***eLife’s* transparent reporting form**

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**Sample-size estimation**

* You should state whether an appropriate sample size was computed when the study was being designed
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* If no explicit power analysis was used, you should describe how you decided what sample (replicate) size (number) to use

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Not applicable; this is a large-scale administrative data observational study.

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* You should report how often each experiment was performed
* You should include a definition of biological versus technical replication
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See page 14 for inclusion and exclusion criteria. All the other questions are not applicable for this kind of large-scale observational study of administrative data.

**Statistical reporting**

* Statistical analysis methods should be described and justified
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* For each experiment, you should identify the statistical tests used, exact values of N, definitions of center, methods of multiple test correction, and dispersion and precision measures (e.g., mean, median, SD, SEM, confidence intervals; and, for the major substantive results, a measure of effect size (e.g., Pearson's r, Cohen's d)
* Report exact p-values wherever possible alongside the summary statistics and 95% confidence intervals. These should be reported for all key questions and not only when the p-value is less than 0.05.

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The statistical analysis methods (mainly calculation of Theil indices and elements) are described on pages 14-15.

(For large datasets, or papers with a very large number of statistical tests, you may upload a single table file with tests, Ns, etc., with reference to sections in the manuscript.)

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* Indicate how samples were allocated into experimental groups (in the case of clinical studies, please specify allocation to treatment method); if randomization was used, please also state if restricted randomization was applied
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Per discussion with eLife editor,if eLife accepts the paper, we will provide the data and statistical code (R markdown) to eLife as supplementary material.  It will be publicly available with no restrictions to access.