

**Socioeconomic determinants of health
Income inequality and population health**

Has vanished evidence favouring a negative correlation between income inequality and life expectancy?

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Editor,

We live in extraordinary times with complex social impacts on human health. Evidence of a negative correlation between income inequality and life expectancy¹ could have disappeared in some areas of the world, but this is not true for other parts of the world.^{2,3}

In any case, the statement that the evidence of a negative correlation between income inequality and life expectancy is disappearing is not sustained by the analysis recently developed.¹ The studies that support such a correlation, have not shown conclusive results according to later critical analyses. If data were not good enough and the detected correlation was a pure statistical phenomena, it is not advisable to speak about a disappearing effect that did not exist.

The absence of a significant statistical evidence does not exclude the existence of contextual effects of income inequality distribution on mortality rates or life expectancy estimations. This only means methodological and conceptual problems when settling functional links between variables. Then we should not speak about vanished evidence, but of inconclusive and neither excludes the relationship between income inequality and individual health, when empirical results suggest a small statistical repercussion.

It is not required to speak of disappearance, but of having not conclusive data. Neither it would proceed to exclude this relationship when the empirical results suggest an incidence, although statistically light, between income inequality and individual health.

The mentioned statistical studies¹ are referred to industrialised countries, that means, those where sanitary and health infrastructure is developed, civil society has a high degree of cohesiveness, the democratic system is consolidated, income level per capita is higher, and inequality and poverty indexes are minimum. The data collected have been biased and they are not generally valid, since they exclude societies with deep, precarious well being inequalities in distribution as far as human capacities are concerned.

New ways of research over the importance of contextual factors in population health should consider both conceptual and geographical aspects. Conceptually, research should cover more than the basic indexes of income distribution to get a wider meaning of well being⁴. And, geographically, research should - necessarily- include in empirical studies the reality of African and Latin American countries, where the crude impact of institutional factors on health affects any refinement in the statistical techniques.⁵

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