



Turning Theory into Practice: Enacting Health Justice for Adults with Intellectual Disabilities

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INTRODUCTION

Health is an important part of well-being. Justice means giving people what they are entitled to. So health justice is providing people the social conditions they need to be healthy. This paper concerns health justice for adults with intellectual disabilities. It brings together insights from political philosophy, international agreements and empirical data from the health sciences. First, it identifies what health justice for disabled adults requires. Second, it describes *how* their health falls short of what justice requires. Third, it explains *why* their health is inadequate and inequitable. Fourth, it gives steps for moving toward the health that justice requires.

METHODOLOGY

In education, teachers use a pre-established standard to judge student work and to identify ways learners can improve future performance. In the same way, the justice of a society can be evaluated and improved according to a fixed moral standard. Ideal political theories use abstract logic to 1. identify moral principles which 2. become the reference point used to judge existing institutions and take corrective actions. This paper follows that pattern. First, it defines what health justice requires. Second, it uses this framework to evaluate the moral significance of what empirical research shows about the health of disabled adults. Third, it uses the moral framework to design action steps to improve health injustice to them.

MAIN ARGUMENT

The paper has a four-task outline.

The *normative task* uses moral and political philosophy as well as international law to identify what health justice for disabled adults requires.

Society cannot guarantee good or equal health to them. What it can provide is habilitation into health. It can help people to achieve good health by creating the social conditions necessary for them to be healthy. Health justice require two things: habilitation into health that is (1) sufficient for a

good life and (2) equivalent for all persons. First, disabled people should receive *adequate* habilitation into health. Adequate health is non-comparative. It is based on a set standard. Each person should have enough health over a long enough life span to live a decent life. They should be free of serious health-related problems—consistent pain, severe illness, impairment of basic abilities and significantly premature death. Second, disabled people should receive *equitable* habilitation into health. Equitable health is comparative. It is based on what others have. Preventable health disparities between socially-dominant and socially-disadvantaged groups are unjust. All persons should have the same opportunity to reach good health, so they should receive the habilitation into health that their specific needs require. The two goals of just health policy, then, are to prevent or alleviate absolute harm (for individuals considered in themselves) and relative disadvantage (for individuals compared to others).

The *empirical task* summarizes research data on the health of disabled adults. Multiple international studies over twenty years indicate that their health is both inadequate and inequitable. First, considered as a self-contained group, the health of disabled adults is *inadequate*. They have unmet health needs and poorly-managed chronic conditions. They

experience high rates of comorbidities and premature death. Many fall below the health level necessary for a good life. Second, considered in relation to non-disabled people, the health of disabled adults is *inequitable*. They are far more likely to have diabetes, arthritis and heart disease. Many fall below the health level of non-disabled peers. Disabled adults, then, are badly off in absolute terms and worse off in relative terms. These outcomes are avoidable and unjust.

The *interpretive task* explains why the health of disabled adults is inadequate and inequitable. Both internal and external causes impact health. The biomedical approach emphasizes individual causes of poor health. The socio-ecological approach highlights social determinants of poor health. Ecological systems theory, which this paper uses, states that life experience is shaped by the interaction of individuals and their social environments. Four factors impact health outcomes of disabled adults. The *individual* level is their biological and behavioral traits. The *service agency* level is the performance of support staff and the culture of social care organizations. The *clinical healthcare* level is the attitudes and actions of medical professionals and facilities. The *social policy* level is laws regarding disability inclusion, histories of service delivery, bureaucratic regulations and budget appropriations. These multiple social factors work

together to contribute to poor health outcomes of disabled adults.

MAIN IMPLICATIONS

The *pragmatic task* proposes steps to create adequate and equitable health. Health promotion is a combination of education, political action and social conditions that affect health. Socio-ecological analysis indicates that change in numerous systems is needed to create adequate and equitable health for disabled adults. Service agencies and healthcare providers, as well as government policies and financial resources, must prioritize their health.

Human equality means that disabled adults are equally deserving of a decent life—including adequate and equitable health. But their health is inadequate and inequitable. Just health policy will improve their non-comparative health by providing habilitation into health that is sufficient to live a good life. It will also improve their comparative health by providing habilitation into health on par with non-disabled people.

FIND OUT MORE

James Gould taught Philosophy at McHenry County College, Illinois, for 35 years. He has published numerous academic articles in philosophy, theology, bioethics, disability studies, higher education curriculum design—even motorcycling. He has an adult disabled son and is active in

disability advocacy. An excellent American program in disability health is Health Matters (www.healthmatters.org). Special Olympics sponsors a health promotion program (www.resources.specialolympics.org/health/healthpromotion).