Appendix: Life expectancy by county, race, and ethnicity in the USA, 2000-2019: a systematic analysis of health disparities

Contents

¹ 1 GATHER Checklist

2

Item#	Checklist item	Description of Compliance
	Objectives and funding	
1	Define the indicator(s), populations (including age, sex, and geographic entities), and	Abstract, Introduction, and
	time period(s) for which estimates were made.	Methods sections
$\overline{2}$	List the funding sources for the work.	Abstract, Methods, and
		Acknowledgements sections
Data Inputs		
For all data inputs from multiple sources that are synthesized as part of the study:		
з	Describe how the data were identified and how the data were accessed.	Methods section
4	Specify the inclusion and exclusion criteria. Identify all ad-hoc exclusions.	Methods section
5	Provide information on all included data sources and their main characteristics. For	Methods section, Appendix
	each data source used, report reference information or contact name/institution,	sections 2.1-2.2, 2.5, and
	population represented, data collection method, year(s) of data collection, sex and	$3.2 - 3.3$
	age range, diagnostic criteria or measurement method, and sample size, as relevant.	
6	Identify and describe any categories of input data that have potentially important	Methods section
	biases (e.g., based on characteristics listed in item 5).	
	For data inputs that contribute to the analysis but were not synthesized as part of the study:	
	Describe and give sources for any other data inputs.	N/A
For all data inputs:		
8	Provide all data inputs in a file format from which data can be efficiently extracted	GHDx link (upon publication)
	(e.g., a spreadsheet rather than a PDF), including all relevant meta-data listed in item	
	5. For any data inputs that cannot be shared because of ethical or legal reasons, such	
	as third-party ownership, provide a contact name or the name of the institution that	
	retains the right to the data.	
Data analysis		
9	Provide a conceptual overview of the data analysis method. A diagram may be helpful	Methods section, Appendix section 4.1
10	Provide a detailed description of all steps of the analysis, including mathematical	Methods section, Appendix
	formulae. This description should cover, as relevant, data cleaning, data pre-	section 2
	processing, data adjustments and weighting of data sources, and mathematical or	
	statistical model(s).	
$\overline{1}1$	Describe how candidate models were evaluated and how the final model(s) were	Appendix section 2
	selected.	
12	Provide the results of an evaluation of model performance, if done, as well as the	Appendix section 2
	results of any relevant sensitivity analysis.	
13	Describe methods for calculating uncertainty of the estimates. State which sources of	Methods section, Appendix
	uncertainty were, and were not, accounted for in the uncertainty analysis.	section 2
14	State how analytic or statistical source code used to generate estimates can be	GitHub link (upon publication)
	accessed.	
	Results and Discussion	
15	Provide published estimates in a file format from which data can be efficiently	GHDx link (upon publication)
	extracted.	
16	Report a quantitative measure of the uncertainty of the estimates (e.g. uncertainty	Results section, GHDx link
	intervals).	(upon publication)
17	Interpret results in light of existing evidence. If updating a previous set of estimates,	Introduction and Discussion
	describe the reasons for changes in estimates.	sections
18	Discuss limitations of the estimates. Include a discussion of any modelling	Discussion section
	assumptions or data limitations that affect interpretation of the estimates.	

3

4 Checklist template obtained from:<http://gather-statement.org/>

2 Supplemental Methods

2.1 Deaths and population data processing

7 We used de-identified death records from the National Vital Statistics System (NVSS) and population estimates from the National Center for Health Statistics (NCHS) for the years 2000–2019 for this analysis (section 3.2). Deaths and population were tabulated by county, age group (0, 1–4, 5–9, …, 80–84, 85+ years of age), sex, race/ethnicity, and year. In cases where age was missing (0.0177% of deaths), we calculated the proportion of deaths within each age group by state, year, sex, and race/ethnicity among those entries with age information and then reapportioned deaths without age information by using these proportions. This approach effectively assumes that age is missing at random. We are unable to verify this assumption; however, we believe it's unlikely that violations of this assumption would substantively impact the results of our analysis, given the rarity of missing age in the deaths data. In cases where death records were missing information on race or where race was coded as "other" (0·63%), NVSS imputed a value; in cases where multiple race information was collected and decedents were identified as two or more races (0·29%), NVSS included an imputed or "bridged" race value that 19 corresponds to the predicted "primary" race for each decedent.¹ We used the imputed and bridged 20 values for the present analysis. NVSS does not impute missing Latino ethnicity (0.29%); for the purposes 21 of this analysis, deaths among individuals with unknown Latino ethnicity were redistributed in proportion 22 to the size of the Latino and non-Latino populations in the same county, race, age, sex, and time period. To ensure stable ratios for this redistribution, we pooled data over time as needed to achieve a minimum 24 population of 50. This threshold of 50 is somewhat arbitrary, but was selected in an attempt to balance 25 the need for stable ratios with the desire to have ratios that reflect the distribution of the population within as specific a time-range as possible.

28 2.2 Covariate imputation and smoothing

 The small area estimation models used in the present study to estimate mortality rates leverage observed relationships between the level of mortality and sociodemographic and socioeconomic factors (covariates) to improve estimates where populations are small and the observed number of deaths is an imprecise indicator of the underlying mortality rate. Among the five covariates used in this analysis, educational attainment (bachelor's degree or higher), poverty rate, and proportion foreign-born were stratified by both county and race/ethnicity, while median household income and population density were stratified only by county and represent estimates for the total population in that county (section

 3.2). The race/ethnicity-stratified covariates contained missing values and displayed instability and low precision for some strata with small populations. As covariate estimates are required for all space-time-38 race/ethnicity combinations in order to derive mortality predictions, small area imputation models were developed for race/ethnicity-specific covariates to derive smoothed covariate estimates in all years, counties, and racial/ethnic groups prior to including these covariates in the mortality models. Covariates that were not stratified by race/ethnicity in addition to county were incorporated in the mortality models in their original (non-imputed) forms due to their larger effective sample sizes and complete spatial and temporal coverage.

 The race/ethnicity-stratified covariates were modelled as binomial variables without stratification by age or sex. Covariate data were derived primarily from the American Community Survey (ACS) and decennial population census. Racial classifications in the tabulated ACS and census data include separate groups for Asians and for Native Hawaiians and Other Pacific Islanders (NHOPI); covariate data for these groups were combined into an Asian or Pacific Islander (API) group for consistency with the mortality models. Covariate data were also combined for merged counties to derive a stable location set matching that used in the mortality models (section 3.1). ACS provides estimates of uncertainty as Margins of Error (MOE) at a confidence level of 90%, rather than providing variance estimates. Per guidance from the 53 Census Bureau, $²$ variance was calculated for each subgroup as:</sup>

$$
Var(X_i) = \left(\frac{MOE(X_i)}{1.645}\right)^2
$$

57 where X_i is the mean estimate for subgroup *i*. Again per Census guidance, variances for merged geographic and demographic entities were then calculated as the sum of the variances over component subgroups, assuming independence:

-
- 61 $Var(X_1 + X_2) = Var(X_1) + Var(X_2)$
-

63 where X_1 and X_2 are mean estimates for two subgroups that are to be merged.

As the ACS and decennial census data were derived from population samples but are reported as values

scaled to total population sizes, their effective sample sizes were estimated in order to appropriately

scale sampling variance in the imputation models, using a three-pronged strategy. The long-form

decennial census questionnaires in 1990 and 2000, from which the education, poverty, and foreign-born

69 data were derived for those years, were collected from a 20% and 17% population sample, respectively.³

Effective sample sizes were therefore assumed to be 20% or 17% of the total population for each county-

year-race/ethnicity stratum in 1990 and 2000, respectively.

 Effective sample sizes for ACS data, for which variances were calculated as above, were estimated using 74 the relationship between effective sample size, \hat{n}_{eff} , estimates of the population proportion, \hat{p} , and its 75 variance, $\text{Var}(\hat{p})$:⁴

$$
\hat{n}_{eff} = \frac{\hat{p}(1-\hat{p})}{Var(\hat{p})}
$$

 As observations with observed proportions of 0·0 or 1·0 yield effective sample sizes of 0·0, the reported 80 population fractions (\hat{p}) for these county-year-race/ethnicity strata were transformed via an empirical 81 logit transformation⁵ and then inverse-transformed using the standard inverse logit function before 82 calculating the corresponding effective sample sizes:

84
$$
\hat{p}_{emp} = \text{logit}^{-1} \left(\text{log} \left(\frac{\hat{p} + \frac{\varepsilon}{2}}{1 - \hat{p} + \frac{\varepsilon}{2}} \right) \right)
$$

86 where logit⁻¹ is the standard inverse logit function and ε is defined as the smallest non-zero proportion 87 in the data set. Effective sample sizes were calculated using these transformed proportions and the 88 original reported Var (\hat{p}) . Counts of individuals with the modelled outcome (attainment of a bachelor's degree or higher, living below the poverty line, or foreign-born) were then calculated for each row by multiplying their original reported proportions and estimated effective sample sizes.

92 Bayesian imputation models were fit in R-INLA 6 v.20.09.25 in R v3.5.1⁷ using binomial likelihood models,

 and explicitly borrow strength over space, time, and race/ethnicity in an approach analogous to the small area mortality models:

-
- 96 $Y_{i,t,r} \sim \text{Binomial}(p_{i,t,r}, \hat{n}_{eff,i,t,r})$
-

97
$$
\logit(p_{j,t,r}) = \beta_0 + \gamma_{1,j} + \gamma_{2,j,t,r} + \gamma_{3,j,t} + \gamma_{4,i}
$$

98

99 where $Y_{i,t,r}$ is the estimated count of individuals in county *j*, year *t*, and race/ethnicity group *r* with the 100 modelled outcome, among an effective sample size of $\hat{n}_{eff,j,t,r}$ with proportion $p_{i,t,r}$. Model terms 101 consist of:

- 102 β_0 , a global intercept with a Normal(0, 10) prior;
- 103 $\gamma_{1,j}$, a county-level random effect with a Besag-York-Mollie-type prior (BYM2) combining a 104 conditional autoregressive distribution for spatial autocorrelation, based on county adjacency,
- 106 $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot$ a county-, race/ethnicity-, and year-level random effect with a first-order autoregressive

107 (AR1) temporal prior, grouped by county and race/ethnicity;

- 108 $\gamma_{3,i,t}$, a county- and year-level random effect with an AR1 temporal prior grouped by county;
- 109 and $\gamma_{4,r}$, a race/ethnicity-level random effect with an IID Gaussian prior.

105 with independent-and-identically-distributed (IID) Gaussian distribution;

110

111 Default INLA hyper-priors were used. The BYM2 parameterization includes a parameter, φ , which 112 indicates the contribution of the structured spatial effect to the marginal variance; logit(φ) had a 113 penalized complexity (PC) prior⁸ corresponding to Pr(φ < 0.5) = 0.5, and the log precision of the 114 BYM2 model had a PC prior corresponding to $Pr(\sigma > 1.0) = 0.1$. The AR1 models had Gamma(shape = 115 1.0, inverse-scale = $5*10^{-5}$) priors on the precision and Normal(mean = 0.0, precision = 0.15) priors on the 116 logit of the 1-year lagged correlation (ρ). The race/ethnicity IID term had a Gamma(shape = 1.0, inverse-117 scale = $5*10^{-5}$) prior on the precision. These default priors were used as we considered them suitably 118 vague, in the absence of *a priori* information with which to establish more informative priors. The INLA 119 model employed a Gaussian approximation strategy, an empirical Bayes integration strategy, and a step-120 length for hyper-parameter gradient calculations of $1*10^{-3}$. Due to numerical instability in the model for 121 foreign-born proportion, a series of model fits were performed with iteratively decreasing values added 122 to the diagonal of the joint precision matrix (100, 10, and 1, respectively) to derive starting parameter 123 values for the final model run. Mean posterior predictions from the small area covariate models were 124 used as covariate estimates in the small area mortality models.

2.3 Small area model specification

127 County-race/ethnicity model

The following model was estimated separately for males and females:

- 130 $D_{j,t,a,r} \sim \text{Poisson}(m_{j,t,a,r} \cdot P_{j,t,a,r})$
-

131
$$
\log(m_{j,t,a,r}) = \beta_0 + \beta_1 \cdot X_{1,j,t} + (\beta_2 + \gamma_{1,r}) \cdot X_{2,j,t,r} + \gamma_{2,j} + \gamma_{3,t,a,r} + \sum_{t'=1}^{k_t} \sum_{a'=1}^{k_a} (\gamma_{4,j,t',a',r} \cdot S_{t'}(t) \cdot S_{a'}(a))
$$

187 effect is associated with three hyper-parameters: $\rho_{3,a}$ and $\rho_{3,t}$, which control the correlation **188** across age groups and time, respectively; and σ_3^2 which controls variation.

189 • γ_4 was also assumed to follow a mean-0, multivariate Normal distribution, in this case with a 190 separable covariance structure defined via the Kronecker product of the covariance matrix of four 191 distributions: three conditional autoregressive distributions as described above, for county, age 192 spline basis, and year spline basis; and a multivariate Normal distribution for race/ethnicity. For 193 this random effect, there are three sets of hyper-parameters: $\rho_{4,a'}$, $\rho_{4,t'}$, and $\rho_{4,j}$, which control **194** the smoothness over the age spline, year spline, and county, respectively; σ_4^2 (length = 5) which 195 controls the variation for each race/ethnicity group; and θ (length = 10), the elements of a lower-196 triangular matrix \bm{L} which defines the correlation matrix over race/ethnicity: $\bm{\Sigma} = \bm{D}^{-\frac{1}{2}} L \bm{L}' \bm{D}^{-\frac{1}{2}}$, 197 where $\boldsymbol{D} = \text{diag}(LL').$

198

199 Finally, hyper-priors were defined for the standard deviation (σ) and, where applicable, autocorrelation 200 (ρ) hyper-parameters:

201 • Penalized complexity (PC) priors⁸ were specified for the inverse variance $(1/\sigma^2)$ of each random 202 effect. PC priors shrink toward a base model, which in this case is where the marginal variance is 203 0. They are specified by setting the tail probability on each hyper-parameter. We followed the 204 recommendation by Fuglstad et al.,⁸ selecting priors that satisfy $Pr(\sigma > \sigma_0) = 0.05$ where σ_0 is 205 between 2.5 and 40 times the expected true marginal standard deviation. Specifically, we set 206 $\sigma_0 = 5$; $Pr(\sigma > \sigma_0) = 0.05$.

207 • Normal(0, 1.5) priors were specified for the logit-transform of the correlation parameters (ρ) . 208 Posterior means and standard errors for these hyper-parameters are provided in section 3.5.

209

210 Descriptively, this model specifies the log of the underlying mortality rate $(m_{j,t,a,r})$ as a function of 211 covariates and additional variation by county, year, age, and race/ethnicity. The covariates we included in 212 this model—educational attainment, poverty rate, proportion foreign-born, median household income, 213 and population density—were selected based on data availability and previously observed relationships 214 with mortality. The fixed effects (β_1, β_2) on both the county- and county-race/ethnicity-specific 215 covariates ($X_{1,j,t}, X_{2,j,t,r}$) capture the relationships between each covariate and mortality. For the 216 race/ethnicity-specific covariates, we additionally include random effects, γ_1 , to allow for the relationship 217 between these variables and mortality to vary by race/ethnicity. The covariates do not explain all

218 variation in mortality across time, age, geography, and race/ethnicity, so further random effects are 219 included in the model to capture additional variation. The random effect γ_2 allows for spatial (ie, 220 between-county) variation in the level of mortality, shared across age, year, and race/ethnicity. The 221 random effect γ_3 allows for variation in mortality by age, time, and race/ethnicity group, shared across all 222 counties. Finally, the random effect γ_4 was included to allow for county-specific deviations in the 223 mortality patterns by age, time, and race/ethnicity, compared to the general pattern captured by γ_3 . This 224 random effect incorporates a linear spline in the age and time dimensions to reduce computational 225 complexity: the equivalent model for all age groups and years was found to be computationally infeasible. 226 Although the splines in this random effect are linear, we are not assuming that the time or age trends for 227 log $(m_{j,t,a,r})$ are linear, as both the contributions from the covariates as well as γ_3 allow for non-linear 228 variation. The purpose of these splines is rather to allow for additional variation along these dimensions 229 for each county-race/ethnicity combination. The number of age and year knots were chosen to maximize 230 flexibility while maintaining a reasonable runtime—this is the largest number of knots that we were able 231 to include in a model that could be fitted in under two weeks. The placement of the age knots was 232 determined by including the oldest and youngest ages and then spacing the inner age knots to align with 233 common inflection points in the age pattern (excluding age 1 since we already included age 0). In testing 234 several alternatives, we found that including the first and last ages proved to be most important for 235 properly fitting the data, whereas the placement of the inner age knots typically did not have a large 236 effect on the estimates. The year knots were simply distributed evenly over the study period. In testing, 237 reasonable alternative placements of the year knots typically did not have a large effect on the resulting 238 estimates.

239

240 In addition to the more formal model validation we describe below, we assessed model fit by inspecting plots comparing the estimated time and age trends in mortality to the observed data at the national, 242 state, and (in selected counties) county level. Additionally, we used graphical posterior predictive checks 12 to assess if the observed data are over-dispersed and/or zero-inflated relative to our model; we found no evidence that this is the case. Finally, we examined plots of the binned residuals compared to each 245 covariate in order to assess the assumption that the relationship between log mortality and each covariate is linear; we found no evidence of bias in our estimates as a result of non-linearity in these relationships.

248

249 We used the Template Model Builder (TMB) package¹³ to fit these models using an empirical Bayes

- approach. TMB calculates analytic approximations to the posterior distribution based on Laplace
- approximations. We use TMB for fitting these models rather than INLA—another common alternative to
- classic Markov chain Monte Carlo (MCMC) methods and the tool that we used for the covariate
- imputation and smoothing models (section 2.2)—as TMB is substantially more flexible with respect to the
- 254 model specification.¹⁴ Of particular importance for this analysis: random effects in INLA are restricted to
- 255 two-way interactions, whereas TMB allows us to incorporate higher-order interactions (γ_3 and γ_4) in our
- modelling approach.

County-level model

 A similar model was estimated for all racial/ethnic groups combined. This was included in order to 260 perform model calibration of the race/ethnicity-specific estimates in order to prevent the race/ethnicity misclassification adjustment from altering the overall (all racial/ethnic groups combined) mortality rate in

any given county. This model is as follows, with all terms defined as described above:

$$
D_{j,t,a} \sim \text{Poisson}\big(m_{j,t,a} \cdot P_{j,t,a}\big)
$$

$$
log(m_{j,t,a}) = \beta_0 + \beta_1 \cdot X_{1,j,t}
$$

266
$$
+ \gamma_{2,j} + \gamma_{3,t,a} + \sum_{t'=1}^{k_t} \sum_{a'=1}^{k_a} (\gamma_{4,j,t',a'} \cdot S_{t'}(t) \cdot S_{a'}(a))
$$

-
- Priors:

$$
\gamma_2 \sim \text{LCAR}(\rho_2, \sigma_2)
$$

$$
\gamma_3 \sim \text{LCAR: LCAR}(\rho_{3,t}, \rho_{3,a}, \sigma_3)
$$

271
$$
\gamma_4 \sim \text{LCAR: LCAR: LCAR}(\rho_{4,a'}, \rho_{4,t'}, \rho_{4,j}, \sigma_4)
$$

Hyper-priors:

- 274 $\sigma^{-2} \sim PC(\sigma_0 = 5, \alpha = 0.05) \rightarrow Pr(\sigma > 5) = 0.05$
- 275 $logit(\rho) \sim Normal(0, 1.5)$
-

277 Hyper-prior sensitivity analysis

- 278 We considered a range of alternative specifications for the priors on standard deviation (σ) terms. This
- included three families of distributions—penalized complexity, Gamma, and half-Normal—and a range of
- parametrizations for each. For the penalized complexity priors, we tested all permutations of the 281 following parameters: $\sigma_0 = 1, 5$; $Pr(\sigma > \sigma_0) = 0.05, 0.02, 0.1, 0.4, 0.8$. The Gamma priors were 282 specified for the inverse variance $(1/\sigma^2)$ and were parameterized by shape and scale. Permutations of 283 the following parameterizations were considered: shape $= 0.25, 0.5, 1, 2$; scale $= 1, 100, 1000$. The 284 half-Normal priors were specified for the standard deviation (σ) and were parameterized by the mean 285 (μ_d) and standard deviation (σ_d) of the corresponding Normal distribution. Permutations of the following 286 parameterizations were tested: μ_d = 0; σ_d = 1, 2, 4. The figure in section 4.2 shows the difference in the 287 estimates derived from models using these alternate prior specifications compared to our main model. These differences are generally very small across all parameterizations and prior specifications.
-

290 2.4 Small area model validation

Approach

 The framework used to evaluate the performance of the models in this analysis is an extension of a 293 previously proposed¹⁵ and extensively used^{16,17} framework designed specifically for county-level models in 294 the USA. It was modified to allow for evaluation of performance with respect to generating estimates of 295 life expectancy by county and race/ethnicity.

 First, a "validation set" of county-race/ethnicity pairs was identified. The validation set is a collection of county-race/ethnicity pairs for which directly calculated mortality rates are a good representation of the underlying mortality rate, ie, where the population and corresponding number of deaths is sufficiently large to generate stable direct estimates. In order to increase the number of county-racial/ethnic groups 301 that were retained in the validation set, deaths and population data were pooled across time using a moving window of three years for the purposes of defining the validation set. A series of criteria were used to remove county-racial/ethnic groups from the set of all county-racial/ethnic groups, with the 304 remainder forming the validation set. First, any county-racial/ethnic groups with zero pooled deaths in any age, sex, or year (window) were removed. Second, among the remaining county-racial/ethnic groups, those where the median (across all years, sexes, and age groups) coefficient of variation was greater than 20% for the age-specific mortality rates or greater than 5% for the age-standardized and crude mortality rates were removed. In order to calculate the coefficient of variation, 1000 draws of death counts were simulated for each age group, sex, and year, assuming a Poisson distribution with rate and size equal to the observed mortality rate and population size, respectively; age-specific, crude (all-ages), and age-standardized mortality rates were then calculated for each draw; and finally the coefficient of variation

 was calculated as the standard deviation of the draws divided by their mean. The validation set has 138 county-race/ethnicity pairs, composed of 96 counties and 4 racial/ethnic groups (section 3.6). The AIAN group was not represented in the validation set. Once the validation set was identified, life tables were generated from the pooled mortality rates using the methods described in section 2.6. These pooled mortality rates and the corresponding estimates of life expectancy at birth were used as a "gold 317 standard" against which to compare model predictions.

 Next, "validation datasets" were constructed. A total of 40 validation sets were used: 5 iterations each of simulated datasets with reference population sizes of 10, 100, 1000, 3000, 5000, 10000, 25000, and 100000. Additionally, a sixth iteration was prepared for each of these population sizes because, rarely, models for some iterations failed to converge; this sixth iteration was only used if a model failed to converge. The sizes 1000–100000 were chosen because they correspond roughly to the 1st, 5th, 10th, 25th, 50th, and 80th percentiles for the total population (all racial/ethnic groups combined) across all counties and years. Sizes 10 and 100 were added because similar population sizes are common for specific racial/ethnic groups at the county level. To make these validation data sets, a population of the specified size was sampled for each county-race/ethnicity in the validation set, with the probability of sampling an individual of a given age and sex proportional to the observed population structure for that county-race/ethnicity. Then, for each age and sex within each county-race/ethnicity, deaths were simulated from a Poisson distribution with mean equal to the observed mortality rate times the sampled population for that age group and sex. The data for all county-race/ethnicity pairs that were not in the validation set were included without modification.

 Finally, small area models were fit and predictions generated as described above to each of the 40 validation datasets. To evaluate the performance, the predictions based on each validation data set were compiled and compared against the gold standard mortality rates and life expectancies. First, errors were 337 calculated as $e_{j,t,a,r}^{gs} - e_{j,t,a,r}^{pred}$ where $e_{j,t,a,r}^{gs}$ is the gold standard life expectancy at birth, and $e_{j,t,a,r}^{pred}$ is the predicted life expectancy at birth. The mean error and the mean absolute error—measures of bias and precision, respectively—were calculated across all county-racial/ethnic groups in the validation set and all iterations at each population level. Coverage (ie, the percentage of county-race/ethnicity-years where the gold standard estimate was between the lower and upper uncertainty intervals for the modelled estimate) was also recorded.

This validation procedure was used to assess and compare model performance of three models:

1. The racial/ethnic-group-specific model described in the previous section:

$$
D_{j,t,a,r} \sim \text{Poisson}\big(m_{j,t,a,r} \cdot P_{j,t,a,r}\big)
$$

347
$$
\log(m_{j,t,a,r}) = \beta_0 + \beta_1 \cdot X_{1,j,t} + (\beta_2 + \gamma_{1,r}) \cdot X_{2,j,t,r}
$$

348 +
$$
\gamma_{2,j}
$$
 + $\gamma_{3,t,a,r}$ + $\sum_{t'=1}^{k_t} \sum_{a'=1}^{k_a} (\gamma_{4,j,t',a',r} \cdot S_{t'}(t) \cdot S_{a'}(a))$

2. The same model as in 1, but without covariates:

$$
D_{j,t,a,r} \sim \text{Poisson}\big(m_{j,t,a,r} \cdot P_{j,t,a,r}\big)
$$

$$
log(m_{j,t,a,r}) = \beta_0 + \gamma_{2,j} + \gamma_{3,t,a,r} + \sum_{t'=1}^{k_t} \sum_{a'=1}^{k_a} (\gamma_{4,j,t',a',r} \cdot S_{t'}(t) \cdot S_{a'}(a))
$$

3. The model for all racial/ethnic groups combined described in the previous section:

$$
D_{j,t,a} \sim \text{Poisson}(m_{j,t,a} \cdot P_{j,t,a})
$$

356
$$
\log(m_{j,t,a}) = \beta_0 + \beta_1 \cdot X_{1,j,t} + \gamma_{2,j} + \gamma_{3,t,a} + \sum_{t'=1}^{k_t} \sum_{a'=1}^{k_a} (\gamma_{4,j,t',a'} \cdot S_{t'}(t) \cdot S_{a'}(a))
$$

 The variant of the model without covariates (model 2) was included to assess whether including covariates improved performance of the model. The variant of the model with all racial/ethnic groups combined (model 3) was included to assess the performance of the model at the county level for all racial/ethnic groups combined. A separate validation set, gold standard, and validation data sets were prepared in order to assess performance of this final model variant. To make the all-racial/ethnic-group validation set, the same conditions that defined the racial/ethnic-group-specific validation set were applied to the same data aggregated to the all-racial/ethnic-group level. The gold standard and validation data sets were prepared as described above at the all-racial/ethnic-group level.

Results

The mean error, mean absolute error, and coverage for each model are provided in sections 3.7 (table)

and 4.3 (figure). The mean error is a measure of bias, ie, it indicates if the estimates from the models

were systematically higher or lower than the gold standard values. As expected, mean error tended to

improve (was closer to 0) as the simulated population size increased for all models and all racial/ethnic

 groups. In model 1, there was little evidence of bias for most racial/ethnic groups. Mean errors were minimal at larger population sizes and relatively small at smaller population sizes for most racial/ethnic groups. There was some evidence of bias for the API and Black groups for counties with population <1000; the largest mean errors were for the API group, where the model underestimated by 0·86 years at 376 size 10, and for the Black group, where the model overestimated by 0.39 years at size 10. However, the API group only had four counties in the validation set, so it is difficult to draw general conclusions about bias for this racial/ethnic group. Model 1 performed better than model 2 in terms of mean error: the mean errors for model 2 were larger than those for model 1 for most racial/ethnic groups at most population sizes, indicating that there was more bias in model 2 than in model 1. Mean errors for model 3 were larger in magnitude than those calculated across every racial/ethnic group at all sizes for model 1 and model 2. Nonetheless, the mean errors for models 2 and 3 were still relatively small, especially at larger population sizes.

 The mean absolute error is a measure of overall error, ie, how much the model estimates differ from true estimates irrespective of direction. As expected, mean absolute errors tended to improve as size increased for all models and all racial/ethnic groups. In model 1, mean absolute error was relatively small, even at the smallest population sizes, indicating model 1 performed well for all racial/ethnic groups. Compared to model 1, model 2 performed worse overall in most racial/ethnic groups. While model 2 performed worse than model 1 in general, both models performed well at large population sizes; model 2 had similar mean absolute errors at largest population sizes in every racial/ethnic group. The mean absolute errors for model 3 were smaller than the mean absolute errors calculated across every racial/ethnic group at every size in model 2, and at sizes 5000 and larger in model 1, indicating that model 3 performed better at estimating all racial/ethnic groups together than models 1 and 2 did at estimating individual racial/ethnic groups overall.

 Coverage is a measure of the calibration of the uncertainty intervals. Ideally, coverage should be close to 95% because that means that the 95% uncertainty intervals were an appropriate reflection of an estimate's uncertainty. Coverage tended to be closer to 95% in model 1 than in model 2: model 1 had more coverage values within +/- 1 percentage point of 95% compared to model 2. Coverage in model 2 401 varied more across racial/ethnic groups than in model 1; model 1 had more consistent values in a narrower range than model 2. Coverage tended to be highest at the smallest population sizes, and then decreased as population size increased for most models and racial/ethnic group. This is likely due to the

- wider uncertainty intervals at smaller population sizes, making it more likely for the gold standard to be
- inside the uncertainty interval. In model 2, coverage for the Black racial/ethnic group increased as
- population size increased until size 100 000.
-
- 408 2.5 Derivation of misclassification ratios by county, age, sex, and race/ethnicity
- Extraction
- Overall misclassification ratios, as well as misclassification ratios by age and sex, census region, and co-
- 411 ethnic density were extracted from Arias et al.¹⁸ for five racial/ethnic groups: White, Black, AIAN, API, and
- 412 Latino. Specifically, data were extracted from the following locations:
- Overall misclassification ratios: Table 2, "Total" column for both sexes.
- Age-sex misclassification ratios: Table 2, age-specific columns for each sex separately.
- 415 Census region misclassification ratios: Table 3, results by "Region"
- 416 Co-ethnic density misclassification ratios: Table 3, results by "Coethnic concentration"; AIAN 417 ratios extracted from the results shown for all AIAN because these were not available specifically for non-Latino AIAN.
-

420 The co-ethnic density misclassification ratios were assigned to a county using the same method outlined 421 in Arias et al.:¹⁸ for the AIAN population, counties in Contract Health Service Delivery Areas (CHSDAs) were considered to have high co-ethnic density; for the Latino population, counties with high co-ethnic 423 density were those within the first $50th$ percentile of ranked deaths by county between 1999 and 2011. This method assumes that the relative increase or decrease in misclassification for counties with low or high co-ethnic density compared to the total misclassification ratio for AIAN (including both Latino and non-Latino AIAN) is representative of that for non-Latino AIAN. We are not aware of any studies on this 427 topic, but we make this assumption in order to include adjustment by co-ethnic density given the 428 evidence that this form of misclassification is especially important with respect to the AIAN population.^{19–} 429 21

Combination

1000 draws of each misclassification ratio were generated assuming these ratios are log-Normally

- distributed. We selected a log-Normal distribution as it is restricted to positive numbers, which is
- appropriate for this ratio; however, we acknowledge that this selection is somewhat arbitrary and is at

 best an approximation of the true ratio distribution. The draws of misclassification were then combined (without ordering) using the following approach:

$$
ratio_{final} = ratio_{overall} \cdot \frac{ratio_{age, sex}}{ratio_{overall}} \cdot \frac{ratio_{region}}{ratio_{overall}} \cdot \frac{ratio_{co-ethnic\ density}}{ratio_{overall}}
$$

440 For the White, Black, and API populations, $ratio_{co-ethnic\ density}$ is equal to $ratio_{overall}$, so the last term 441 is equal to 1 (ie, no adjustment by co-ethnic density). For the AIAN population, the $ratio_{overall}$ in the denominator of the final term was the overall misclassification ratio for both Latino and non-Latino AIAN populations combined, to match the numerator, which was available only for Latino and non-Latino AIAN populations combined; in all other terms, the values for the non-Latino AIAN population alone were used.

 This approach assumes that the degree of misclassification is independent across each dimension. Thus, 447 the degree of misclassification reported for a particular facet (eg, by age/sex) is the same across all other facets (eg, region and co-ethnic density). For example, the age/sex pattern of misclassification for a given 449 race/ethnicity group will be the same regardless of region.

451 Mortality rate adjustment

 The 1000 draws of misclassification ratios were merged onto the 1000 posterior draws of the mortality rate by age, sex, county (which reflected both region and co-ethnic density), and race/ethnicity. The merge by age was conducted by aligning the age groups in the model (0, 1–4, 5–9, …, 80–84, and 85+ years old) with the age bin to which each of the modelled ages belongs (ie, age groups 0, 1–4, 5–9, 10– 14, 15–19, and 20–24 were merged onto the age bin 0–24). These draws were not ordered, thus assuming independence between the mortality rate and the misclassification ratio. Mortality rate draws were adjusted by multiplying by the corresponding misclassification ratio draw.

460 Impact of misclassification adjustment and calibration

Both misclassification adjustment and model calibration play important roles in creating more accurate

- life expectancy estimates. First, misclassification adjustment accounts for under- or over-reporting of
- certain races/ethnicities on death certificates. However, because this adjustment is done independently
- for each racial/ethnic group, it can change the overall level of life expectancy estimated for a given
- county. Our calibration procedure thus serves two purposes: to constrain the adjusted estimates such

 that the overall level of mortality implied by the race/ethnicity-specific estimates is the same as when estimating at the county level; and to ensure consistency in the estimates at the county, state, and national level within this analysis and between this analysis and the Global Burden of Disease Study. Because these two processes are linked, we show here the cumulative impact of both adjustment for misclassification and calibration.

 The figure in section 4.4 demonstrates the impact of these calculations on life expectancy at the national 473 level. The estimate of total life expectancy is impacted only by calibration, which results in a slight shift downward. The estimates for each racial/ethnic group are impacted by both adjustment for misclassification and the calibration procedure. The combined effect is small for the White and Black 476 populations, as expected given the small size of the misclassification adjustments for these two groups. There are moderate decreases in life expectancy for the API and Latino populations, as well as increases 478 in the uncertainty of those estimates, reflecting the somewhat larger misclassification adjustments as well 479 as increased uncertainty from these adjustments. These processes have the largest effect on life expectancy among the AIAN population: there are fairly large decreases in life expectancy once adjusted 481 and calibrated in addition to a large increase in uncertainty.

 The maps in section 4.5 show the corresponding impact at the county level. Again, for the total life expectancy values, these changes are caused by calibration alone, and we can observe many of these 485 same calibration effects in the maps for life expectancy among the White and Black populations especially. The more substantial changes in life expectancy noted at the national level for the Latino, API, and AIAN population are again noted here, with changes at the county level generally in the same direction (ie, decreases in life expectancy). Perhaps counterintuitively, there are instances where for a particular county and race/ethnicity, the change in life expectancy after misclassification adjustment and 490 calibration is not in the same direction as at the national level. This is caused by the interaction between adjustment and calibration. For example, in Bethel Census Area, Alaska, misclassification adjustment alone caused a decrease in life expectancy, but calibration caused the life expectancy to increase because the GBD estimates for Alaska are higher than our model's unadjusted estimates for Alaska. Another example is Bennett County, South Dakota, where life expectancy for the AIAN population is higher once adjusted and calibrated. In this case, this is not due to the GBD results being higher for South Dakota. Instead, this is due to misclassification adjustment. This county—along with many of the other unmasked counties in South Dakota—is a Contract Health Service Delivery Area (CHSDA), and therefore has a lower

 misclassification adjustment. This adjustment is 1.17, while the denominator is 1.4 (the total AIAN misclassification ratio for both Latino and non-Latino AIAN). Thus, the ratios of ratios is less than 1. This is combined with the region misclassification ratio, which is 1.12 and has a denominator of 1.33 (the total non-Latino AIAN misclassification ratio). Thus, the contribution from the region misclassification ratio is also less than 1. This means that the combined misclassification ratios are less than 1 for most ages and sexes in this county, thus leading to a higher life expectancy. In contrast, Brown County, South Dakota exhibits decreases in life expectancy due to raking and calibration. This is because Brown County is not a CHSDA, and thus its associated adjustment is larger than 1.

506

507 2.6 Life table calculations

508 Standard demographic methods²² were used to construct abridged period life tables for each county, 509 year, sex, and race/ethnicity from the age-specific mortality rates estimated by the small area model. A 510 key component of this process involves estimating $_n a_x$, the average years lived within the age interval x 511 to $x + n$ by individuals who died within that age interval. For age groups 0 and 1–4, we use the formulas 512 described by Preston et al.²² (Table 3.3, p 48) adapted from the Coale and Demeny "West" model life 513 tables.²³ For age groups 5–9, ..., 80–84, we start with an initial value for $_n a_x$ of 2.5, ie, assuming deaths 514 occurred, on average, midway through the interval. Then, for age groups 10–14, …, 75–79, we improve 515 upon these initial values using the iterative graduation procedure proposed by Keyfitz²⁴ as described by 516 Preston et al. (pp 44–45);²² this procedure requires inputs from adjacent age intervals of the same length, 517 so we are unable to use this same approach to adjust the $n a_x$ values for age groups 5–9 or 80–84 which 518 instead remain set at 2.5. Another key component involves estimating e_{85} or life expectancy in the 519 terminal age group. The "classic" approach is to calculate e_{85} as $1/m_{85}$, a formula that assumes the 520 population is stationary—ie, is neither growing nor shrinking, and has a constant age structure. Previous 521 research has shown that this approach can result in substantially biased estimates of life expectancy at 522 age 85 and, by extension, biased estimates of life expectancy at birth; in most settings, this bias is 523 positive, reflecting growing populations at older ages which are consequently younger on average than 524 implied by the stationary model.²⁵ We instead use the method proposed by Horiuchi and Coale, which 525 incorporates the population growth rate for the terminal age group to allow for non-stationarity: e_{85} = 526 (1/ m_{85}) ⋅ exp(-0.095 ⋅ $m_{85}^{-1.4}$ ⋅ r).^{25,26} Population growth rates calculated at the county level are highly 527 unstable, so we instead use national-level, race/ethnicity-specific growth rates for each county, averaged 528 over the preceding ten-year period. For the purposes of calculating life expectancy for all racial/ethnic

- groups combined at the county level, we calculate a population-weighted average of the national-level
- growth rates, using the observed county-level populations by racial/ethnic group.
-
- These life table calculations are carried out for each of the 1000 posterior draws of the age-specific
- mortality rates for each location, year, sex, and race/ethnicity so that lower and upper uncertainty
- 534 bounds can be estimated for life expectancy at birth using the 2.5th and 97.5th percentiles of these draws.
- 535 For internal consistency, we calculate point estimates of the mortality rate and $_n a_x$ as the mean of these
- 536 draws, and then recalculate the remainder of the life table using the same methods described above to
- generate final point estimates of life expectancy.
-

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⁶⁰⁰ 3 Supplemental Methods Tables

601 3.1 Counties combined to create historically stable units of analysis 602

603 *County no longer exists due to boundary or name change.

605 3.2 Deaths and population data sources

606

3.3 Covariate data sources

3.4 Population and uncertainty mask

*Person-years masked are given in millions.

Population and uncertainty mask, by census region

*Person-years masked are given in millions.

Population and uncertainty mask, by 2013 NCHS urban-rural classification

*Person-years masked are given in millions.

Modelled life expectancy estimates were masked (not displayed) under two conditions: first, estimates for any county-race/ethnicity with an average annual population of less than 1000 were masked in all years; second, estimates for any location-year-sex-race/ethnicity where the width of the uncertainty interval was greater than ten years were also masked. The number of unique counties masked, the number of county-years, and the person-years in millions represented by these county-years are listed in this table for the population mask (first criteria), uncertainty mask (second criteria), and the combined mask (both criteria combined).

3.5 Hyper-parameter posterior means and standard errors

*Estimates are reported by TMB on the log standard deviation and logit correlation parameter scale. For convenience, we have transformed these using a delta transformation for the standard error.

3.6 County-racial/ethnic groups in the validation set

*All racial/ethnic groups was validated separately from individual racial/ethnic groups.

3.7 Validation results for life expectancy at birth for all models and racial/ethnic groups

*"Across all racial/ethnic groups" indicates that errors and coverage were calculated across all racial/ethnic groups for models 1 and 2, while "All racial/ethnic groups combined" refers to model 3, where the data were aggregated across racial/ethnic groups before fitting models.

4 Supplemental Methods Figures

4.1 Analysis flow chart

4.2 Hyper-prior sensitivity analysis results

Latino Black H White H AIAN H API H Total

County-race/ethnicity-level, population-weighted summary of differences in life expectancy at birth for males and females combined in 2000, 2010, and 2019 compared to that of the model used in this paper (penalized complexity models, $\sigma_0 = 5$, $\alpha = 0.05$). Boxes show the IQR, while the whiskers extend to 1st and 99th percentiles, weighted by the average population across all years in each county-race/ethnicity. The data shown are for both masked and unmasked data. The comparison shown here for the "Total"

group is from the county-level model, while the comparison for all other groups is from the countyrace/ethnicity model.

4.3 Model validation results

*"Across all racial/ethnic groups" means that errors and coverage were calculated across all racial/ethnic group for models 2 and 3, while "All racial/ethnic groups combined" refers to model 3, where the data were aggregated across racial/ethnic groups before fitting models.

4.4 Impact of misclassification adjustment on national life expectancy estimates

National life expectancy estimates before adjustment for misclassification ("Modelled") and after adjustment and calibration ("Adjusted & Calibrated"), ie, the final estimates.

4.5 Impact of misclassification adjustment on county life expectancy estimates

County life expectancy estimates before adjustment for misclassification ("Modelled") and after adjustment and calibration ("Adjusted & Calibrated"), ie, the final estimates.

5 Supplemental Results Figures

5.1 County life expectancy by racial/ethnic group, 2000

County life expectancy at birth by racial/ethnic group in 2000. The colour scale is truncated at 65 and 95 years, as indicated by the ranges in the legend. Estimates of life expectancy in county-racial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are masked and depicted here in grey.

5.2 County life expectancy by racial/ethnic group, 2010

County life expectancy at birth by racial/ethnic group in 2010. The colour scale is truncated at 65 and 95 years, as indicated by the ranges in the legend. Estimates of life expectancy in county-racial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are masked and depicted here in grey.

5.3 Differences in county life expectancy among racial/ethnic groups compared to the White population, 2000

Absolute difference in county life expectancy at birth by racial/ethnic group in 2000, relative to life expectancy for the White population in the same county. The colour scale is truncated at –15 and 15 years, as indicated by the ranges in the legend. Grey boundaries around a county indicate an estimated difference in life expectancy that is statistically significant. Estimates of life expectancy in countyracial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are masked and depicted here in grey. 5.4 Differences in county life expectancy among racial/ethnic groups compared to the White population, 2010

Absolute difference in county life expectancy at birth by racial/ethnic group in 2010, relative to life expectancy for the White population in the same county. The colour scale is truncated at –15 and 15 years, as indicated by the ranges in the legend. Grey boundaries around a county indicate an estimated difference in life expectancy that is statistically significant. Estimates of life expectancy in countyracial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are masked and depicted here in grey.

5.5 Change in county life expectancy by racial/ethnic group, 2000–2010

Absolute change in county life expectancy at birth from 2000 to 2010 by racial ethnic group. The colour scale is truncated at an absolute difference of –6 and 6 years, as indicated by the ranges in the legend.

Grey boundaries around a county indicate an estimated change in life expectancy that is statistically significant. Estimates of life expectancy in county-racial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are masked and depicted here in grey.

5.6 Change in county life expectancy by racial/ethnic group, 2010–2019

Absolute change in county life expectancy at birth from 2010 to 2019 by racial ethnic group. The colour scale is truncated at an absolute difference of –6 and 6 years, as indicated by the ranges in the legend.

Grey boundaries around a county indicate an estimated change in life expectancy that is statistically significant. Estimates of life expectancy in county-racial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are masked and depicted here in grey.

5.7 Change in county life expectancy by racial/ethnic group compared to the White population, 2000–2010

Absolute change in county life expectancy at birth from 2000 to 2010 for each racial ethnic group compared to this same change for the White population in the same county. Each point corresponds to a county, the colour of each point indicates the difference in life expectancy in this county in 2010 between the racial/ethnic group specified in the panel title and the White population, and the size of the point

indicates the population in this county in 2010 for the racial/ethnic group specified. The axes are truncated at –10 and ten years, as indicated by the axis labels and the colour scale is truncated at –15 and 15 years, as indicated by the ranges in the legend. Estimates of life expectancy in county-racial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are not displayed.

5.8 Change in county life expectancy by racial/ethnic group compared to the White population, 2010–2019

Absolute change in county life expectancy at birth from 2010 to 2019 for each racial ethnic group compared to this same change for the White population in the same county. Each point corresponds to a county, the colour of each point indicates the difference in life expectancy in this county in 2019 between the racial/ethnic group specified in the panel title and the White population, and the size of the point

indicates the population in this county in 2019 for the racial/ethnic group specified. The axes are truncated at –10 and 10 years, as indicated by the axis labels and the colour scale is truncated at –15 and 15 years, as indicated by the ranges in the legend. Estimates of life expectancy in county-racial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are not displayed.

5.9 Change in differences in county life expectancy among racial/ethnic groups compared to the White population, 2000–2010

Absolute difference in county life expectancy at birth by racial/ethnic group in 2000 and 2010, relative to life expectancy for the White population in the same county. Each arrow corresponds to a county and the arrow starts at the difference in life expectancy between the racial/ethnic group specified in the panel title and the White population in that county in 2000 and ends at the same quantity in 2010. The colour

of each arrow indicates the change in life expectancy over this period in a given county for the specified racial/ethnic group, and the size of the arrow indicates the population of this racial/ethnic group in 2010. The colour scale is truncated at an absolute difference of –6 and 6 years, as indicated by the ranges in the legend. Estimates of life expectancy in county-racial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are not displayed.

5.10 Change in differences in county life expectancy among racial/ethnic groups compared to the White population, 2010–2019

Absolute difference in county life expectancy at birth by racial/ethnic group in 2010 and 2019, relative to life expectancy for the White population in the same county. Each arrow corresponds to a county and the arrow starts at the difference in life expectancy between the racial/ethnic group specified in the panel title and the White population in that county in 2010 and ends at the same quantity in 2019. The colour

of each arrow indicates the change in life expectancy over this period in a given county for the specified racial/ethnic group, and the size of the arrow indicates the population of this racial/ethnic group in 2019. The colour scale is truncated at an absolute difference of –6 and 6 years, as indicated by the ranges in the legend. Estimates of life expectancy in county-racial/ethnic group combinations with an average annual population less than 1000 people and/or estimates with an uncertainty interval width greater than ten years are not displayed.

5.11 County life expectancy and the composition of the API population

County-level life expectancy at birth in 2019 among the API population versus the proportion of the single-race Asian and NHOPI population that is NHOPI based on county-level population estimates by race and ethnicity from the census bureau. This population proportion excludes multiracial individuals, as population estimates are not available for specific combinations of racial/ethnic groups. Estimates in this paper use a combined API category due to data constraints, but these estimates likely mask differences in life expectancy between Asian and NHOPI populations.