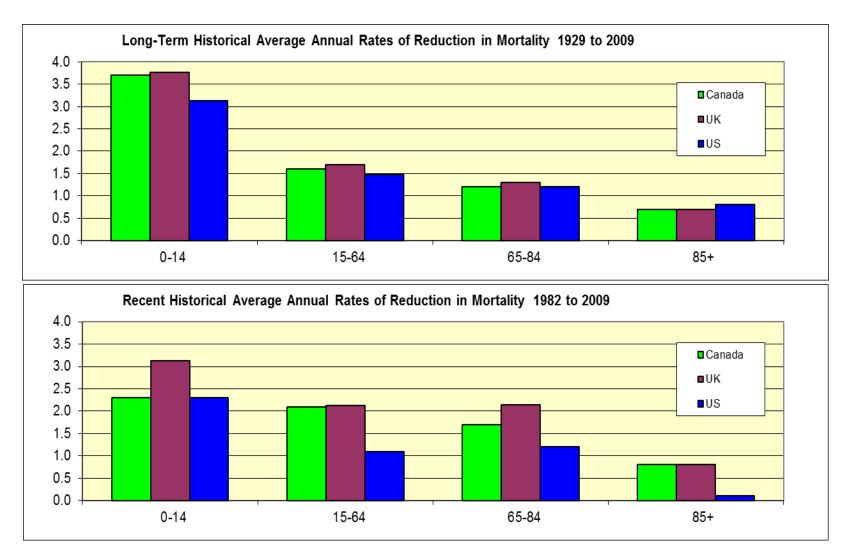


Figure 2. Maximum female life expectancy at birth since 1750 but excluding Norway (until 1866) and New Zealand

Source: Vallin and Meslé 2008

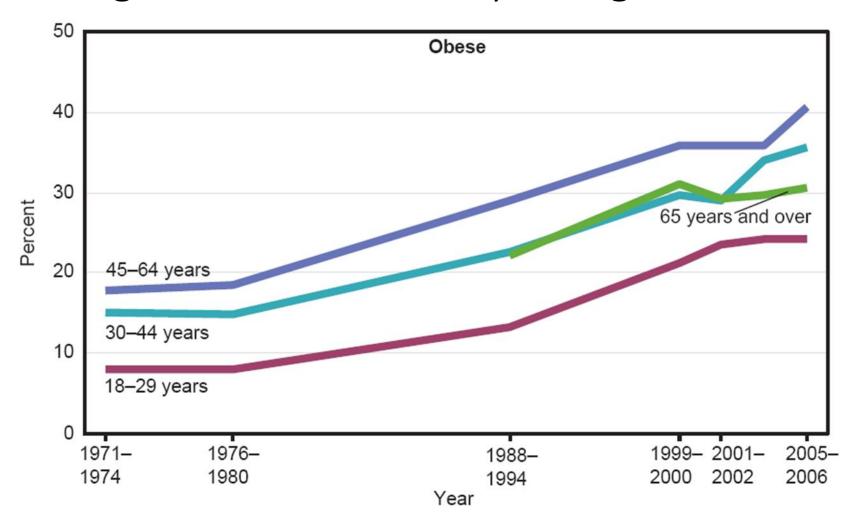
## Appropriate Data: by Age Critical

Age gradient in past reduction is clear



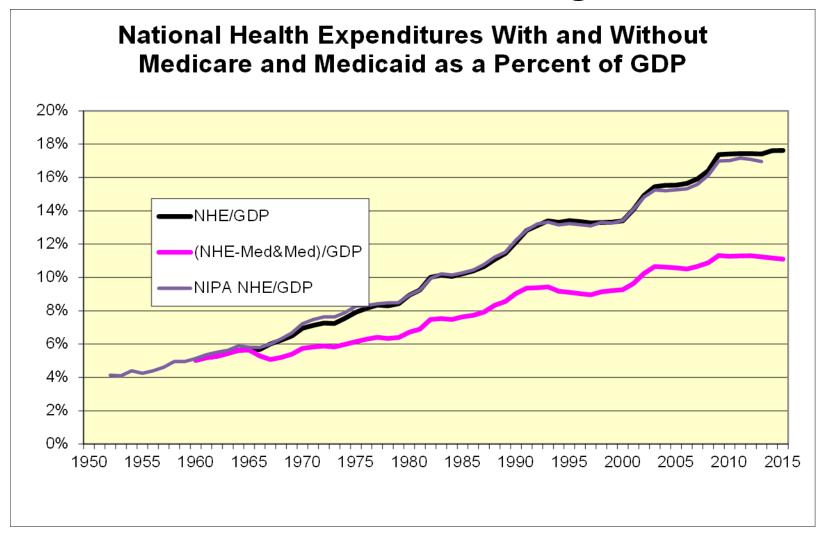
### Trends in Obesity: US 1971-2006

Sam Preston 2010 – must consider **cumulative** effects Increasing duration of obesity for aged in the future



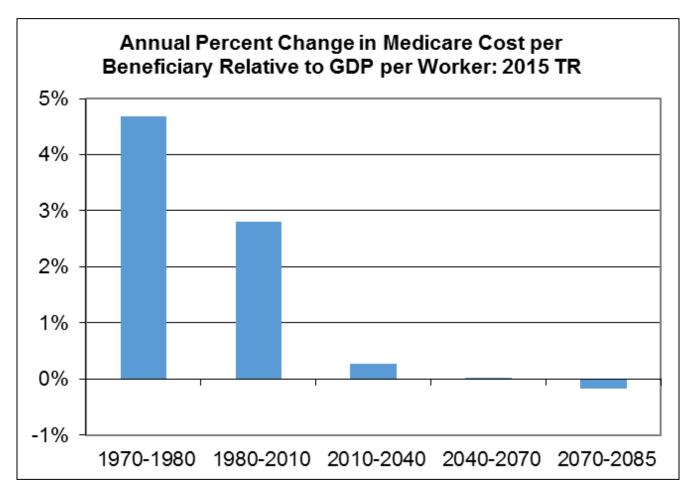
### Does Health Spending Affect Mortality?

Note rise, at least through 2009



# Health Spending Cannot Continue to Rise at Historical Rates

Note Trustees' deceleration



# Mortality By Career-Average Earnings Level Actuarial Study #124

- Compared the death rates among retired-worker beneficiaries by sex, age group, and lifetime career-average earnings level (AIME) to the annual death rate among retired-worker beneficiaries for that sex and age group.
- For each sex and age group, we calculated the relative mortality ratios at various AIME levels.

#### Age Group 65-69 Relative Mortality Ratios

