Inequalities in life expectancies among Mexican states, 1990-2015: deterioration in adult survival

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Supplemental material

Appendix Table 1. Definitions of cause-of-death categories using the 9th and 10th revision of the International Classification of Diseases.

Category	ICD-10	ICD-9
I. Amenable to medical service		
I.A. AM-Infectious & respiratory diseases: intestinal infections, tuberculosis, zoonotic bacterial diseases, other bacterial diseases, septicemia, poliomyelitis, measles, rubella, infectious hepatitis, ornithosis, rickettsioses/arthropod-borne, syphilis (all forms), yaws, respiratory diseases, influenza & pneumonia, chronic lower respiratory diseases	A00-A09, A16-A19, B90, A20-A26, A28, A32, A33, A35, A36, A37, A40-A41, A80, B05-B06, B15-B19, A70, A68, A75, A77, A50- A64, A66, J00-J08, J20- J39, J60-J99, J09-J18, J40-J47	001-009, 010-018, 32, 33, 37, 137, 020-027, 38, 45, 55-56, 70, 73, 080-082, 087, 090-099, 102, 460-479, 500-519, 480-488, 490-496
I.B. AM-Cancers: malignant neoplasm of colon, skin, breast, cervix, prostate, testis, bladder, kidney-Wilm's tumor only, eye, thyroid carcinoma, Hodgkins disease, leukemia	C16,C18-C21, C43-C44, C50, C53, C61, C62, C67, C64, C69, C73, C81, C91-C95	153-154, 172-173, 174, 180, 185, 186, 188-189, 190, 193, 201, 204-208
I.C. AM-Circulatory: active/acute rheumatic fever, chronic rheumatic heart disease, hypertensive disease, cerebrovascular disease	I00-I02, I05-I09, I10-I13, I15, I60-I69	390-392, 393-398, 401-405, 430-438
I.D. AM-Birth: maternal deaths (all), congenital car- diovascular anomalies, perinatal deaths (excluding stillbirths)	O00-O99, Q20-Q28, P00- P96	630-676, 745-747, 760-779
I.E. AM-Other: disease of thyroid, epilepsy, peptic ulcer, appendicitis, abdominal hernia, cholelithiasis & cholecystitis, nephritis, benign prostatic hyperplasia, misadventures to patients during surgical or medical care, cisticerchosis	E00-E07, 40-G41, K25- K27, K35-K38, K40-K46, K80-K81, N00-N07, N17- N19, N25-N27, N40, Y60- Y69, Y83-Y84, B69	240-246, 345, 531-533, 540-543, 550-553, 574-575.1, 580-589, 600, E870-E876, E878-E879
II. Diabetes	E10-E14	250
III. Ischemic Heart Diseases (IHD)	I20-I25	410-414, 429.2
IV. Lung cancer	C33-C34	162
V. Cirrhosis	K70	571.1-571.3
VI. Homicides	X85-Y09	E960-E969
VII. Road traffic accidents	V01-V99	E810-E819
VIII. Residual Causes: HIV/AIDS; suicide and self-inflicted injuries; other cancers and other heart diseases	B20-B24, U03; X60-X84, Y87.0; C00-D48; I00-I99 if not listed above; R00-R99	042-044; E950-E959; 140- 239; 390-459 if not listed above; 780-799

Other causes Suicide Total deaths Exposures 0009 000009 180000 2000 4000 500000 160000 3000 9.0e+07 2000 400000 Lung cancer Cirrhosis Homicide Road traffic accidents 7000 25000 13000 Death counts 16000 20000 12000 15000 14000 11000 5500 00001 2000 10000 2000 AMS Diabetes Ischemic heart diseases HIV/AIDS 100000 5000 80000 7e+04 4000 00009 3000 5e+04 00001 2000 1990 1995 2000 2005 2010 2015 1990 1995 2000 2005 2010 2015 1990 1995 2000 2005 2010 2015 1990 1995 2000 2005 2010 2015 Year

Figure 1: Cause-specific death counts (different y-scale for each cause), 1990-2010.

Note: AMS "amenable to medical service". The red line indicates the change from ICD 9 to ICD 10.

Temporary Life Expectancy

Temporary life expectancy between ages x_1 and x_2 , for $x_1 < x_2$, is defined as the average years of life lived between these ages according to a given set of mortality rates (Arriaga 1984). We denote this quantity as $(x_2-x_1)e_{x_1}$, and its benchmark based on minimum death rates for every age and cause of death among the Mexican states for each year as $(x_2-x_1)e_{x_1}$. Defined in terms of the lifetable survival function, $\ell(x)$:

$${}_{(x_2-x_1)}e_{x_1} = \frac{\int_{x_1}^{x_2} \ell(x) \, \mathrm{d}x}{\ell(x_1)} \tag{1}$$

If full survival is achieved, the life expectancy is $x_2 - x_1$. For example, if we set $x_1 = 0$ and $x_2 = 15$, and no person dies between the ages 0 and 15, on average the population lives 15 full years.

References

Arriaga, E. E. (1984). Measuring and explaining the change in life expectancies. *Demography*, 21(1):83–96.

Figure 2: Inequality in life expectancy between states for youngest (0-14), young adults (15-49), and older adults (50-84) by sex, 1990-2015.

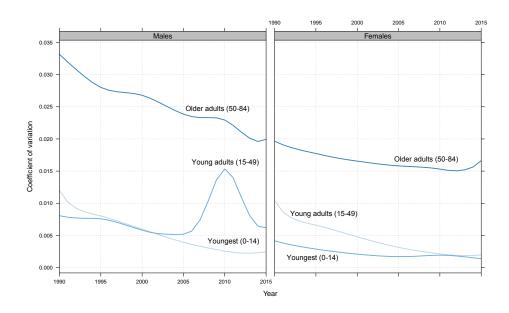
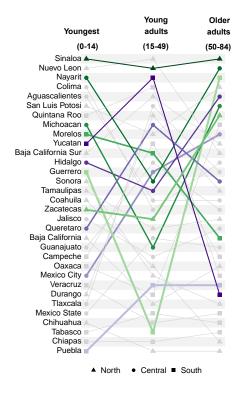
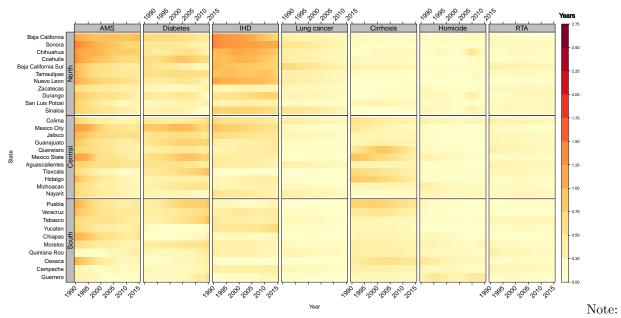


Figure 3: State ranking for average female life expectancy 2010-15 for the youngest (0-14), young adults (15-49), and older adults (50-84).



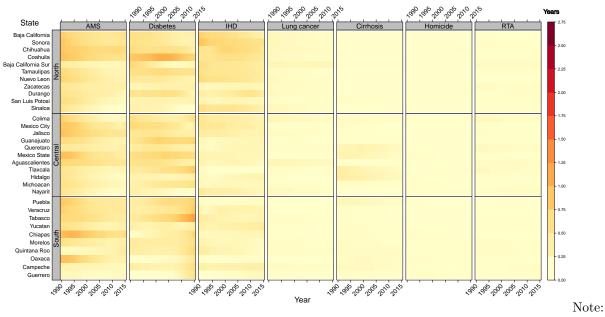
Source: calculations based on INEGI and CONAPO files.

Figure 4: Cause-specific contributions to state differences from low mortality benchmark for older male adults (ages 50-84), 1990-2015. States grouped into three regions. Reproduced from manuscript Figure 4 to have color scale comparable with other Supplementary figures. In subsequent figures 5-9 the color was rescaled to make them comparable over age groups in the supplemental material, the maximum value observed was 2.6 years caused by homicides in Chihuahua in 2010.



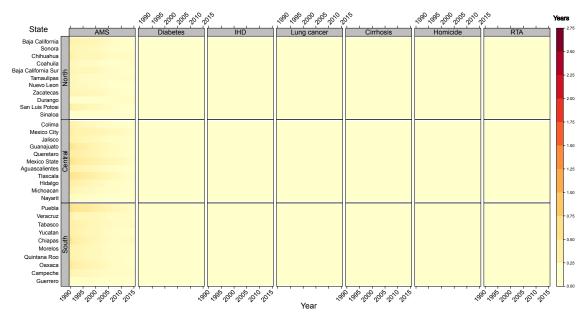
AMS is "amenable to medical service", IHD is "isquemic heart diseases", and RTA is "road traffic accidents". Source: own calculations.

Figure 5: Cause-specific contributions to state differences from low mortality benchmark for older female adults (ages 50-84), 1990-2015.



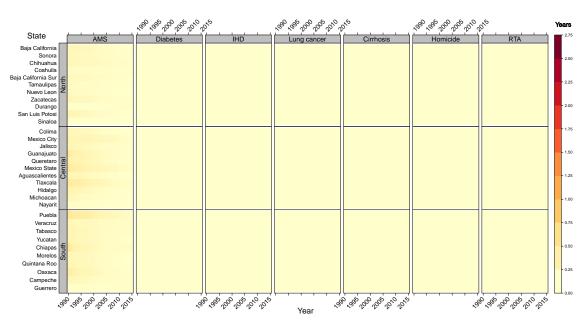
AMS is "amenable to medical service", IHD is "isquemic heart diseases", and RTA is "road traffic accidents". Source: own calculations.

Figure 6: Cause-specific contributions to state differences from low mortality benchmark for male youngest population (ages 0-14), 1990-2015.



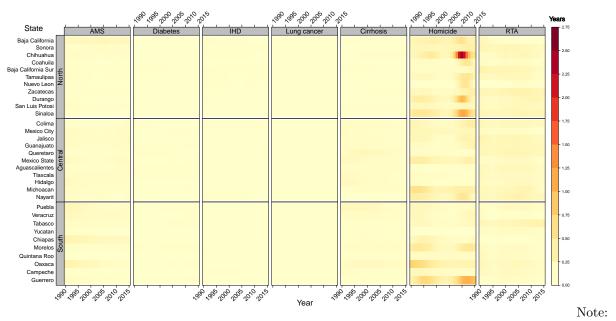
Note: AMS is "amenable to medical service", IHD is "isquemic heart diseases", and RTA is "road traffic accidents". Source: own calculations.

Figure 7: Cause-specific contributions to state differences from low mortality benchmark for female youngest population (ages 0-14), 1990-2015.



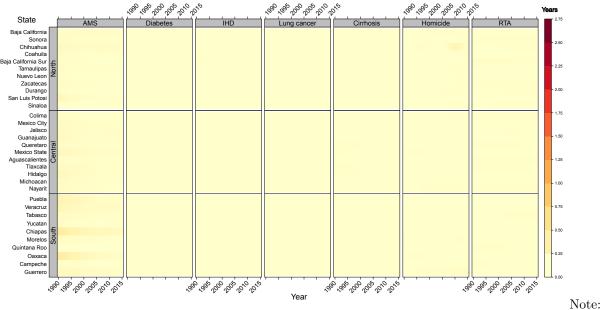
Note: AMS is "amenable to medical service", IHD is "isquemic heart diseases", and RTA is "road traffic accidents". Source: own calculations.

Figure 8: Cause-specific contributions to state differences from low mortality benchmark for male young adults (ages 15-49), 1990-2015.



AMS is "amenable to medical service", IHD is "isquemic heart diseases", and RTA is "road traffic accidents". Source: own calculations.

Figure 9: Cause-specific contributions to state differences from low mortality benchmark for female young adults (ages 15-49), 1990-2015.



AMS is "amenable to medical service", IHD is "isquemic heart diseases", and RTA is "road traffic accidents". Source: own calculations.

Figure 10: State specific gap with low mortality benchmark for selected years between ages 0-14. Source: own calculations.

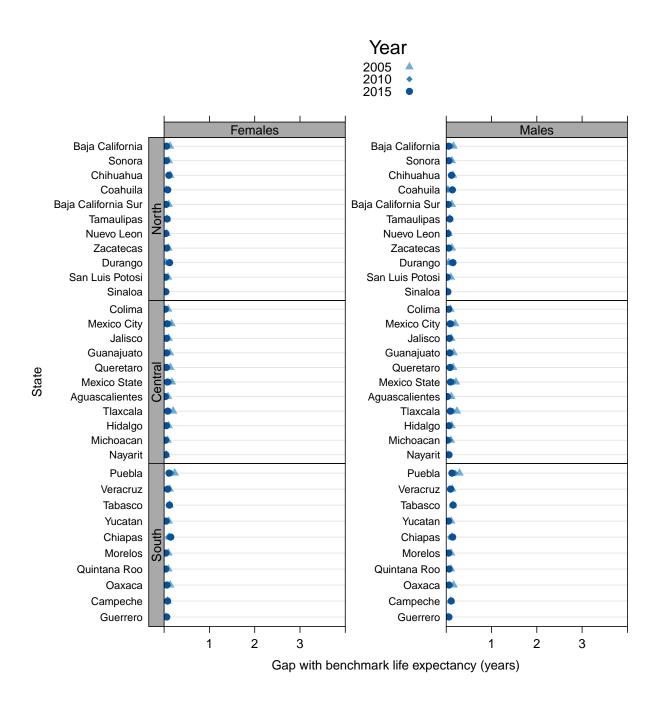


Figure 11: State specific gap with low mortality benchmark for selected years between ages 15-49. Source: own calculations.

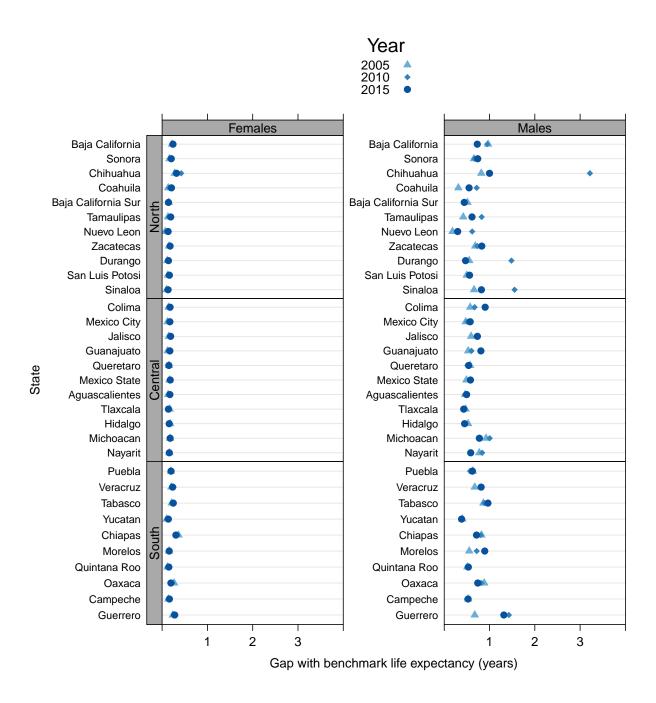


Figure 12: State specific gap with low mortality benchmark for selected years between ages 50-84. Source: own calculations.

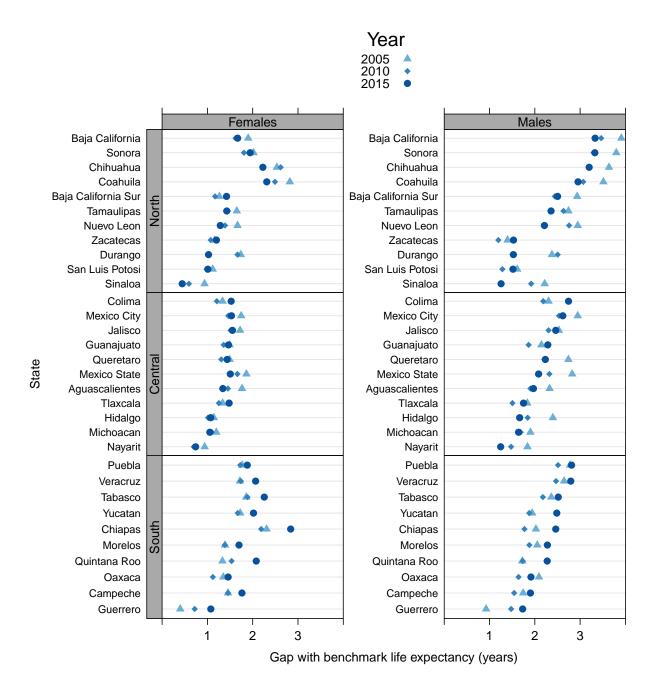


Figure 13: Proportion by cause of death from benchmark mortality for youngest females (ages 0-14). Source: own calculations.

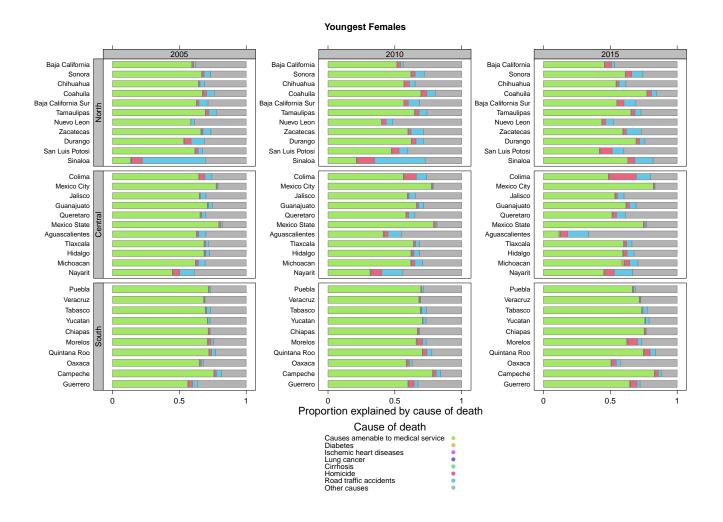


Figure 14: Proportion by cause of death from benchmark mortality for youngest males (ages 0-14). Source: own calculations.

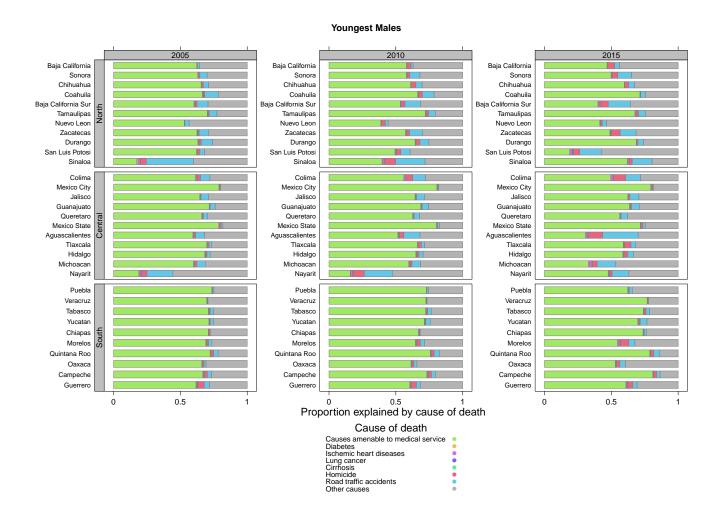


Figure 15: Proportion by cause of death from benchmark mortality for young adult females (ages 15-49). Source: own calculations.

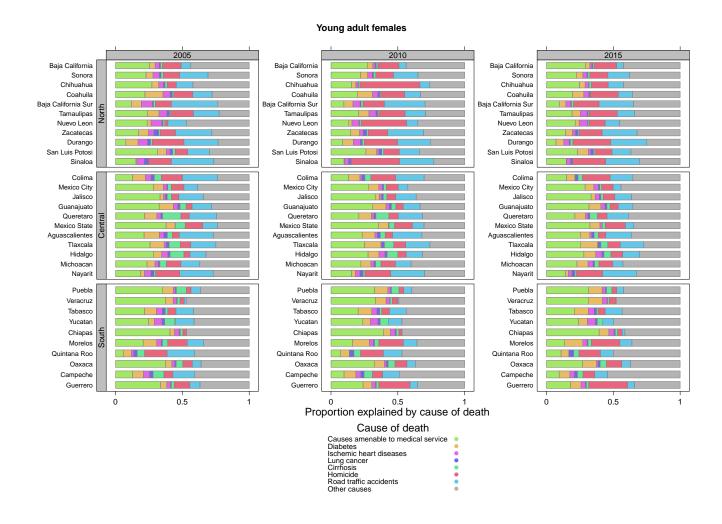


Figure 16: Proportion by cause of death from benchmark mortality for young adult males (ages 15-49). Source: own calculations.

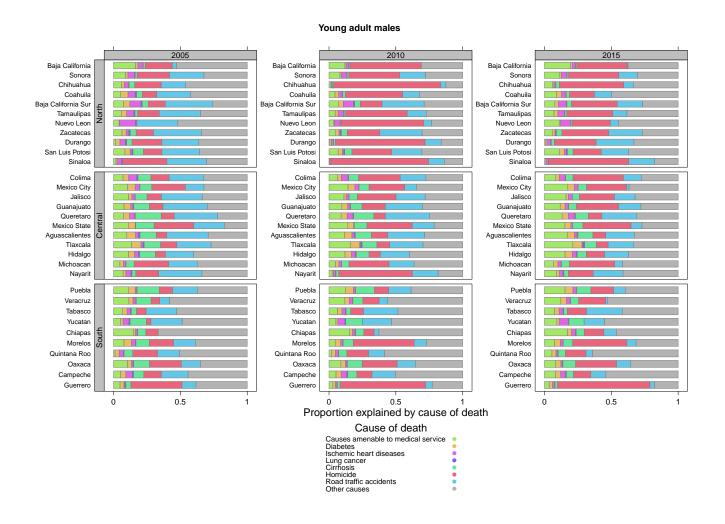


Figure 17: Proportion by cause of death from benchmark mortality for older male adults (ages 50-84). Source: own calculations.

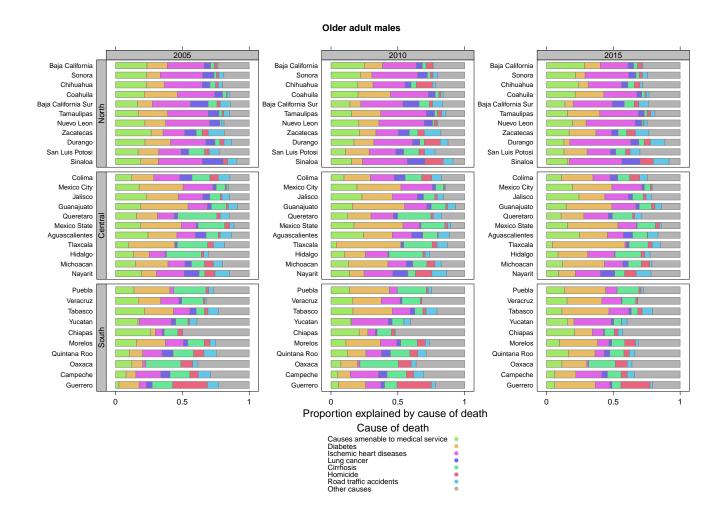


Figure 18: Proportion by cause of death from benchmark mortality for older female adults (ages 50-84). Source: own calculations.

