

# Modeling Australian Population Mortality Heterogeneity with Frailty and Markov Ageing Models

Michael Sherris with Shu Su

CEPAR and School of Actuarial Studies  
Australian School of Business, University of New South Wales  
Sydney, Australia  
email: [m.sherris@unsw.edu.au](mailto:m.sherris@unsw.edu.au)

CEPAR Demography and Longevity Workshop  
Sydney, UNSW, 25 and 26 July 2011



## Motivation and Background

- Superannuation and Life annuity markets in Australia
  - Accumulation in DC funds (Corporate Funds, Industry Funds, Retail Funds) with limited longevity products
  - Reviews (Henry Tax Review, Cooper Review) recommend retirement options to include longevity products
  - Heterogeneity in population and impact on longevity products not quantified or well understood
- Heterogeneity in mortality risks in providing (mandated) longevity products for a population
  - Need for use of rating factors for fairness, particularly different industry funds
  - Limited support for Government provision of annuities and community rating for retirement savings



## Research Objective

- Comparing models and quantifying mortality heterogeneity of Australian population
  - Frailty model (Vaupel et al. 1979)
    - Heterogeneity modelled by the distribution of frailty factor of individuals at each age
  - Markov ageing model (Lin and Liu 2007)
    - Heterogeneity modelled by the distribution of health states individuals occupy at each age
- Projection of mortality rates at higher ages, taking into account heterogeneity
- Potential impact of heterogeneity on life annuity pricing

## Frailty Factor

- Unobserved mortality risk factor fixed at birth, mathematically defined in terms of force of mortality:

$$\mu(x, z) = z \cdot \mu(x, 1)$$

- Assumptions: standard force of mortality and frailty distribution
  - Standard force of mortality

$$\mu(x, 1) = \alpha \cdot e^{\beta x}$$

- Frailty distribution
  - Gamma

$$f_Z(z) = \frac{\lambda^k}{\Gamma(k)} \cdot z^{k-1} \cdot e^{-\lambda \cdot z}$$

- Inverse Gaussian

$$f_Z(z) = \left(\frac{\delta}{\pi}\right)^{\frac{1}{2}} \cdot e^{\sqrt{4\delta\theta}} \cdot z^{-\frac{3}{2}} \cdot e^{-\theta z - \frac{\delta}{z}}$$

# Frailty Model

- Distribution of frailty at age  $x$ 
  - Gamma distribution

$$f_{Z|X}(z|X = x) = \frac{(\lambda(x))^k}{\Gamma(k)} \cdot z^{k-1} \cdot e^{-\lambda(x) \cdot z}$$

with

$$\lambda(x) = \lambda + H(x, 1), \text{ and } E[z] = \frac{k}{\lambda(x)}, \quad \text{Var}[z] = \frac{k}{(\lambda(x))^2}$$

- Inverse Gaussian distribution

$$f_{Z|X}(z|X = x) = \left(\frac{\delta}{\pi}\right)^{\frac{1}{2}} \cdot e^{\sqrt{4\delta\theta(x)}} \cdot z^{-\frac{3}{2}} \cdot e^{-\theta(x) \cdot z - \frac{\delta}{z}}$$

with

$$\theta(x) = \theta + H(x, 1), \text{ and } E[z] = \left(\frac{\delta}{\theta(x)}\right)^{\frac{1}{2}}, \quad \text{Var}[z] = \frac{1}{2} \sqrt{\frac{\delta}{(\theta(x))^3}}$$

# Model Estimation

- Mean frailty approach

- Assumes the average force of mortality is the cohort force of mortality

$$\bar{\mu}_x = \mu(x, 1) \cdot \bar{z}_x$$

- Number of deaths follows *Poisson*( $\bar{\mu}_x E_x$ )

- Normal approximation for sample mean mortality rates

- The observed cohort is a sample of size  $E_x$  of the population
- Sample mean force of mortality is approximately normally distributed with
  - Under Gamma distributed frailty

$$E[\hat{\mu}_x] = \mu(x, 1) \cdot \frac{k}{\lambda + H(x, 1)}, \quad \text{Var}[\hat{\mu}_x] = \frac{(\mu(x, 1))^2 \cdot k}{E_x \cdot (k + H(x, 1))^2}$$

- Under Inverse Gaussian distributed frailty

$$E[\hat{\mu}_x] = \mu(x, 1) \cdot \left( \frac{\delta}{\theta + H(x, 1)} \right)^{\frac{1}{2}}, \quad \text{Var}[\hat{\mu}_x] = \frac{(\mu(x, 1))^2}{2 \cdot E_x} \sqrt{\frac{\delta}{(\theta + H(x, 1))^3}}$$



## Markov Ageing Model

- Ageing process modelled in terms of changes in physiological functions
- Studies of human body functions reveal that functional variables decline roughly linearly after age 30
- Physiological age: represents the degree of ageing
  - For any given age there is a range of physiological ages (representing heterogeneity)
  - Higher mortality rates for higher physiological ages

## Markov Ageing Model

- Markov process with  $n$  transient states and 1 absorbing death state, describing the aging process of human beings

$$\Lambda = \begin{pmatrix} -(\lambda_1 + q_1) & \cdots & 0 & 0 & \cdots & 0 \\ \cdots & \cdots & -(\lambda_k + q_k) & \lambda_k & \cdots & 0 \\ 0 & \cdots & 0 & -(\lambda + \gamma + \alpha e^{\beta(k+1)}) & \cdots & 0 \\ 0 & \cdots & 0 & 0 & \cdots & 0 \\ \cdots & \cdots & \cdots & \cdots & \cdots & \cdots \\ 0 & 0 & 0 & 0 & \cdots & -(\alpha + e^{\beta n}) \end{pmatrix}$$

- 4 developmental periods
- $\lambda_i = \lambda$  for  $i = 5, 6, \dots, n - 1$
- Death rates for  $i = 5, 6, \dots, n$

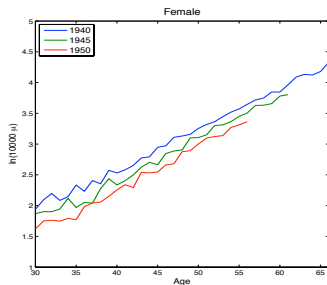
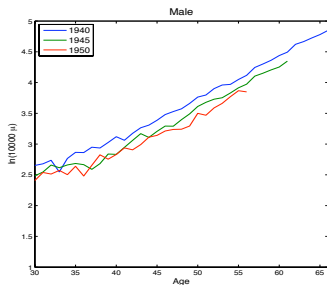
$$q_i = \begin{cases} \gamma + \gamma_1 + \alpha e^{\beta i} & : \text{ for } i_1 < i < i_2 \\ \gamma + \alpha e^{\beta i} & : \text{ otherwise} \end{cases}$$

- Time to death follows phase-type distribution with  $\hat{S}(t) = \alpha \exp(\Lambda t) e$
- $\hat{q}_x = \frac{\hat{S}_x - \hat{S}_{x+1}}{\hat{S}_x}$
- Weighted least squares estimation:  $\sum_x (q_x - \hat{q}_x)^2 \cdot w_x$



# Data for Frailty Model: Human Mortality database

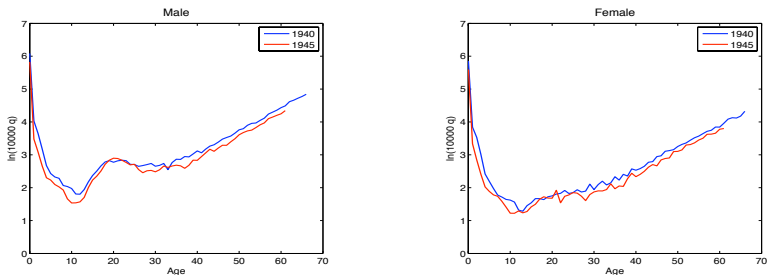
Figure: Observed Cohort Force of Mortality: Log Transform



Note: Cohort force of mortality is estimated by the central death rate for birth cohorts 1940, 1945, and 1950, both male and female

# Data for Markov Aging Model: Human Mortality Database

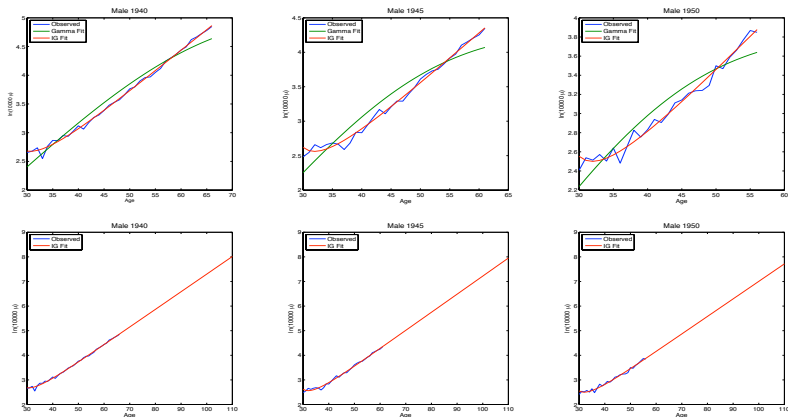
Figure: Observed Cohort Death Probability: Log Transform



Note: Observed death probability estimated from central death rates  $q_x = \frac{m_x}{1+1/2m_x}$  for birth cohort 1940, and 1945, both male and female

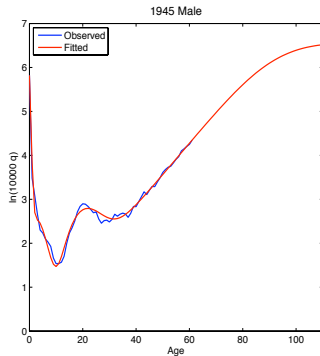
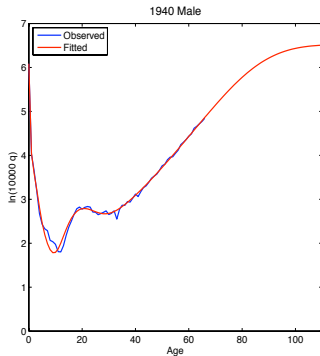
# Fitting and Projection for Frailty Model

Figure: Observed versus Fitted Cohort Average Force of Mortality: Male



# Fitting and Projection for Markov Ageing Model

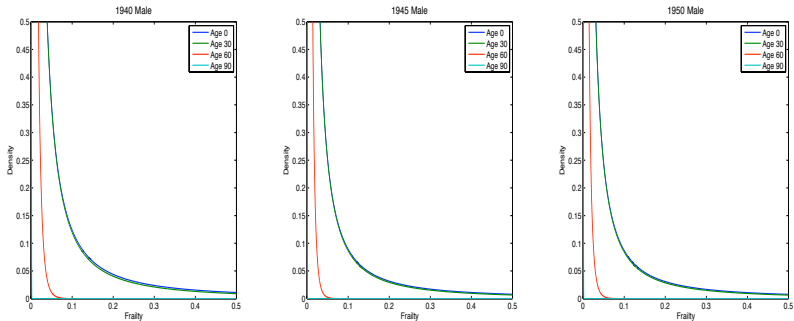
Figure: Observed versus Fitted Death Probability with Projection at Higher Ages





# Distribution of Frailty

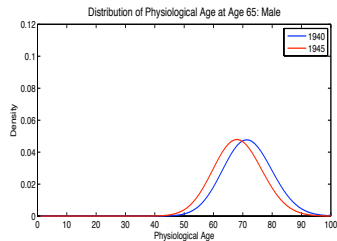
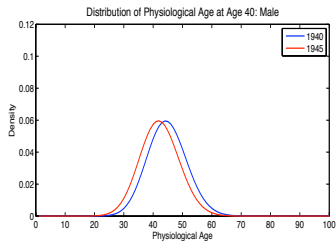
Figure: Distribution of Frailty at different ages





# Distribution of Physiological Age

Figure: Distribution of Physiological Age: Male



# Annuity Rates for Heterogeneous Individuals: 1940 Male

**Table:** Annuity Rate for Individuals with Differing Frailty

Frailty	Cohort	0.00005	0.0001	0.0002	0.0005	0.001	0.01
$q_{65}$	0.012	0.001	0.002	0.004	0.010	0.021	0.189
Whole Life Annuity	\$14.31	\$18.12	\$16.36	\$14.38	\$11.49	\$9.18	\$2.59
Deferred Life Annuity	\$2.36	\$4.32	\$2.94	\$1.66	\$0.47	\$0.08	\$0.00
$F(z)$		19.40%	38.26%	56.95%	76.49%	86.70%	99.59%

**Table:** Annuity Rates for Individuals with Differing Physiological Age

Physiological Age $j$	64	68	73	77	81	94
$q_{65}$	0.006	0.008	0.011	0.015	0.019	0.047
Whole Life	\$19.44	\$18.31	\$16.83	\$15.63	\$14.44	\$11.15
Deferred Life	\$5.34	\$4.55	\$3.63	\$2.99	\$2.46	\$1.50
$F(j)$	19.47%	35.49%	59.01%	75.81%	87.83%	99.60%

Note: Whole life annuity prices for individual aged 65. Deferred life annuity prices for individuals aged 65 with first payment at age 85. Real interest rate of 3%.

## Summary of Results

- Variability in mortality rates from both heterogeneity and stochastic variation: only heterogeneity considered
- Frailty and Markov Ageing models fitted and compared with Australian population data
- Frailty model
  - Depends heavily on cohort mortality and frailty distribution assumptions
  - Older age improvement from earlier deaths of more frail
  - Frailty distribution less variable at older ages
- Markov Ageing Model
  - Physiological age more readily calibrated to ageing process
  - Heterogeneity increases with age
  - Provides reasonable basis for quantifying heterogeneity
- Markov Ageing model preferred over Frailty model