

Stat 405 Final

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Introduction

Spoiler Warning Masaki Kobayashi's *Harakiri* (1962) is a Japanese film about a samurai who asks to commit ritual suicide at a lord's palace. Throughout the film, the audience learns the story of what brings the samurai to the palace. At the palace, the samurai argues with and disrespects the lord's samurais, in revenge for past wrongs. These layers of disrespect lead to conflict and the main samurai kills many of the lord's in combat. The film ends with the lord's history where the events of the film are manipulated and recorded incorrectly to preserve honor. Contrastingly, when a person dies in the modern United States, their causes of death and characteristics are meticulously recorded with substantial effort put in to accuracy — not for honor — but for statistics. We are here to do those statistics. Cue <https://vid.puffyan.us/watch?v=yY7iGa4t9-I> music.

Primary Dataset

The National Bureau of Economic Research creates and distributes a dataset of US mortality for every year since 1959. This dataset is unique for both its breadth and depth. Each row in the dataset represents a single death, and each column represents a different demographic characteristic of the deceased. The information is derived from death certificates filed by medical professionals in the 50 states plus Washington DC. We made the decision to use

the 2019 edition of the dataset since we did not want to focus on COVID-19. Notable information the dataset contains is education, sex, age classification, day of month, place of death, weekday, manner of death, cause of death, and different risk factors that the deceased had. In 2019, there were 2,861,523 deaths total. The following are the 20 most common groups split up by race, age, education, and sex

Secondary Dataset

For our secondary dataset, we are using the Behavioral Risk Factor Surveillance System Survey. This survey includes different free text survey questions from across the United States and territories with responses broken out by subgroup. There is also information on sample size, percent affirmative response, and confidence interval bounds. We combine the secondary dataset by matching up subgroups between the death dataset and the risk factor dataset and trying to use aggregate statistics to analyze how risk factors can be matched with causes of death.

Questions

We are interested in what different factors are correlated with higher death rates. Depending on the different causes, different policies can be recommended. Moreover, we can break down the different causes of death by demographics such as race, age, and sex to determine where resources should specifically be directed.

Killer

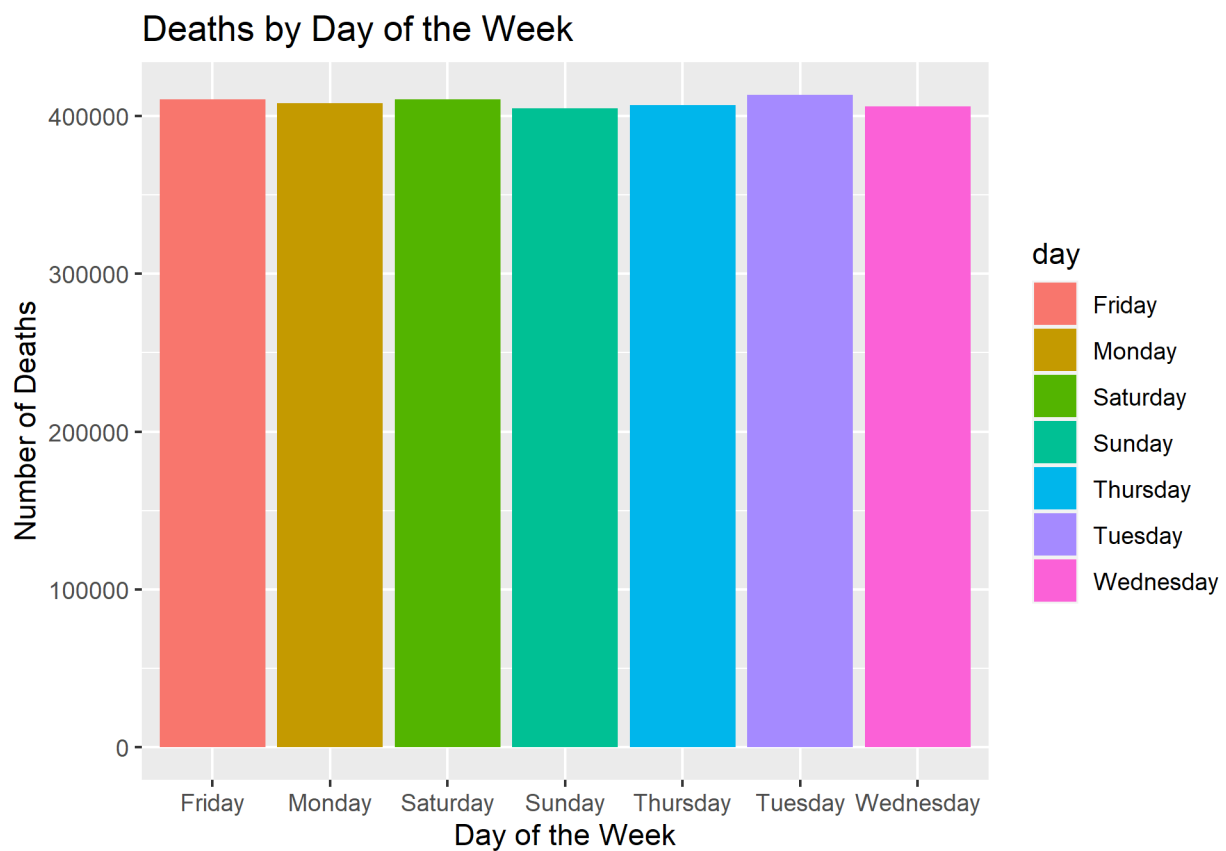
This plot demonstrates the most common manners of death among people in different cross sections of age and marriage. Head scale is determined by natural causes. Neck scale is determined by pending investigation. Left arm scale is determined by accident. Right arm

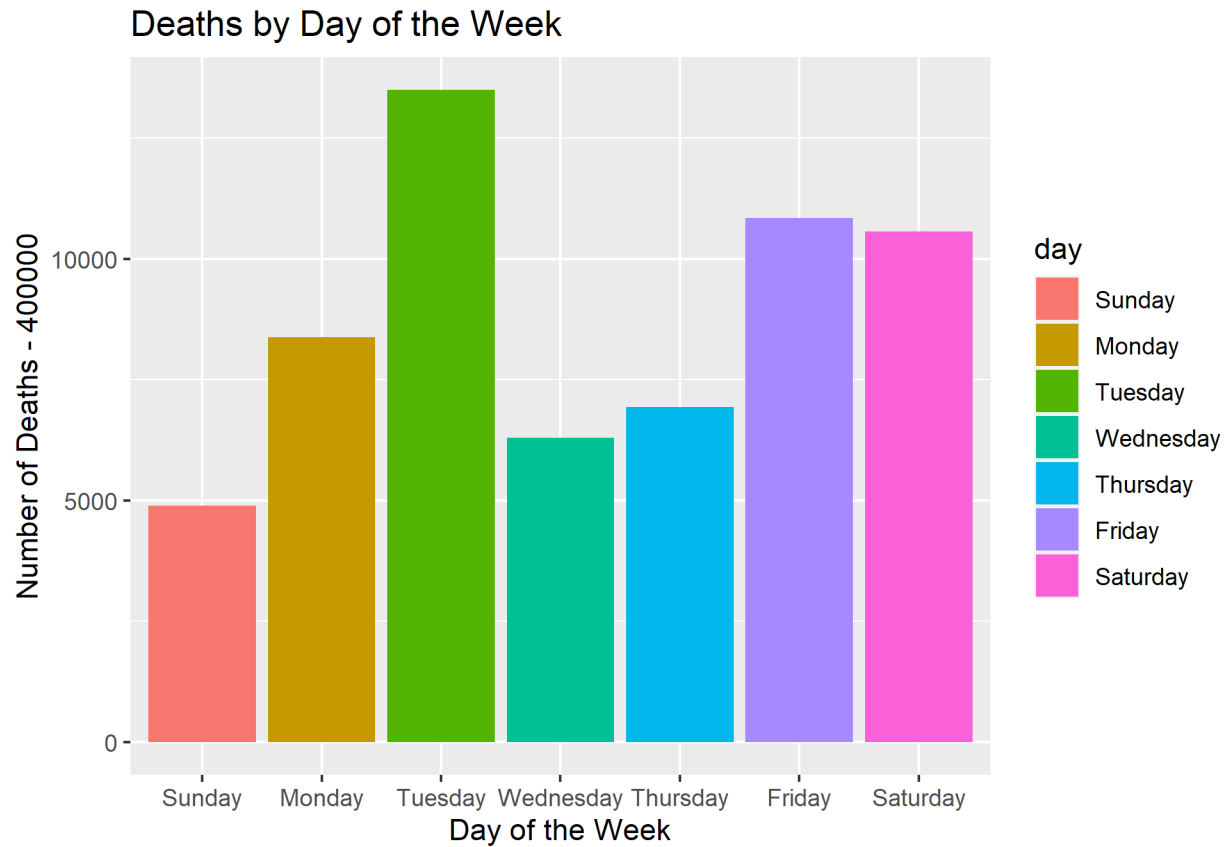
scale is determined by homicide. Left leg scale is determined by suicide. Right leg scale is determined by could not determine.

Exploration

Deaths by Weekday

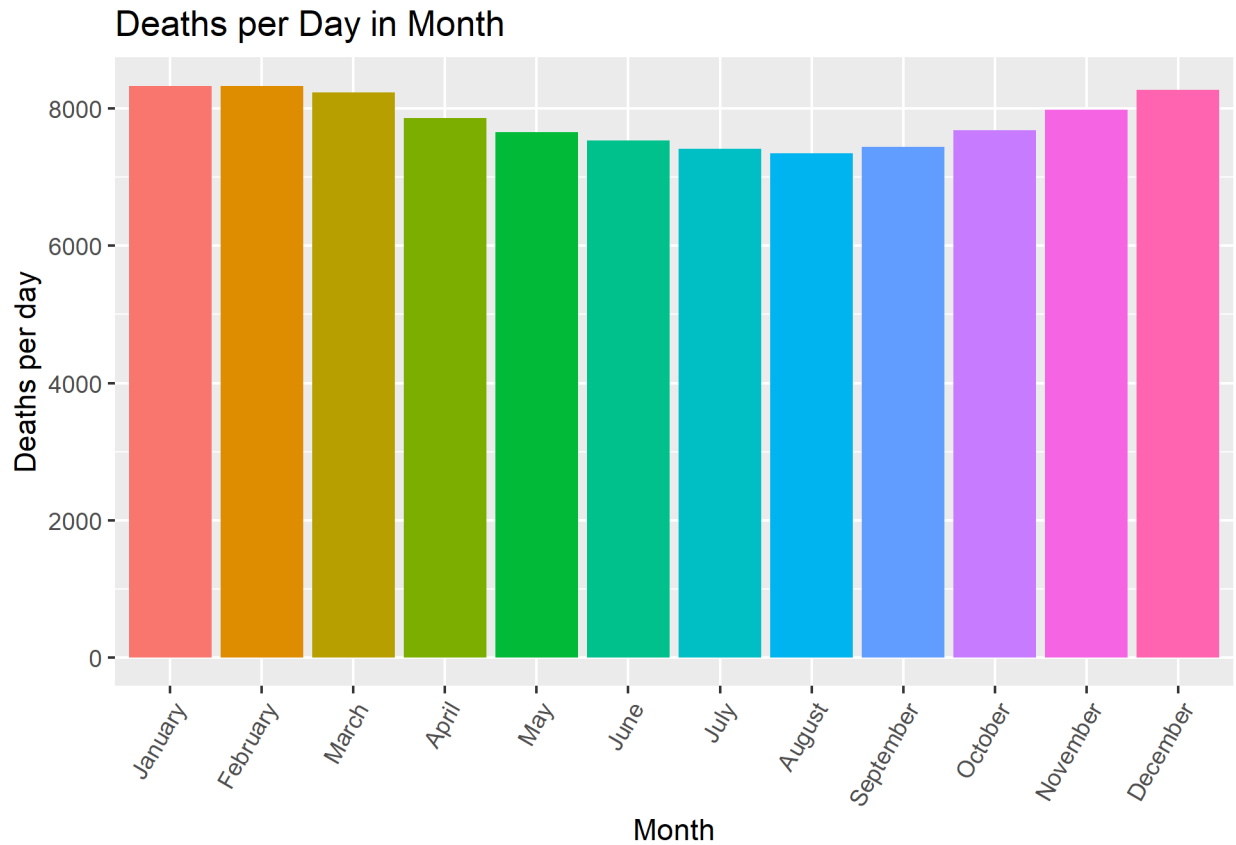
First, we plotted weekday of death versus death counts. There were the most deaths on Tuesday. However, days have an average of 7839.79 deaths and 2019 had an extra Tuesday so adjusting for that, the most deaths were on Fridays.





Deaths by Month

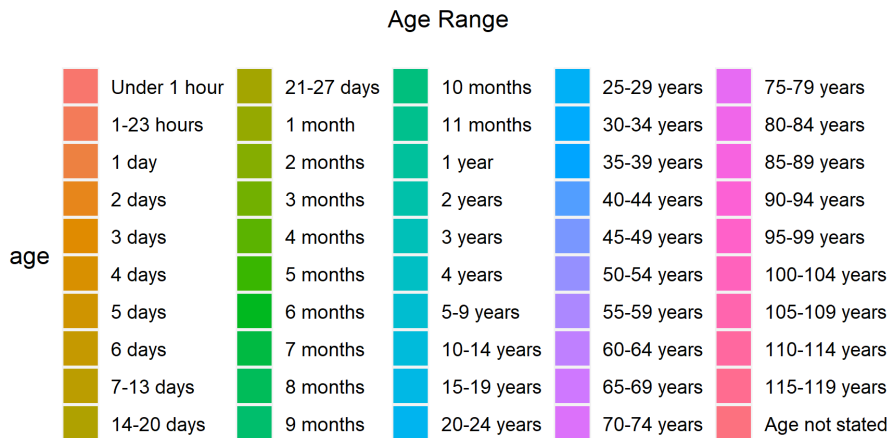
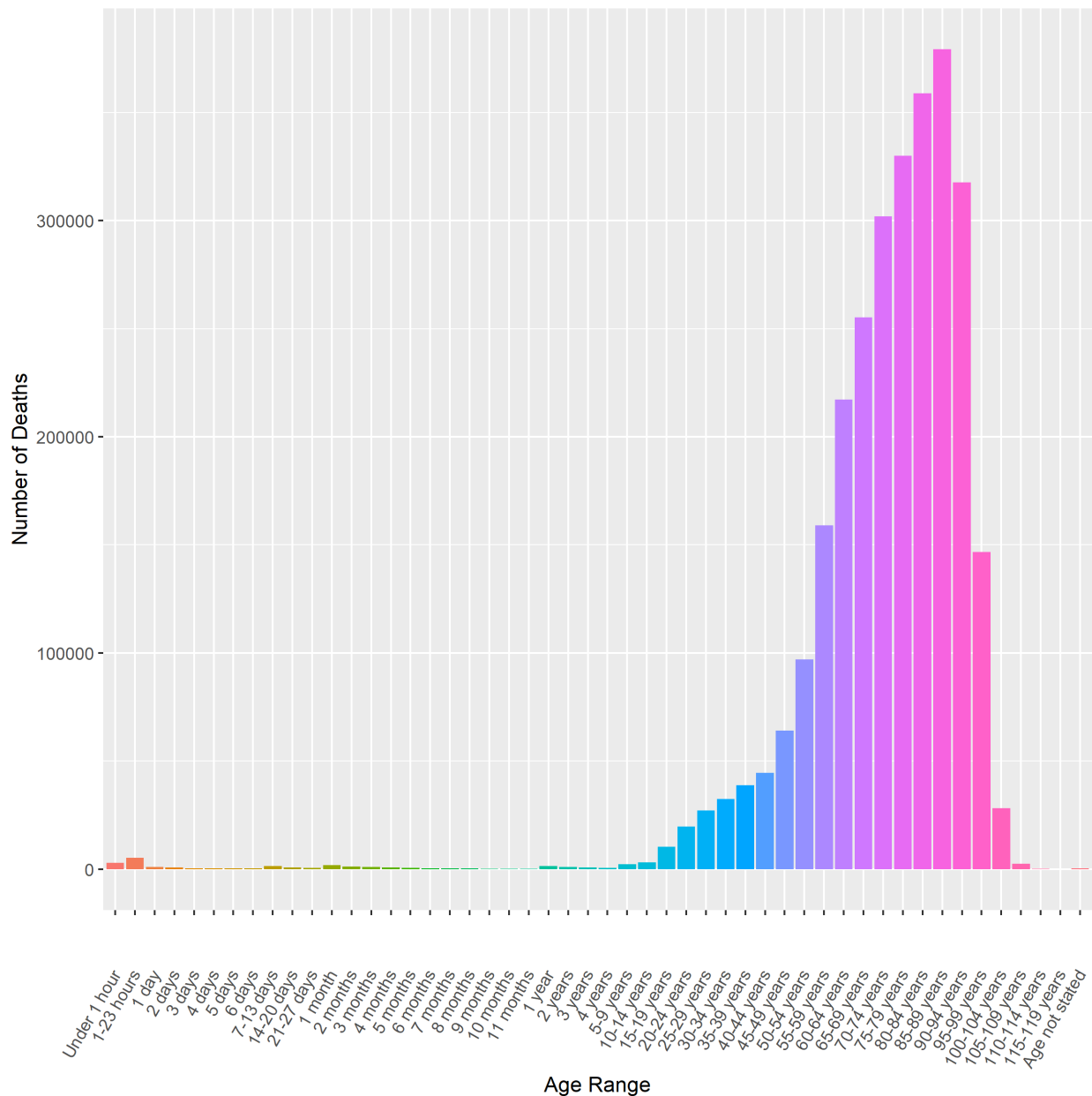
The most deaths occur in the coldest and darkest months of the year which are February, January, December, and March. Summer months have lower deaths by around 10-11%.



Deaths by Age

Next, we plotted age versus death counts. Deaths were most prevalent among older age groups such as those between 70 and 84, although deaths start increasing more quickly at age 60. There is also a spike in those less than 1 day old. However, those greater than 1 day old do not frequently die.

Deaths by Age



Deaths by Manner

Here, we plotted the manner of death versus age and counted how many people of a certain aged died based on a certain manner of death. A few key finding of this analysis shows that the majority of people die from natural causes, especially those aged 60+ and less than 1 day old, and accidental causes, spanning across all age groups. What this plot may help to inform us about is the behavior and activities that people in a general age group may commonly engage in that may have lead to their manner of passing. By being observant of the manners of death based on age group, preventative methods can be used to decrease the number of accidental related deaths if we are able to determine commonly engaged activities for age groups. Using this plot will help us answer the cause of death among the different age groups, and further promote research in what actual activities people are participating in that lead to their manner of death.

Figure 1 consists of two heatmaps, (a) and (b), showing the spatial distribution of COVID-19 cases in the Veneto region. The x-axis represents the longitude (Easting) and the y-axis represents the latitude (Northing). The color scale ranges from light blue (low) to dark blue (high).

(a) Heatmap showing the number of COVID-19 cases per 100,000 inhabitants. The distribution is highly concentrated in the northern part of the region, with a peak in the north-eastern area.

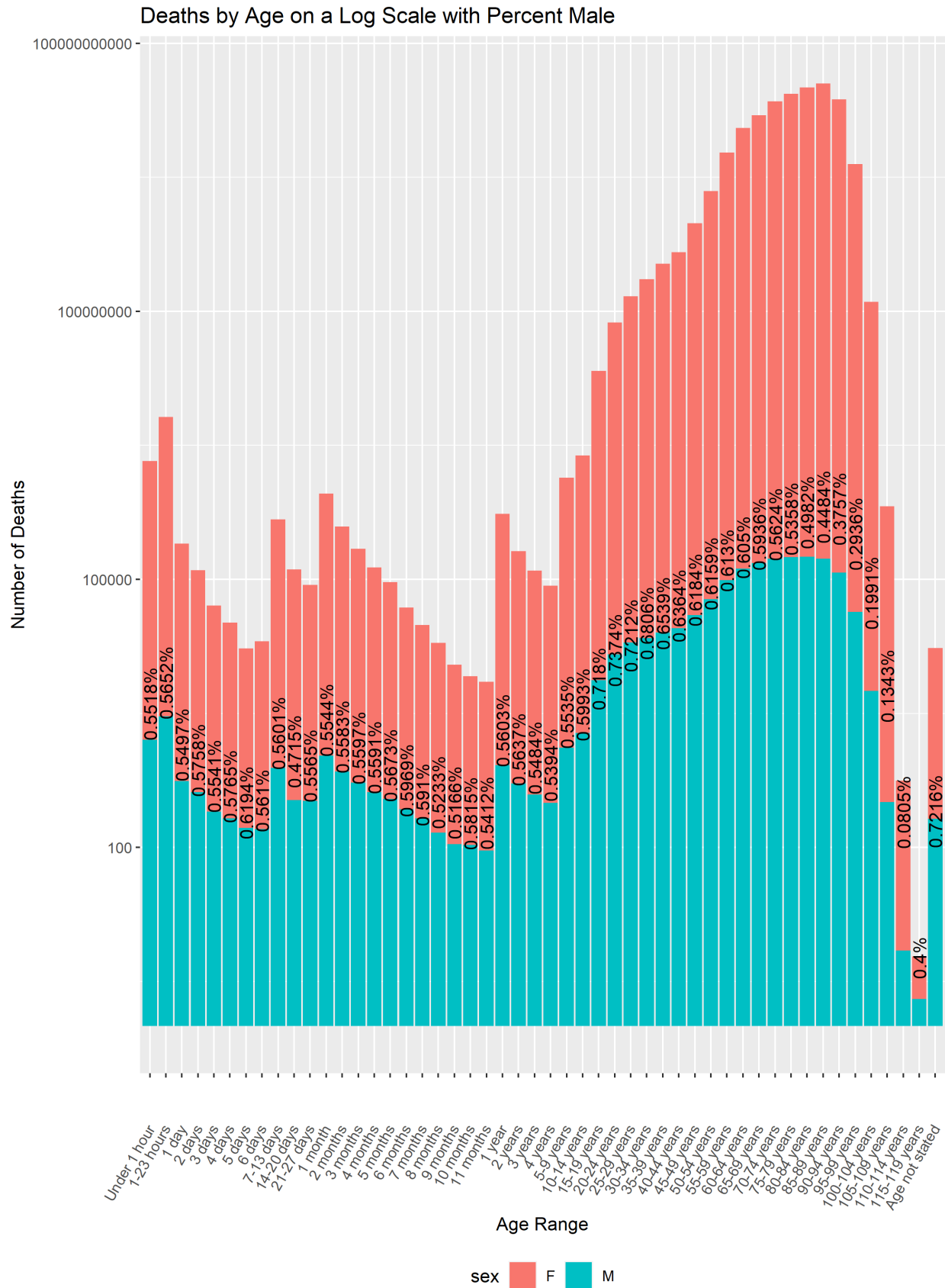
(b) Heatmap showing the number of COVID-19 cases per 100,000 inhabitants. The distribution is more uniform across the region, with a slight concentration in the north-eastern area.

Under 1 hour
1-23 hours
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4 days
5 days
6 days
7-13 days
14-20 days
21-27 days
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4 months
5 months
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Age not stated

Age

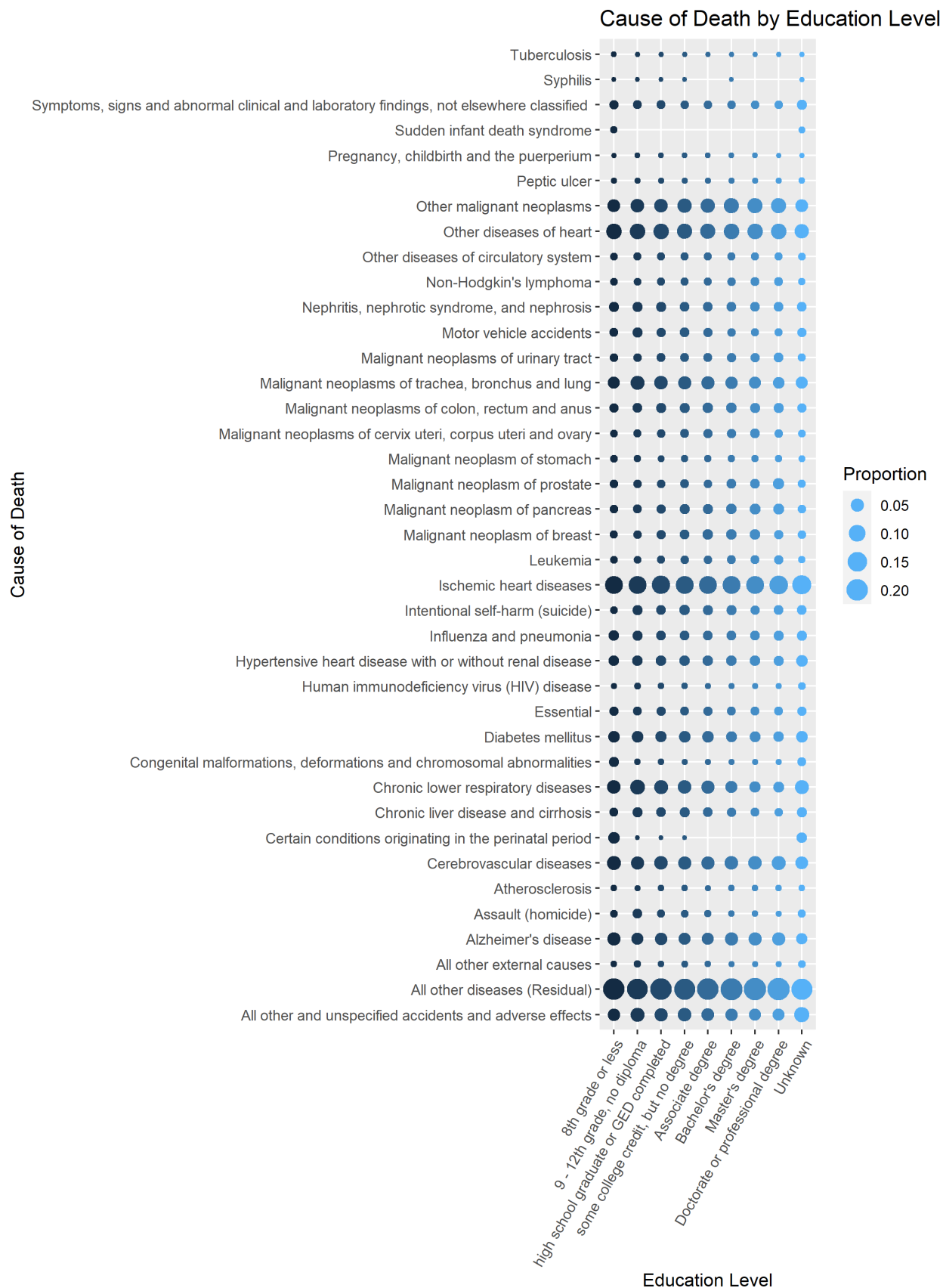
Deaths by Age and Gender

In this plot, we plotted the number of deaths versus age ranges while demonstrating how many men compared to women passed away in each age category. In each of the bars, the red fill represents the amount of women who passed away in that particular age range while the blue accounts for the amount of men. The percentage seen in each bar represents the proportion of men in a given age range that passed away. This analysis shows that the majority of people under the age of 80 who pass away tend to be men, as nearly every bar from ages 0-80 shows the proportion of male deaths to be above 50%. This proportion of male deaths goes down after 80 years of age, and is likely because women who are of an older age tend to live to a complete life expectancy. What this plot may help to inform us about is the differences in male and females lives and life expectancies. Further research into differences in lifestyle choices for men versus women as a whole may help better explain why women tend to live longer than men. Furthermore, this plot accompanied with a plot on cause of death by gender, may assist in determining what kind of, potentially more risky, behaviors men may partake in during their lifetimes that lead to an earlier death than women.



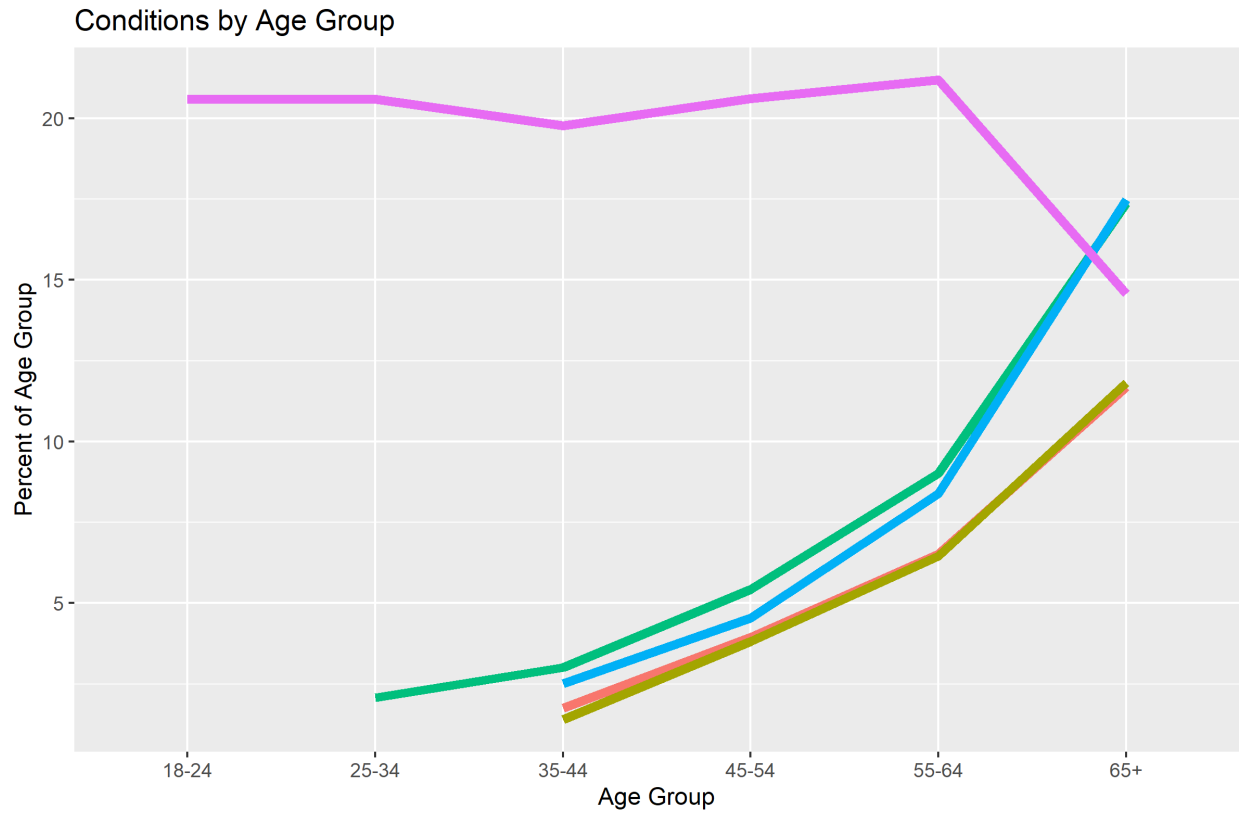
Cause of Death by Education

For most causes of death, level of education does not have an impact on what proportion of people have that cause of death. The largest difference belongs to “Certain conditions originating in the perinatal period” with high occurrences in those with 8th grade or less education and those with unknown education and nearly no occurrences in all others. Another large proportion difference is in “Congenital malformations” where 8th grade or less has a much higher mortality proportion than other education levels. For causes of death that are not highly tied to conditions at birth, “Syphilis” and “Assault (homicide)” have the highest differing proportions. “Syphilis” has a quite small sample size but unknown education has the highest mortality proportion. For “Assault (homicide)”, 9 - 12th grade, no diploma has the highest mortality proportion.



Free Text Analysis: Selected Health Conditions by Age Group

Using regular expressions, we polled the BRFSS data set for questions related to heart conditions, cancer, and depression, while grouping by the age of respondents. Furthermore, we restricted entries to those where participants responded positively, indicating that they did have those conditions. Interestingly, all age groups except 65+ had a high incidence of depression, hovering around the 20% mark. This dips significantly to 15% for the 65+ age group, perhaps because mental health was more stigmatized during their lives and psychological diagnoses were less readily available. In addition, the orange and olive green lines (for heart attack and coronary heart disease, respectively) have a significant degree of overlap, which makes sense, given the conditions. The green line (corresponding to non-skin cancer), is slightly higher than the blue line (corresponding to skin cancer) for all age groups. Furthermore, both cancer have positive slopes, indicating that as your age increases, you become more likely to be diagnosed with cancer.



Question

- Ever told you had a heart attack (myocardial infarction)?
- Ever told you had angina or coronary heart disease?
- Ever told you had any other types of cancer?
- Ever told you had skin cancer?
- Ever told you that you have a form of depression?