

“It’s so much more than just sports...”

- A study of public health in the municipalities of Hultsfred and Vimmerby

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Abstract

This thesis investigates how the public health discourse takes its expression in the municipalities of Vimmerby and Hultsfred, as health has become an imperative guiding the conduct of everyday life. In the understanding of public health having both political and symbolic dimensions, the theoretical framework of Foucault and the concepts of governmentality and biopower are applied to the empirical material by means of qualitative research methods.

The narratives of informants, including public health professionals, engaged members of civil society and individuals in the local LEADER area, are used to explore how public health is done through both explicit and implicit intentions. Through semi-structured interviews and observations, the public health discourse is seen as expressed by ideas and actions, but also materialised in places.

The thesis concludes that public health is done through an assemblage of actors and through a plurality of activities and purposes, some of which hold health as a side effect. The practice of public health promotion, as it is dependent on exercise of biopolitics, is challenged by increasing movement of people, exemplified in narratives of immigration and urbanisation. Furthermore, the mentalities invested in the public health discourse entail a care of self, which can be argued to extend not only to the healthy body, but to the community and environments which the body is situated in.

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1 Introducing the public health discourse

Thesis topic and purpose

This is not a thesis about public health. Rather, this is a thesis about activities taking place in everyday life, done by people living in the neighbouring municipalities of Hultsfred and Vimmerby; going to a gym class with friends, attending an orienteering practice on a cold February evening or hiking along a forest trail. These activities, although they are born out of a multitude of reasons, can be regarded as part of a will for the betterment of people's lives. Within this will there is an imperative of health, which in the contemporary western society has "replaced religion as the central institution governing the conduct of human bodies" (Lupton 1995:10). Ideas and practices done in the name of health not only relate to what people do to maintain functioning and desirable bodies, such as eating greens and exercising; ideas of health are today incorporated in most aspects of life. Thereby, the interest in studying public health lies not solely in understanding the managing of health, but the way that imperatives of health take place in other contexts and purposes.

Public health is, by a commonly cited definition of the World Health Organisation (WHO), "the science and art of promoting health, preventing disease and prolonging life through organized efforts of society" (Andersson & Eljertsson 2009). The terminology of "public health" is to a certain extent used interchangeably with "health" in this thesis due to previous research applying similar rhetoric when analysing public health as a discourse (Lupton 1995), as well as the difficulty, and futility, in differentiating completely between them. An attempt to clarify disparities between the concept of public health against that of healthcare will however be undertaken in chapter two, in question of how they are understood in political objectives.

In the "science and art" of public health there exists a number of knowledges, rationalities and subjectivities which can be talked about in terms of a "discourse of health" (Lupton 1995). The term discourse is complex in both definition and use, and can refer to investigations of text on a "micro" level as well as larger societal power relations (Lupton 1992:145), the latter of which is of interest in this thesis. The public health discourse, such as it has been analysed and shaped by previous research, is made up of those underlying assumptions and ideologies that exist in health promotion; health beliefs, the way health information is spread by mass media, as well as doctor-patient relations (*ibid*). In interest of how the public health discourse operates in relation to those people towards which its ambitions are directed, there is motive for applying these ideas onto local examples.

This process of investigation can be done partly through studying how international agreements of health being a human right make their way to local policies, as there in Sweden exists a long tradition of political interventions in ensuring population health (Eriksson & Palmlad 2014), but also through studying how the idea of health itself holds authority for the ways in which we conduct ourselves. This thesis grows from the understanding of the public health discourse as an existing but relational entity, allowing for a discussion of public health being both a set of beliefs as well as a political objective. Thereby, an investigation of public health as discourse requires not solely considerations of health management, but of how those objectives are internalized by individuals; since public health management today is equally dependent on political measures and individuals themselves taking responsibility for maintaining their own health (Eriksson & Palmlad 2014).

Approaching the subject of public health can be done through uncovering “the covert political and symbolic dimensions” (Lupton 1995:5) that operate within the discourse. As these are made explicit, the subject of public health holds an interdisciplinary interest. The goals for sustainable development (SDG’s) within Agenda 2030, formulated by the United Nations (UN), are in different ways tied to aspirations of good health for populations, thus becoming a matter of public health (PHAS 2017). Other instances of how objectives of population health have taken place historically includes the Common Agricultural Policy (CAP) of the European Union (EU) being derived from an ambition to ensure public health by means of food sufficiency in post-war Europe (EPHA 2016). Furthermore, as the overarching goal of public health management lies in ensuring equality of health amongst groups of the population (Andersson & Eljertsson 2009), current phenomena such as globalisation and urbanisation have led to increasing research on the accessibility of health services in relation to sparse structures and urban-rural polarizations (Eberhardt & Pumak 2004). This brings into light the topic of public health put in relation to the context of rural development, which this thesis grows from.

Despite the topic of health being relevant for nearly all matters that in one way or another concern human conduct, public health as a field of science holds a limited amount of interdisciplinary research (Andersson & Eljertsson 2009). This necessitates a reflection on my own positioning to the topic of public health. My introductory statement that this thesis is not about public health is in part a wish to emphasize that I will not be conducting research on the science of public health. My knowledge on the subject of public health relies primarily on the narratives presented to me by my informants, and my interest lies in how public health is talked about in relation to other topics. As a student of agronomy and rural development, I acknowledge that my findings will be shaped by my own background rather than making any statement about public health as a subject.

The motivation for this thesis does not lie in a pressing conflict or a current news item. The interest in public health derives, rather, from health as a constant imperative of modern government and the ways that “health-maintaining” is “incorporated seamlessly into the lifeworld of the individual” (Lupton 1995:6). Public health, to the extent that it is formulated in political strategies, does not exist until put into being by individuals; as a practice performed by people, for a certain purpose, in a certain place. Thereby, the aim of this thesis is to investigate some of the ways in which the public health discourse takes place in two rural municipalities; partly in the shape of public health management on a regional and local level, but also through internalized ideas about health that guides conduct and become materialised in places. The primary objective is thus not to describe or outline a discourse, but rather to make sense of the way that public health is done both as a set of beliefs and as a political ambition. In the purpose lies an interest not solely in the subject of public health promotion, but in how health coincides with other imperatives and values taking place in everyday life. To answer this purpose the following research question has been formulated; *in what ways do the ideas and objectives that make up the public health discourse take their expression in the municipalities of Hultsfred and Vimmerby?*

The empirical field and methodology

The empirical field used to answer the research question takes the shape of two rural municipalities in the northeast area of Småland. In this thesis, the municipalities of Hultsfred and Vimmerby are approached as being “nomothetical” (Bryman 2012:70); that is to say, the interest in studying them is not based on a specific case of uniqueness, but rather their role as exemplifications. The objective thus lies in studying “key social processes” (*ibid*) through the analysis of how health imperatives take shape in what can be

argued to be a typically rural area of Sweden. Nonetheless, these municipalities are chosen for a reason, primarily based on my previous working with the LEADER area Astrid Lindgrens Hembygd (ALH). LEADER is a method of local development implemented as part of the EU's Rural Development Programme¹. ALH encompasses the rural areas of the municipalities of Högsby, Nässjö, Oskarshamn, Eksjö as well as Hultsfred and Vimmerby. In their development strategy for the period of 2014 to 2020, ALH has formulated public health as one of their overarching goals; motivating my choosing this particular topic and region.

As the fieldwork progressed, my approach to the field came to include not only ALH as an actor of public health promotion, but also public health coordinators in the municipalities of Hultsfred and Vimmerby, as well as the county council of Kalmar. This is due to the majority of public health work today taking place on local and regional level (Glenme 2006), leading the municipalities and the county council to be important actors in the managing and distributing of public health. In consequence of my having worked with ALH previously, as well as having lived in this area, I have attempted to handle my personal relation to the field by acknowledging possible issues of subjectivity and relying on the “snowball effect” (Teorell & Svensson 2009:87), which entails letting the narratives given by key informants guide the direction of the fieldwork. Thereby, the geographical limitation of Hultsfred and Vimmerby is a result of these municipalities holding projects and individuals that I was recommended to talk to during my interviews with informants. On a further note, having personal connections to the field proved invaluable not only when approaching informants, but for practical measures of fieldwork, such as having helpful neighbours to call when one’s car breaks down in the middle of a snowstorm, somewhere in the deep forest between Lönneberga and Mariannelund.

The key informants, including the executive manager of ALH and public health coordinators in the municipalities and the county council, thus directed me towards other actors in the municipalities. These included a LEADER project aiming to restore hiking trails in Hultsfred, local developers for the Swedish Sports Confederation and an orienteering association in Vimmerby holding individuals engaged in civil society. In total, ten interviews were performed, varying between one and two hours in length; including participatory observations of training sessions with non-profits. Alongside interviews, I took part of documents to further my own understanding of the topic and context of my informant’s narratives; including public health plans formulated by the municipalities and county council, ALH’s development strategy, as well as project reports and editorial letters written by informants. The people I talked to during my fieldwork, as they hold ideas of and live in the discourse of public health this thesis aims to investigate, were approached using qualitative research methods.

These qualitative methods included both semi-structured interviews and observations of the contexts and spaces I was placed in when performing the interviews; gym classes, orienteering practices and hiking trails. Semi-structured interviews, as they are topical but conversational in their character, allow for answers that reflect the informants understanding of the world around them (Kvale & Brinkman 2014). Phenomenological research holds that things we do in everyday life is to a certain extent part of a “practical consciousness” that is implicit in nature but guided by a number of discourses and imperatives (Inglis 2012:87). The subject of public health, as a political objective and field of science, might be an abstract concept to grasp for those not working with it professionally. However, as it is ultimately performed by individuals, public health holds covert dimensions and imperatives that can be brought into a “discursive consciousness”

¹ In the current programming period of 2014-2020, LEADER is also known under the broader term Community-Led Local Development (CLLD)

(ibid:93) by asking questions about the subject to both professionals and non-professionals. Thereby, by asking broad questions about what people do, and how they consider these activities in relation to public health, my aim was to approach how the public health discourse takes place explicitly as well as implicitly.

As the fieldwork progressed, the research topic came to include a further demarcation, namely the focus on physical activity. The national public health strategy in Sweden includes eleven target goals (PHAS 2017), and as such, a comprehensive approach to public health as a subject would demand considerations of i.e. healthcare services, tobacco and drug use, as well as intangible aspects such as equality and inclusivity. I chose to limit my research to the topic of physical activity as one of the eleven national goals. Most informants thus hold a particular interest in the topic of exercise, and although I approached the field with general questions of public health, follow-up questions particularly concerned physical activity. The focus on physical activity is, furthermore, in part a consequence of answers I received when I first started the fieldwork; as qualitative studies often are emergent in nature (Creswell 2014) the purpose and focus of this thesis has changed continuously alongside the gathering of empirical material and application of theory.

As the methodology of this thesis is born out of a hermeneutic tradition, the field was understood as holding individuals that have subjective and unique interpretations of the reality that surrounds them (Inglis 2012). When approaching these interpretations, the empirical field can be seen as a collection of narratives told by the informants (Hansen 2003). These narratives, in combination with my own observations, form the analysis of this thesis; presented as thick descriptions that aim to give the reader as comprehensive a picture as possible of both narratives and their context (Creswell 2014). Although I have attempted to make as accurate use of citations as possible, the interviews were conducted in Swedish, entailing a risk of meaning and nuance being lost in the process of translation. The informants are, with consent, mentioned by name throughout the thesis. However, the narratives are not to be seen as primarily mirroring personal thoughts, as it is not the individual informant and their lifeworld that is of interest to the research question, but rather the individual as a subject within a discourse of health.

I have relied, amongst others, on the work of Lupton (1995) and her use of the Foucauldian tradition to approach discourse as a way of understanding social practices of everyday life. This thesis can thereby be considered as inspired by methods of discourse analysis; or rather, an analysis of a discourse. A Foucauldian approach to discourse holds not only investigations of sayings and texts, but the whole practice out of which these are born (Bergström & Boréus 2005). Consequently, discourses are understood to be formed and expressed not solely in language, but in all social practice; making difficult the defining of what is and is not discourse, and where lines between supposed discourses are to be drawn. In the use of discourse to approach narratives gained in fieldwork, the individual subject is viewed as existing in relation to other matters; truths, values, people and places. The relational aspect exists not only between features of social practice, but between sayings produced by the discourse and the legitimations of truth that guides the way that subjects act (Bergström & Boréus 2005). In this thesis, the concept of discourse is not used as an analytical tool, beyond being a way to designate and write about the topic of public health. Subsequently, the thesis can be understood rather as an investigation of relations between public health professionals and citizens, narratives of health, and activities done by people living in the municipalities of Hultsfred and Vimmerby.

Analytical framework

Due to his interest in the subjects of body and medicine, the theoretical framework of Foucault has been frequently used to explore the topics of healthcare and public health. This framework includes ideas of how health is used to govern behaviour by use of expertise and truths, as these are turned into normative standards against which individuals are measured and judged (Henderson 2015). These practices are born out of both implicit and explicit expressions of power, working through coercive measures as well as forms of self-regulation. In this understanding of power, it is not a matter of uncovering grand structures of classes and hierarchy, but rather investigating how power takes place in everyday life through a complex set of constantly shifting relations (Inglis 2012). As I make use of these ideas in the thesis, the concepts of governmentality and biopower will be of particular interest.

Governmentality can be understood as “the conduct of conduct”, in reference to the means through which we are implicated to act in certain ways (Dean 2010:17). The idea of governmentality holds that political objectives are not solely put into being by legislations, but by actions that are “shaped from a distance from the centres of political authority” (Polzer & Power 2016:5). This is made possible by knowledges that are produced by experts and professionals and further internalized by individuals. In this sense, governmentality is dependent on the concept of freedom, since an economically rational government necessitates individuals that conduct themselves actively and voluntarily; in ways that nonetheless conform to ideas of “good citizenship” (*ibid*:10). Thereby, systems of modern governing can be seen as built upon three axes; truth, power and identity (Dean 2010). Truth and expertise as forms of knowledge are integral to the exercise of power as it guides the way that we act. Moreover, these knowledges are internalized by means of subjectivity, through which conduct is born out of self-formation and identity (Lupton 1995).

A key notion of governmentality is the conceptualization of the population as not only being a collection of individuals, but a “population body” (Dean 2010:127). The understanding of this body is done through matters of life, death, health and ill-health; and it is through this understanding that the population body is also governed. As modern society began to take an interest in “enhancing the lives of population via hygiene and population sciences”, Foucault formulated a shift from sovereign forms of power to biopower (Wolfe 2014:153). In light of this shift, power was no longer a “repressing force”, and today it functions through bottom-up measures of governance, where citizens are presupposed as free actors (Polzer 2016:137). Power is thereby not necessarily done by one actor onto another, but functions through complex relations. Thereby, the exercise of biopower is today made to seem “necessary, simple and obligatory” (Koopman 2014:107) in the ways that it guides the population body towards good health. The power/knowledge relation is also central to the exercise of biopower, as it is through norms and values that biopower becomes “an enabling link between population and idiosyncrasies of everyday life” (Wolfe 2014:157).

Biopower can be seen as having two poles; one anatomo-political concerned with the individual body, and a biopolitics concerned with the population body (Polzer & Power 2016). Biopolitics, which is of interest to the subject of public health, is exercised by the making of individuals and their health into a population body through different “statistical techniques” (Koopman 2014:102). The sum of people’s health is thereby made coherent and countable by turning biological variables into data on which public health management relies. These techniques are not solely used by health professions, but moreover “we have come to understand ourselves as beings whose vitality/mortality has political value” (Rabinow & Rose 2003:xxi), implicating a society wherein health has become a powerful

institution guiding our conduct. However, as pointed out by Lupton, although the exercise of biopolitics is talked about in terms of discipline and subjectivity, this does not entail that the imperatives of health should be viewed as “brainwashing or oppression”, but as “sites of struggle and constant renegotiation of meaning” (1995:136), making the public health discourse a changeable entity formed by the knowledges and practices invested in it.

The literature I refer to in this thesis, as a fraction of that which has been published regarding Foucault’s ideas of governmentality, biopower and health, makes use of certain concepts to discuss the meaning and motivations of what people do. The way that governing takes place in relation to the topic of public health can be labelled as regimes of practice (Dean 2010), an apparatus or institution (Lupton 1995) or a system of health (Hendersen 2015). I will not attempt to differentiate or untangle the relations between these concepts, but rather rely on Lupton’s (1995) practice of writing about public health as being simultaneously one of many things; a regime, an apparatus or a discourse.

2 Working with public health

Hagadal and the idea of (public) health

The sports centre Hagadal is located a few minutes from the city centre of Hultsfred. During our interview, Lena, the public health coordinator in Hultsfred, tells me that Hagadal will be celebrating a 40year anniversary in 2018. We meet there, as opposed to the town hall, since her role as public health coordinator only covers twenty-five percent of her employment; the remaining working hours concern healthcare services at Hagadal. As we sit and talk, several constellations of people mill about the corridors; a group of older women taking a break from their session at the gym, a few teenagers waiting for their PE class to start, and from the pool area you can hear children laughing. The swimming pools, Lena tells me, are one example of how Hagadal serves as an asset to the health of Hultsfred's population; having swim classes available for all children above the age of six not only promotes their health, but also becomes a form of life insurance. Thereby, Hagadal provides a local for schools, non-profits and individuals wanting to exercise, but the sports centre can also be seen as a materialisation of what has been deemed as important features of a healthy population. The following chapter considers public health as a goal set and promoted by regional and local authorities, as it has been told to me by public health coordinators working at the county council of Kalmar and the municipalities of Hultsfred and Vimmerby. These narratives include considerations not solely of the strategies applied to manage and improve the health of the population, but of what meaning is ascribed to the idea of health itself.

There is an interest, in all aspects of government, to promote health. The healthy body can be understood as a prerequisite for a productive population, as well as being a mode through which power is executed (Polzer & Power 2016). This particular form of power, directed at the very life and being of individuals, has by Foucault been formulated as biopower. The exercise of biopower, in the framework of governmentality, strives for good health through explicit techniques of governing, but also through knowledges that operate on individuals through self-regulation (Gordon 1991). These practices of governing take place within a discourse that assumes a government involved in the life of its citizens, as well as a will to health both amongst those that govern and those that are governed (Lupton 1995). Although acts of biopower onto individuals take place in many contexts, they become especially articulated when approaching the topic of public health management, and those regional and local authorities that are designated to promote public health. As such, the activities taking place at Hagadal, as an expression of the will to health, serve as a practical start to explore how both professionals and strategies work as part of the public health discourse.

When Lena tells me that having a place to teach children to swim is an important asset for the health of the population, this entails both a measure of regulation wherein children in schools are taught to swim, and also assumes a discourse where the ability to swim has been formulated in politics as an important life skill for the population to have. Similarly, the teenagers waiting for their physical education (PE) class to start are there because politics has decided that physical activity should be a compulsory part of every school's curriculum, and thus Hagadal, owned and run by the municipality, serves as a local where this regulation can take place. Meanwhile, the older ladies that are using the gym are there, not because of a curriculum that demand them to, but because of individual choice of action, based on a knowledge about the activity they perform having benefits for their health. The plural modes of governing can thus be applied to those activities I see taking place at Hagadal. The idea of health, what is considered as healthy, is produced by experts

and professionals and put into practice through regulations and curriculums. The idea of health in itself further works as a means of conduct, as these ideas and knowledges produce normative standards against which individuals are measured, judged, and classified (Hendersen 2015). As individuals internalize these knowledges, they act in a manner that promote their own health; for instance, choosing to be part of a gym session even though they are no longer obligated to partake in activities set in a curriculum.

After a while, when the older women have withdrawn from the corridor back into the gym, Lena tells me that they are partaking in a class that is part of “4S”, or “strong, smart, sound, senior”. 4S is a drive, launched by the county council of Kalmar and run in cooperation with the municipalities in the county, where senior citizens are offered trial classes of different activities as well as informative lectures, such as guided tours through grocery stores with dietitians. The drive has been run by Hultsfred municipality for three years with great success, Lena says. The drive itself can be considered an example of knowledges about health being spread to the population through planned measures initiated, and executed, by the public sector that translate national goals of public health into regional and local practice. Thereby, 4S is an example of governing health through measures reliant both on spreading knowledges that affect conduct, making the right choice in the grocery store, as well as, in fact, creating curriculums available to those wanting to engage in different forms of exercise.

The drive of 4S can be sorted under an area of public health politics related to good lifestyle choices. In the eleven national goals that the Public Health Agency of Sweden (PHAS) has formulated, five goals relate to the topic of lifestyle choices, one of which concerns physical activity. These eleven goals form the base upon which local and regional authorities develop their own public health plans. Public health plans and drives such as 4S exemplify techniques of government to reach the overarching national goal of “achieving good health on equal benefits for the whole population” (prop.2002/03:55). To study how these techniques take shape in the practice of governing health, an analytics of government, can be done through questions of ontology, ascetics, teleology and deontology (Dean 2010:26). These questions, applied to the local and regional practices of public health management, form a way to approach how the public health discourse is created by experts in their work with health promotion. The former question posed by Dean, ontology, or what is governed, is broadly answered in the national goal of public health, namely the population. The second question, ascetics, or how we are governed, is exemplified in 4S as a result of several strategies put into practice. This includes the eleven national goals being formulated, local and regional authorities using health statistics and political prioritizations to designate a number of these goals into their public health plans, and then implementing them through drives such as 4S. The remaining questions of teleology and deontology will be returned to shortly.

In Kalmar county, five public health goals have been articulated in the county council’s public health plan; promoting health, a tobacco-free county, physically active citizens, mental health and equality of health throughout life. These goals, and the meaning ascribed to achieving a population that fulfil these characteristics, result in the public health discourse. The determinant factors for a healthy population, such as they are written in the public health plan, is both levelling inequalities between different groups of the population as well as promoting healthy lifestyle choices. Through this, the aim is to achieve a sustainable and positive development in the county:

If we can help our citizens live a healthier life, not only will the individuals be affected positively, but it will benefit the whole society in terms of productivity, decreased sickness and lessened use of welfare services (public health plan 2017-2019:5).

The politics of public health promotion is thus explicitly tied to the idea of the healthy individual being a necessity for a functioning society. As reasoned by Burchell, techniques of government assume an objective which is equally interested in securing the “greatness of the state and the happiness of its subjects” (1991:122). In order to achieve a rationality of government, public health is approached as a measure of the individual’s benefit of health promotion, but also from a population perspective. Consequently, the question of teleology, or why we govern, is answered broadly through public health being a part of a rationality of government producing happy and productive citizens.

This rationality and aspiration towards a healthy population can be understood through the concept of risk. Ewald (1991) discusses risk in relation to governmentality as possessing three central characteristics; being calculable, collective and a capital. Risk is predictable, and manageable, due to its concern with populations rather than individuals. Moreover, risk is a political technology and depends on both moral and economic rationalities, thus being key in securing health of the population (Polzer & Power 2016). In the aims of the county council’s work with public health, there is concern for the individual’s well-being, but also for the function of “the whole society”. As I speak to Hanna, one of five public health coordinators employed by the county council, about their work with promoting physical activity, she tells me that the public health plan is especially concerned with youths and seniors. Formulating and targeting these two groups has both moral and economic justifications; they are particularly vulnerable to ill-health and are thereby strategically important in order to manage the hypothetical strain on welfare services. The drive of 4S, she says, is the result of a focus on seniors in their goal to promote physical activity; it thereby becomes a strategy to minimize the risk associated to this particular group of individuals.

In public health management there is thus a division, and a connection, between the individual and the population, visible for instance in those strategies to manage risk through targeting certain groups. Particularly in those areas and goals concerned with lifestyle, there is a mutual obligation between state and citizen, wherein the state provides means for welfare, but in return expects the citizen to make choices that promote their health, to decrease the risk of straining these services (Henderson 2015). The target for managing these choices is the individual subject, but also the subject as part of a population. To return to the final question of governing formulated by Dean (2010); deontology, who we are when we are governed, can be problematized through the understanding of those activities done by individuals being simultaneously with/for the individual body and with/for the population body. The concept of biopower considers governing of the body as taking place on two levels, an anatomo-political level concerned with the individual, and a bio-politics concerned with population (Gordon 1991). Within the performance of biopolitics there is an understanding of the population body being a target of government, although this target can only be reached through the individual subject. Consequently, what I see taking place at Hagadal, the older women taking a break from the gym and children learning to swim, are activities done by individuals, but, seen as part of the public health discourse, a practice done as a population.

Public health coordinators and lifestyle choices

The work with promoting public health can thus be considered to be motivated by both economic and moral rationalities of government. On a local level, this political technology of health is decided through public health plans, formulated by municipalities and executed by public health coordinators. When I speak to Lena at Hagadal, about what guides her

work with public health, she tells me that the plan was formulated through workshops with a wide set of actors in dialogue, resulting in five areas of prioritization; one being promoting physical activity. Within this area, certain groups are specifically targeted; seniors, due to Kalmar county having the second highest number of seniors in the country, being one. The second group towards which particular strategies for promoting physical activity has been formulated is youths. Much thanks to, Lena tells me, the school's involvement in the writing of the public health plan. Other aspects of public health work rather depend on particular political interests. The local of Hagadal, for instance, is a result of a municipal politician being particularly interested in healthcare, resulting in investments for developing the sports centre. As an expression of governance, local strategies for public health work is thus guided by a variety of knowledges, including national goals, regional statistics as well as individual interests.

In the municipality of Vimmerby, the public health plan does not have physical activity as a prioritized area. When I meet Anders, the public health coordinator, and Mirja, leisure coordinator, they tell me that it will, however, most likely be included in the forthcoming plan due to its playing a role in many aspects of public health promotion. This illustrates a central narrative, namely that the public health discourse is integrated in all aspects of government. As Anders tells me:

That's the way it is, in a municipality, that in a way everything is public health. There's not one decision we make that we don't make for the good and the health of the population. Though we don't call everything public health work, because that would be a bit strange.

As becomes clear in the name public health coordinator, working with public health is a profession of managing the assemblage of institutions that affect life and health of populations, such as schools, police and civil society. As a regime, or an organized set of practices (Dean 2010), the health system takes its shape both as knowledges and specific institutions that aim to govern. Within this system, public health work does not direct its attention to individual experiences of well-being or ill-health, since the expertise is not based on medical or biological features, but rather towards "aggregated bodies" in shape of a population (Lupton 1995:5). This differentiation is emphasized by all those public health coordinators I speak to, as they stress the difference between public health work and preventative healthcare directed towards individuals.

However, when approaching the topic of public health from the perspective of physical activity, the line between healthcare and public health becomes difficult to draw. As mentioned, as an expression of power, biopolitics depends on acts of the individuals to regulate the health of the population. As biopolitics formulates populations into biological features and statistics (Koopman 2014), these variables nonetheless depend on individual practices of health promotion. The part of the public health discourse taking form in these practices of everyday life is known as lifestyle choices. The regulation of lifestyle depends, in some cases, on coercive forms of governing. Anders tells me that one prioritized area in their public health plan, concerning alcohol, tobacco and narcotics, is largely dependent on legislative measures to manage consumption. Dwindling legislation on, for instance, alcohol policies, leads to greater responsibility for the municipality to find preventative measures to manage alcohol consumption. Thereby coercive means of regulation are combined with those forms of regulation relying on informative measures, as the use of communication and information to influence individual behaviour is one commonly used strategy in public health work (Lupton 1995). In Vimmerby, as Anders tells me, there is an upcoming lecture planned by the municipality where an expert has been invited to talk about the physical and psychological benefits of exercise. The goal of the lecture is thereby

the internalization of information and subsequent improvement of behaviour amongst those attending, to promote well-being and avoid ill-health – both for individual and population.

Lifestyle choice as a central concept in public health work is tied to the ideas of risk and economic rationality. When I ask Anders if there is anything in particular he would like to lift concerning his work as a public health coordinator, he says that he sees a need for a change in attitude towards health work, where more focus is put on promotive strategies. He mentions that the three biggest population diseases today include vernacular diseases, cancer, and diabetes; all dependent on lifestyle choices in terms of exercise and eating habits. In order to meet this increasing risk of ill-health, health professionals work with promotive activities to ensure that individuals internalize and perform healthy lifestyle choices. The risk seen in these lifestyle related diseases is an economic strain associated with disease, in combination with the modern citizens' prolonged lifespan. Anders says that, although it may sound cynical, there is a need to take into consideration the economic aspects when working with public health. Since government strives for maximum effectiveness with minimum cost (Burchell 1991), an economical discourse is manifested within that of public health, giving the will for health clauses of rationality.

Challenges of public health work

During our conversation at Hagadal, Lena lifts a similar narrative concerning public health management being determined by economic rationalities. She says that resources need to be allocated strategically in public health work, targeting vulnerable, or cost-efficient, groups. The focus on youths formulated in the public health plan is one key example of this, since encouraging physical activity amongst children will show positive outcomes 20 years from now. Conversely, a focus on seniors can have big impacts on current well-being, giving positive results in health statistics quite quickly. There is thus a perspective of time in work with the population body; which is a challenge, Lena says, to convey to "politicians" that are primarily interested in those results that can be seen in a short-term perspective.

Her own position as public health coordinator, which covers twenty-five percent of her employment, is one such resource that affects public health work. Other, larger municipalities, she says, might have several people working full time with public health which naturally affects the capacity of their work. This aspect of her profession is particularly emphasized as she turns to the topic of immigration. Since the overarching goal of public health management is to ensure equality of health in the population, it is when approaching vulnerable groups, or questions of inequality of health, that the discourse becomes contested (Lupton 1995). Immigrants, as one such vulnerable group, thereby features in the narrative of challenges through problematizing those practical aspects and strategies of public health work that have previously been discussed in this chapter. Moreover, this includes those ideas embedded in the discourse, such as the understanding of public health as a governing of the population.

Lena tells me that one challenge associated with immigrants is the turnover of people in the municipality. As mentioned, the central idea in public health work is the connection between individual and population and the ways in which this connection is conceptualized. The increasing flux of people coming and going in the municipality affects that which can be understood as an expression of biopolitics, namely turning individuals into a statistical body. The practice of managing the population's health is thus challenged as some individuals are characterised by not staying within the municipality long enough to be integrated into the concept of the population. The topic of immigration furthermore brings into perspective the fact that biopolitics not only concerns the idea of population on a

national or municipal level, but from a global perspective. This can be understood as an “international biopolitics”; movement of people across borders, including groups such as refugees, migrants and tourists (Dean 2010:199). As movements of people increases in modern society, public health work is challenged by questions of who belongs in the concept of population. When Lena points out the difficulties in conveying the long-term perspective in public health work to municipal politicians, this is one example of time being a key aspect in the exercise of biopolitics. The concept of population, and the functions of biopolitics, require stability for “statistical techniques” to be made “usable and powerful” (Koopman 2014:104, 107). As this stability is necessary not only over time, but space, modern transgressions of people challenges this concept, making difficult the practice of placing individuals in entities of populations and turning individual health into statistics.

Moreover, immigration poses a challenge to public health work in terms of problematizing those agreed-upon truths of what constitutes health, and the ways in which these truths are spread to the population. Lena tells me that she wishes she had more time to work with this group in particular since not everyone “has the same idea about health”. To ensure equality of health amongst a population, public health strategies rely on citizens internalizing similar, and “right”, ideas of health. One instance mentioned by Lena is the ability to swim, which in the introduction of this chapter was mentioned as one of those political goals formulated to not only serve as feature of public health, but as a life insurance. Furthermore, strategies for health promotion rely on legislative as well as informative measures to realize these ideas of health amongst individuals. Communities of immigrants, Lena tells me, stand risk of forming secluded societies, which in themselves are negative for well-being in terms of integration and isolation, and moreover are hard to reach in different health strategies. I ask her how, if she had the opportunity, she would like to develop this work, and she says that it would primarily involve directing informative health drives to those that “sit at home”; women being particularly vulnerable. Difficulties in communicating ideas of health and health promotion strategies thus include both demographic constellations and language. Thereby, some of the central features of the public health discourse in terms of conceptualizing populations, reaching vulnerable groups and internalizing truths about health are challenged.

3 People and the practicing of health

Civil society and the sports movement

Seated in the corridors of Hagadal, as Lena and I discuss the difference between healthcare and public health, she tells me that “people get it confused sometimes”; concerning the understanding of healthcare as being directed towards the individual, thus not being a topic of interest for public health management. The “people” she refers to include those she meets during her work at Hagadal; seniors at the gym, teenagers in class, and all other individuals exercising at the sports centre. During my interviews with professionals working with public health, the importance of civil society is repeatedly raised. The individuals that constitute civil society, citizens in Hultsfred and Vimmerby towards which public health strategies are directed, are part of the public health discourse through their living, experiencing and performing both health and ill-health. Although these practices can be considered effects of an imperative within the public health discourse, they are also products of subjective experiences constituting everyday life. This chapter considers civil society as an arena in which public health work takes place. Furthermore, the non-profit Vimmerby orienteering club will be considered as an example of people practicing public health.

Biopolitics, as a mode of power, is connected to the concept of governmentality precisely through its defining and conceptualizing “people”. Dean discusses this in terms of biopolitics of the population being “a precondition of liberal government” (2010:133). Modern government assumes a distinction between society and government and, moreover, assumes that society is participatory in the strive for governmental goals. The art of government, such that it involves people, is thereby performed within a “non-political sphere”, including population, community and civil society (Dean 2010:131). In the aspiration of government to ensure a healthy population within economic rationality, the idea of society has seen a shift from people being “passive patients” to being active in the “administering of health” (Rose & Miller 1995:195). This administration is exemplified in my interview with Anders and Mirja at Vimmerby municipality, as they tell me about the upcoming lecture on health benefits of physical activity. Although the lecture is planned and executed by the municipality, to really make a difference, they tell me, the civil society will need to be involved. The goal is to engage several non-profits to arrange opportunities to try activities in relation to the lecture, with a hope to turn the information provided in the lecture into practice, as well as getting new members involved in the non-profits. Much like the previous chapter considered Hagadal as a place within which different forms of governing takes place, both coercive and self-regulating, a similar conceptualization can be made of civil society as an arena holding different strategies for health promotion.

In Sweden, the connection between public health and exercise is tied not only to ideas of welfare but also to national identity. Since the 1940s, political incentives have associated the physically active individual to ideas of democracy and the concept of “the people’s home”² (Eriksson & Palmlad 2014). As Anders tells me, civil society, in the form of sport associations, improve the health of the population not only through physical activity, but also through “education and community”. The non-profits thus hold individuals invested in their own health as well as the health of the community. Being active in non-profits is an expression of the will to health, as well as a heritage of Swedish politics forming a certain mentality and identity amongst its citizens (Stark 2010). The function that civil society has in the public health discourse thus concerns a rationality of health management, but also an

² Folkhemmet

idea of what is constituted in the concept of being Swedish. The organization of sport associations, as part of this phenomenon that is known as the sports movement³, is done through The Swedish Sports Confederation⁴ (SSC).

The regional branch of SSC in Småland (SI⁵) functions as an intermediate between public health professionals and civil society. The organization has a designated public health developer, as well as local representatives that work with supporting non-profits strategically and financially. In this notion, the relevance of SI for public health work is two-fold. On the one hand, they provide support for non-profits, beyond those financial contributions given by the municipality, to ensure that sport associations can maintain the voluntary work with organizing activities. Secondly, there are acts of direct cooperation between SI and local and regional authorities, for instance in a current drive done in Vimmerby targeting drug use in gym facilities. Thereby, SI works with coercive measures of governing, such as regulating substance use in gyms, but also features as an enabling organisation for civil society wherein people perform acts of self-regulation.

The person that tells me about the current drive targeting drug use is Kenth, one of two representatives of SI working in Hultsfred and Vimmerby, as well as Västervik and Oskarshamn. He says that in the four municipalities where he works there are roughly 150 to 160 different non-profits, ranging greatly in terms of activity and size. When I ask him if there are any associations that can be considered particularly active, he says that local orienteering clubs are a good example, due to features of continuity in their work, as they manage to keep members engaged and committed to the activities of the non-profit. In the light of civil society as an arena providing economic governing of health, as well as fostering a certain mentality of community, those non-profits that are considered to be successful are thus those whose members commit to their own well-being as well as the well-being of other members, and the associations itself. A few days after my meeting with Kenth, in order to take part of some thoughts and narratives of those engaged in civil society, I join Vimmerby orienteering club (VOK) in their weekly practice.

A Tuesday session with VOK

This Tuesday evening in early February the sky is clear, and the temperature has dropped well below sub-zero. When the clock reads quarter to six the runners start arriving. Like every week, VOK has organized an orienteering practice for members as well as anyone else wanting to join in the exercise. The majority of this week's participants come prepared for the weather conditions, wearing reflective vests, head torches and shoes with cleats. As the runners gather in the house known as the "VOK-cabin" they register in a computer system that will track their times and choose one of the three available maps, ranging between two to five kilometres in length of trail. The participants include children, seniors and all ages in between; differing in ambition and dedication, but none deterred by the cold as they set out into the forest.

I stay behind in the warmth of the cabin to talk to Bertil, president of VOK, and Lasse, long term member, about their thoughts on orienteering, health, and their engagement in the non-profit. Tonight's training, they tell me, is a session they hold once a week during October to April; sometimes including orienteering trails and maps, other times being more of a regular endurance training. The previous chapter considered public health as an ambition expressed through strategies and professionals, where questions of government posed by

³ Idrottsrörelsen

⁴ Riksidrottsförbundet

⁵ Smålandsidrotten

Dean (2010) were used to approach public health work on a municipal and regional level. In consideration of civil society as an arena where public health promotion takes place, governing of health becomes not solely a question of regulations and authority, but of what can be formulated as self and identity. Although civil society is an acknowledged part of the assemblage that is modern health management, activities done within civil society are products both of health imperatives and subjective interests. Biopolitics, such as it “totalizes” individuals into a population body, depend on individuals whose identities are formed not by oppression, but by “enhancement of pleasures and desires” (Lupton 1995:12). Understanding civil society’s role in the public health discourse thus includes investigating what people do to stay healthy and why they do it; a practice which is not necessarily done in the name of public health.

When I ask Bertil and Lasse about their thoughts on the topic of public health, the narrative is based on reflections upon their own individual health. They tell me that as they are getting older, keeping active is important to stay healthy. For instance, Bertil says that he has started to eat more fish, as well as rye and oats, after his doctor told him he had a high blood pressure. On the one hand, this illustrates what Lupton (1995) refers to as the modern individual being conscious of the ideas and practices of maintaining their own health. Secondly, it mirrors Lena’s statement about people getting it “confused”; the distinction between public health and individual healthcare is not necessarily understood by those people practicing health. Moreover, the narrative emphasizes the particular health benefits of orienteering as an activity:

Let me tell you, I read a scientific article where it said that orientation is the best for public health, because at the same time that you exercise the body you also exercise the brain, and I read how good this is for you, that you think while you run. It's not like jogging, you have to stay sharp, so it's a great sport (Lasse)

Much like Bertil, referring to his doctor’s recommendation of changing his eating habits, Lasse bases his narrative on a scientifically proven fact i.e. measures of expertise. According to Dean, what guides the way in which we govern ourselves are those “truths” produced by experts (2010:27). The previous chapter discussed the managing of public health as dependent on both coercive strategies and means to impact self-regulation; what Bertil and Lasse tell me is an example of how knowledges produced about health have become internalized and used to motivate not only their own choices of exercise and eating habits, but in fact to validate orienteering as an activity which they dedicate their time to.

The art of government can be understood as consisting of several regimes, one such being the health system (Dean 2010:31). As part of this regime, the Tuesday session with VOK can be analysed as an example of government taking place in the arena of civil society. Dean (2010) defines four separate, but interconnected, dimensions through which regimes take place as acts of governing; why we think and why we act in certain ways, questions of visibility and the forming of self. The training VOK arranges, as a product of people thinking and acting in certain ways, is connected to aspects of health management that have been discussed previously; legislations, regional drives and informative lectures are all examples of ways in which people’s actions and thoughts are directed to fulfil a goal of health promotion. The question of expertise, lifted in the narratives told by Bertil and Lasse, is a further example of people internalizing truths about health that affect the way they eat and exercise.

The dimension of visibility mentioned by Dean concerns the ways that “public health regimes locate the individual body within a visible field of social and political spaces” (2010:41). The activity of orienteering, the runners partaking in the exercise and the cabin

in which Bertil, Lasse and I are situated in are all part of these spaces in which the individual body becomes connected to a population body. However, what is visible is not necessarily the same for Bertil and Lasse as it is for those working with public health, causing a distortion between the understanding of public health and individual healthcare.

The benefits of orienteering practice for individual health is thus visible and articulated by Bertil and Lasse, while the benefits of their activity for the health of the population of Vimmerby is primarily visible to those professionals working with public health management. This can be considered as the mode through which modern government acts with an “invisible hand”, in the sense that citizens exist and act within a system that “escapes their will and knowledge” (Burchell 1991:123). In the understanding of non-profits as part of the public health discourse, government depend on citizens acting out of a variety of reasons, so long as the end-goal matches that set by government; forming a productive and healthy population. As mentioned, the sports movement is, in Sweden, related not only to a goal of healthy population, but to a certain mentality of community. Individuals engaged in non-profits, such as Bertil and Lasse dedicating their evening to organizing orienteering maps, placing markers in the forest and making coffee for the runners, serve as part of the public health discourse in their providing opportunities for health not only for themselves, but for others.

During my Tuesday with VOK, I spend some time talking to Karina, another long-term member who is primarily involved in the youth section of the organization. She tells me that although she personally only started orienteering a few years ago, today the whole family is engaged in the activity. She describes orienteering, running outdoors even when it is dark and below sub-zero in temperature, as more than a form of exercise, but as a lifestyle. Returning to the description of VOK as told to me by Kent at SI, an association managing to keep their members committed, is partly grounded in the fact that orienteering is tied to lifestyle, thereby becoming a part of the way that Karina defines herself; a sense of identity. The final question posed by Dean in the analytics of how we are governed concerns precisely a dimension of how identities are formed by various modes of governing (2010). Enjoying the outdoors, and enjoying the community of the orienteering club, is both part of that which guides Karina in her participation in civil society, and places her in the public health discourse.

Health as a side effect

This dimension of identity and lifestyle is central to the understanding of how governmentality not only shapes individuals bodies, but a sense of self. The “care of self”, such as it was of interest to Foucault, includes the way in which power is internalized, not through explicit actions, but through subliminal and shared understandings of what constitutes a “good person” (Lupton 1995:12). In the discourse of health, this becomes apparent through the practices undertaken by people to maintain their own health as well as, in the arena of civil society, the health of others. As I speak to Karina, she tells me about her engagement in the non-profit through an example of an “egg hunt” taking place every Easter. During the hunt, VOK places Easter eggs along a trail, instead of markers, which children can hunt for with maps. Last year, she says, there were almost 170 children between ages of three to ten years participating, “and that, running around in the forest, is something I want to give the kids”. Karina’s engagement in VOK is thereby driven not only by her own enjoyment of orienteering as an exercise and a lifestyle, but also by an idea of doing good for others.

The egg hunt is only one of the instances that members of VOK lift concerning activities they arrange for youths. Bertil and Lasse tell me that the non-profit recently formed a school committee to focus on the work that VOK does with schools in the municipality, since they every year organize orienteering as part of the schools' physical education programme. Lasse says that the arrangement is partly purposed by a hope that some children will find orienteering fun enough to try outside of school events. In order to keep the non-profit active, there is a need for recruitment and keeping members engaged. Lasse tells me that in the 1960s and -70s almost all his friends where members in VOK, "but today there are so many other activities, ice hockey and football and more popular sports". As a non-profit, the activities done by members of VOK can be seen as individual responses to an imperative of health and a strive for doing "good" for others; as well as strategies to keep the association active through validating their sport, as Lasse tells me that orienteering is a much better form of exercise than jogging, and marketing it through different events.

The arrangement of VOK holding orienteering practices for schools within the municipality can further be seen as an example of the ways in which civil society is crucial for keeping the local community⁶ alive. When I speak to Kenth, the local developer at SI, he tells me that when he was young, growing up in the area of Storebro in the outskirts of Vimmerby, there were always activities being held by different non-profits. Today, as he sees an increasing number of people, particularly youths, moving to cities, the activity of civil society is threatened to impoverish. Although he primarily works with supporting sport associations to encourage physical activity, he says that a decreasing engagement in civil society and club activities has several consequences:

Looking at the non-profits, it's so much more than just sports... The non-profit in itself is incredibly important, and the footballing comes in second place. But of course, there is a measure of connection, so to speak, and the day that the non-profits disappear then a lot disappears from these places if you ask me.

Thereby, the importance of civil society features in a larger narrative of urbanisation and decreasing services in rural areas; although the municipalities of Hultsfred and Vimmerby are faring relatively well in this respect. As Anders tells me, Vimmerby has a strong industry providing work opportunities, leading, rather, to a current challenge of housing shortage. Nonetheless, the idea of sport associations providing not only exercise, but being central in keeping rural areas alive, appears in my interview with Anders and Mirja. As we talk about his work with public health, Anders says that there today is an acknowledged connection between the positive growth in municipalities and public health. While it, historically, might have been good land that prompted industries to establish, today this resource takes the shape of a healthy population. Moreover, Anders says, this is highly connected to having an active civil society, as it provides means of recreation, sports and cultural activities. The relationship between a healthy population, an active civil society and an attractive place to live is thereby interconnected, and in this relationship public health is not necessarily an end-goal, but a side effect of measures undertaken to engage citizens in non-profits.

When I ask Karina why she likes orienteering, she tells me about the community she's found and the friends she has made, as well as the thrill in running outdoors and searching for markers along muddy forest trails. Although, when I ask her about it, she tells me about the physical benefits she finds in orienteering, this is not the primary narrative she lifts. This emphasizes a central aspect of physical activity as a goal of government, namely the

⁶ Bygd

experiences of enjoyment that motivates activities. Lupton describes a tension that can't fully be resolved between "the notion of the body and subjectivity as constituted by discursive processes, and that of subjectivity and the project of the self as agential" (1995:136). Although activities and narratives brought up by those I talk to can be framed as part of a regime of government striving for good health, individuals act on subjective expressions of interests and feelings. The things people do in everyday life, such as participating in an orienteering practice, is a result of a plurality of imperatives and discourses; some of which involve those knowledges that guide us towards better health, some being results of personal interests. In some cases, health simply becomes the side effect of having fun.

4 LEADER and another approach to health promotion

Astrid Lindgrens Hembygd

As a political objective, public health features in the goal of developmental strategies within both the UN and the EU. As these goals make their way to a local level, however, public health promotion is primarily done by local and regional public health coordinators. In chapter two, some aspects of this management were considered, as the concept of biopolitics was applied to understand how the population body is shaped in a way that ensures rationality of government. In the preceding chapter, the civil society was considered as part of the assemblage that forms health management; although not always done in the name of public health. In some cases, as will be discussed subsequently, public health as a political goal is done by other authorities, thus allowing another understanding and approach to health promotion to take place. The following chapter considers the LEADER office Astrid Lindgrens Hembygd (ALH) as an actor in the public health discourse, as well as being a method for rural development. As such, public health is understood and put into practice through ALH's development strategy and the projects they facilitate, in the ambition of improving life for citizens living within the LEADER area.

Modern forms of health promotion can be understood in terms of responsibilization, as individuals are expected undertake practices that ensure good health (Polzer & Power 2016). Through different techniques, knowledges about health are internalized in the individual to encourage health-promoting activities. This notion of responsibility not only extends to the self, but to those related to the individual in terms of family or community. As I learnt in my interviews with the members of VOK, exercise is, within the arena of civil society, seldom performed solely out of a desire for the self to stay healthy but also provides opportunities for exercise and enjoyment. What Karina told me, as we talked about the egg hunt that VOK organizes every Easter, is furthermore that orienteering is not only about staying healthy, but a way to give something to children participating. The concept of responsibilization is thus connected to the care of self, as individuals come to share the understanding of what thoughts and actions constitute being a good citizen (Lupton 1995). Power, as it is understood in a Foucauldian tradition, is productive in the sense that it creates subjects that conduct themselves in a desired manner. This productiveness extends to the creation of certain kinds of subjectivities within the modern citizen that cares.

Arguably, the rhetoric of responsibilization as an expression of power can also be applied when approaching the idea of LEADER as a method. As part of the Common Agricultural Program (CAP) of the EU, citizens are expected to formulate and execute projects that promote development of rural areas while implementing ideas of sustainability. Since government depends on freedom of the subjects that it aims to conduct (Dean 2010), the method assumes that its citizens are willing to take responsibility for maintaining an attractive place to live. As a bottom-up method, there is freedom in the sense that citizens in the LEADER-area themselves decide which projects and activities they wish to see take place in their local community. At the same time, only those projects that fit the strategy formulated by the local LEADER office, as a result of EU directives, get rewarded financial support. As mentioned, the original purpose of CAP can be considered a public health measure of ensuring food sufficiency (EPHA 2016). Today, as prioritizations and objectives of CAP have developed, so have the ways in which public health features of

interest not only in terms of agriculture and food production, but through the aspiration of fostering life in rural areas.

What defines biopower as a distinct regime is, precisely, the interest it takes in fostering or disallowing life itself (Rabinow & Rose 2003). Within this regime, public health can be conceptualized as an apparatus, holding specific mentalities and techniques aimed towards fostering the health of the population body (Lupton 1995). As this apparatus can grow over time to encompass other problematisations of government (Rabinow & Rose 2003), so can the techniques and mentalities within it. As the challenges of CAP shift from ensuring food sufficiency to maintaining services in rural areas, the aim becomes to produce citizens that commit themselves to ensuring the allocation of resources from governing agencies to local development. The will for health, as a mentality guiding the public health apparatus, can thereby be seen as mirrored in the prevailing rhetoric of rural development, as a strive for “living rural areas”⁷. In the notion of biopolitics being concerned with “the processes that sustain or retard the optimization of the life of a population” (Dean 2010:119), the concept of individual and population become connected not only through the healthy body, but the local community that holds it. In effect, the disallowing of life takes its expression through rural communities facing decreasing services unless its citizens conform to ideas of responsibilization.

In the work of ALH, the fostering of the healthy individual and the life of the local community become explicitly tied together as ALH has formulated public health as one of two overarching goals in their strategy, the second being entrepreneurship. As an overarching goal, public health promotion is not necessarily an explicit feature in those projects approved by ALH but is rather an effect they wish to see in consequence of the collective results of projects. ALH is not an organisation designated to work with public health management in the same way as i.e. the county council. Rather, as they use public health as a means to achieve those goals set by EU and the Swedish Board of Agriculture (SBA), their relation to the public health discourse can be discussed from two entry points. Firstly, the fact that ALH has implemented public health as a goal in their strategy can be seen as a consequence of discourses of health taking place in a wider objective of government; not solely in those spaces allocated to focus specifically on public health promotion. Secondly, as the idea of public health becomes integrated in LEADER as an institution (organisation, board, and subsidiary subjects) it takes its consequence in how the concept of public health is understood and put into practice.

When I meet Johanna, the executive manager of ALH, to talk about how it came to be that public health was incorporated in their strategy, two narratives stand out. One narrative ties into the concept of “healthism”. This can be understood as the effectiveness with which the topic of health promotion has been incorporated as a priority and an obligation amongst individuals in modern society (Polzer & Power 2016), or, as Johanna tells me, “its current, and it was current back then as well”. When the strategy was formulated, a series of workshops and dialogues were held with different interested parties, including local citizens and the board working with ALH at the time. The goals and prioritizations in the strategy are thus a reflection of the interest of the individuals involved in these processes. Much like Hagadal, in chapter two, was discussed as a result of a particular municipal politician being interested in healthcare, the work of ALH is a reflection of those individuals that manage the organisation. As such, healthism takes its root in individuals, and through them imperatives of health resonate on an organisational level and is further spread through projects and strategies.

⁷ Levande landsbygd

The second narrative of how ALH came to implement public health work in their strategy is what Johanna refers to as a heritage of their work with sustainability. Although the strategy of ALH is anchored in local wills and initiatives, it is also directed by national and international documents. Johanna tells me that EU's growth strategy for 2020, as well as the health strategy formulated in 2008, are two guiding missives that created incentives for ALH to incorporate strategies for health promotion. In these documents, and in LEADER as a method, the idea of public health is by and large connected to the concept of sustainability. The understanding of public health as a subject thus grows from another directive than that political framework which traditionally guides public health management on local and regional levels. This has consequences both for how public health is understood and how it is put into practice. In ALH's development strategy, concerning public health, it is written:

How do rural areas contribute to public health? Quality of life and the public health is promoted by an environment that decreases stress and this is reached through the calming and healing nature that is easy to access. In the rural areas there is also the possibility to in a natural way see the ecological cycle and to get a deeper understanding for the global challenges we stand before... Excepting the nature itself there is also social care in small and big place. To be someone is incredibly important to feel good. You are more easily seen in a small place.

Public health is understood and described in relation to both ecological and social sustainability; hence the strategy derives from a different rhetoric than the public health plans that guide public health work in the county council and municipalities. This has consequences for how the strategies of public health promotion done by ALH are put into practice. One problem, Johanna tells me, that she has concerning the goal of public health is how they will come to measure whether public health has been improved. In the strategy, it is written that ALH will be depending on health statistics supplied by the municipalities for evaluation of their work. Public health management is, as it has been discussed in terms of biopolitics, a practice of turning the population body into biological variables. However, ALH's understanding of health, and their expertise, lies not in a medical understanding of the body, but rather of the social aspects of well-being and the effects that this might have on the population health; particularly from the perspective of life in a "small place". Thereby techniques within the public health apparatus, in terms of understandings health through statistics, are applied to the context of rural development.

When Johanna talks about public health, and stresses ALH's work with social inclusion and making their citizens feel seen, this is only one expression of the governing of health and, naturally, is only one outcome produced by the strategy ALH has implemented. As stated by Dean, governing of people is done in terms of plurality, and thereby includes a multitude of purposes and outcomes (2010). As ALH's strategy formulates a focus on social rather than biological variables of health, the projects they facilitate and administer become a reflection of this understanding of health. Every project application they receive is measured and rated against a variety of goals set in the strategy and those that score highly in the category of public health, Johanna tells me, are those that include a strong measure of social inclusion. The chances of being granted funding subsequently depend on the combined rating of the projects against the strategy.

As I talk to Johanna about their understandings of public health being dependent on measures of inclusion and feelings of community, she states that "that's how we work, us people, that we feel good when we do things together". The social and psychological aspects of health do not have a prominent role in this thesis due to the focus on physical activity. These aspects are, nonetheless, features that have a central role in public health management, and are acknowledged to be crucial aspects of health promotion in my

interviews with public health professionals. What is exemplified, however, in the strategy of ALH, is the manner in which these become statistical figures. Koopman (2014) discusses the transgression of biopower in modern society as infopower; statistics and numbers increasingly governing all aspects of life. Even though the expertise of ALH does not lie in biological notions of health, the way that they talk about and perform public health promotion is dependent on the numerating of those features of health that are intangible, in an expression of biopolitics.

The understanding of public health, as it is formulated in ALH's strategy, is put into practice by means of those projects they approve. In some cases, these hold a clear connection to the topic of public health. One such example is the project "e-health in Djursdala", which aims to promote local access to healthcare services through use of innovation and broadband. Other projects that rate highly in the category of public health do so by modes of social inclusion; the project "technology camp for girls in Hultsfred" is an example of this, as it aims to make young girls feel empowered in terms of participation and entitlement. When I talk to Johanna about some of the projects that have rated particularly high in the category of public health, one further example mentioned is "hiking on a good trail"⁸. This project concerns the improvement and management of hiking trails in Hultsfred, which, according to Johanna, are underdeveloped due to the lack of an actor taking overarching responsibility. Hiking is, from the perspective of physical activity, interesting in terms of being a health promoting activity. Moreover, as stated by Johanna, hiking facilitates the increased access to nature which ALH has formulated in their strategy, making it relevant not only for social inclusion, but through ecological sustainability. These aspects are expressed through different narratives as I talk to some of the individuals involved in "hiking on a good trail".

Hiking in Hultsfred

When we walk along the Lönneberga trail, Christian, the project manager, tells me that he did not really consider ALH's goal of public health when initiating "hiking on a good trail". Rather, the project grew from an idea of the unused value in the nature that we walk past during the first hour of our interview; the forest paths, the river, and what just might be the oldest pine tree in the municipality. Increased access to these features of nature, as judged by the board of ALH, would facilitate the aspects of public health previously cited from the strategy. That is to say, an understanding of the "ecological cycle", as well as health benefits of being in an "environment that decreases stress". A second matter motivating the project is a current interest in public health and outdoor life. As stated in the project rapport of "hiking on a good trail", hiking is part of a trend, seen for example in the on-going drive done by the Swedish Environmental Protection Agency (SEPA). During the time this thesis is written, SEPA is further collaborating with PHAS to develop and put into practice the health benefits seen in green areas.

The recreational value of the Lönneberga trail is thereby part of a larger narrative of outdoor life being an intersection between objectives of natural resource management and public health promotion. In the collaborative drive between SEPA and PHAS the aim is to meet the challenges of increasing sedentary and obesity in the Swedish population through outdoor life as a "health promoting arena" (PHAS 2018). The result of the drive, presented this April, states that in order to make use of the health benefits in green areas, there is a need for "letting the nature take place in the city" in form of urban parks (*ibid*). Although this thesis will not delve into the prioritization of urban areas in national politics, one can

⁸ "Vandring på god väg"

briefly consider the overarching aspiration of public health as a political objective being equality of health, put in perspective of urban parks as a strategy for health promotion reaching only those members of the population that live in cities. As has been discussed, biopolitics works as a mode of power through its formulating population into entities and sub-groups (Dean 2010). The ways in which the public health discourse makes way for expressions of power is thereby not solely by explicit legislations formed by state onto citizens, or the implicit formations of identities, but in the conceptualization of population and subsequent strategies to improve its welfare. If the result of a national drive sees population health as best affected through strategies undertaken in cities, resources will naturally be allocated thereafter.

Chapter three featured Kenth, local developer at SI, speaking about the impoverished civil society as an effect of people leaving the municipalities and the consequences this has not only for sport associations but for other services that non-profits provide. Similarly, previous research has discussed the increasing polarisation between urban and rural areas as affecting public health management through sparse structures leading to decreasing healthcare services (Ebenhardt & Pumak 2014). Thereby, public health management, and its challenges, is problematized not solely of movement of people across borders, as was discussed in chapter two, but on a national level through phenomena such as urbanisation. Moreover, the hiking project, and ALH's strategy, builds upon similar ideas as the national drive of PHAS and SEPA, in that it sees facilitated access to nature areas having positive consequences for public health. However, as an expression of governance, and being part of the bottom-up method that is LEADER, the project grows from another problematization and consequently another approach as to how this dual goal of natural resource management and public health promotion should be met; which will be further developed in the next-coming chapter.

The aim of “hiking on a good trail” was originally to fix the Lönneberga trail, a hiking trail developed in the 1980s that passes through Hultsfred, encompassing roughly 55 kilometres. This is the trail that we walk along when I meet Christian to talk about his involvement in the project. As it progressed, the project grew from perfecting solely the Lönneberga trail to finding strategies that increase accessibility to several trails in the municipality. Additionally, the goal became to find an organisational structure in managing the trails, as well as financing the maintenance and marketing of them. Even though public health was not the driving purpose, Christian tells me that the project came to focus on the “IKEA-principle”; ensuring high degree of utility and accessibility to a broad target group. In this development, Christian sees a benefit in terms of public health promotion: “if we improve the trails and make them easy to walk on, people will hike more and then we have done something good for the public health”. Accessibility and the broad target group thereby entails providing increased spaces for physical activity for the citizens of Hultsfred, as well as a facilitated access to nature and its health promoting qualities.

Although the main target group for the project consists of local citizens, the project also articulates an objective of increased tourism if the hiking trails are further developed and marketed. In the project report of “hiking on a good trail”, it is written that both Hultsfred and Vimmerby currently hold a fair amount of tourism, as well as possessing resources in form of nature reserves and already existing hiking trails. As we talk about the future of the project, Christian reasons that marketing Hultsfred as a destination for nature tourism could lead to possibilities of increased revenue for the business sector and local entrepreneurs. The idea of incorporating the private sector, same as the interweaving of social, economic and ecological aspects of sustainability, can be seen as consequences of the project being done within LEADER; the three modes of sustainability, and cooperation between public, private and civil sector, are all criterion formulated by the EU, and consequently appear as cornerstones in ALH and the projects they facilitate.

The day we have chosen for the hike is cold but sunny, and as we walk along the Lönneberga trail Christian and me both agree that it is a pleasant way to conduct an interview; being able to walk outdoors and make the most out of the weather. As our discussion turns the subject of hiking as an activity, it is contested against other forms of exercise, such as those taking place at Hagadal:

Hagadal is something of a prestige project. As a municipality you are proud to have an arena and a swimming pool. A hiking trail isn't as spectacular, but if you think about a municipality, and what has most benefits for public health, maybe you should allocate those resources on hiking trails instead... In a small municipality you don't have the resources for everything. But hiking you can do anywhere, and a swimming pool only exists in the city centre.

As we walk our pace is relatively slow, due to the fact that we occasionally stop to talk about features of the trail that we walk along, as well as my trying to catch as much of the conversation as possible on recording. Hiking, the way that we perform it and the way that we talk about it, does not necessarily stand out as a superior form of exercise in terms of improving stamina or strength. Rather, as a physical activity, hiking is interesting based on the context in which it is performed. As Christian emphasizes the advantages of investing resources in hiking trails, as opposed to a swimming pool, this is based on an idea of what investments for public health will do most good for the citizens of Hultsfred. As discussed in chapter two, there is a form of interdiscursivity in the way that public health is approached in relation to economy. This is further exemplified by Christian's statement, as a discussion of what allocations will have greatest effect for health with minimal cost. The economic rationalities of government thereby become a context for the way that hiking as an activity is performed, understood and talked about in relation to other forms of exercise.

Furthermore, the context in which hiking is performed can be considered to take a physical form as the nature in which the trail is placed. Christian tells me that the maintenance of the trails is partly financed by LONA, the county administrative board's grant for local drives of natural resource management. While the primary motive of ALH is to finance the long-term development of hiking trails, the grant from LONA helps sponsor material aspects of maintaining trails, such as the purchase of colour for markings and signs. As mentioned, "hiking on a good trail" can be considered to be part of a larger narrative in the interconnected goal of using outdoor life as a public health promotive strategy whilst simultaneously facilitating natural resource management. Although the concept of place will be further developed in chapter five, one can briefly consider the ways that spaces are used in the hiking project as a response to a larger narrative.

Much like orienteering as a form of exercise was discussed in chapter three as being a product of enjoyment, the same holds for most practices being born, more or less, out of personal values and interests. In this consideration, value becomes a narrative of government, formed by an individual "know how" alongside that of expertise (Dean 2010:45). As the nature in Hultsfred is described by Christian as an underappreciated resource, being one of the driving ideas in the formulation of the project, this exemplifies how values are not solely formed by modes of government, but in fact are in themselves productive forms of governing. The purpose of LEADER is to serve as a way of facilitating these values into projects by means of local empowerment (ENRD 2014). The concept of empowerment is thereby connected to that of responsibilization, as it is equally part of a "fabrication of a certain kind of subjectivity and identity" (Dean 2010:82). In this "particular kind of power relation", individuals are given agency and a sense of community through their roles as active citizens (*ibid*). The consequence, seen in the example of hiking trails, becomes another approach to health promotion taking place within the same

narratives of health, outdoor life and economic rationality; resulting in a wish to invest resources in hiking trails rather than urban parks or swimming pools.

Consequently, “hiking on a good trail” can be seen as having grown out of a multitude of values and truths. For one, there is a trend in hiking seen in the context of health promotion. As authorities such as the PHAS and SEPA acknowledge and explore the relation between public health and outdoor life, this becomes a truth that is incorporated into practices of individuals, for instance through local development of hiking trails. Secondly, the project is built upon the idea of public health as understood and formulated by ALH, in which there is an aspect of ecological sustainability present. As such, hiking becomes more than simply a form of exercise, but rather a way of placing individuals in an ecological context that has benefits both for health, environmental considerations and future ventures of tourism. Finally, hiking is an activity that is described as beneficial to public health through availability and cost efficiency. The value seen in this can thereby challenge other forms of truths, such as Hagadal being the optimum arena for health promotion; resulting in contesting narratives of what investments best improves lives of citizens.

” Chess players also need to get out and walk”

Finding strategies for improvement and subsequent maintenance of the hiking trails was one of the main objectives of “hiking on a good trail”. The general responsibility for hiking trails lies, in Hultsfred, at a municipal level. When the project started, eight different non-profits were responsible for keeping track of the trails’ conditions and reporting lacking maintenance to the municipality. In turn, they received monetary compensation for each kilometre. The problem, Christian tells me, is that there is no natural actor, what might have been a “hiking association”, that can take the overarching responsibility. Rather, the non-profits that today manage the trails, with varying levels of commitment, consists of i.e. local historical societies⁹, skiing associations and chess associations. In an expression of governance, the responsibility of managing recreational areas is given to non-profits by the municipality, thereby extending the care of the healthy body to those places where health promotion is performed. Moving forward, “hiking on a good trail” aims to designate four particularly interested non-profits that will hold responsibility for checking and reporting maintenance issues on separate parts of the Lönneberga trail.

Due to Christian telling me that one of non-profits that is particularly engaged in the hiking trails is Hultsfred’s chess association, I meet Lennart, president of the association, to ask him about his involvement with the Lönneberga trail. We sit down to talk at a café in central Hultsfred, and Lennart says that the chess association started managing the hiking trails some five years ago; coincidentally around the same time that he personally discovered an interest in hiking. Over our first cup of coffee, Lennart tells me how a few members of the association walk along the Lönneberga trail approximately twice a year, once at autumn and once at spring. Most years, however, they try to find the time to do a couple more hikes along those parts of the trail that are designated to their association. At the moment, performing the hikes is something of a hassle since they need to arrange for a car to drop them off and pick them up; the Lönneberga hiking trail passes over the municipal map in a relatively straight line, connecting to other trails such as the Ostkust trail¹⁰ and the Sevede trail¹¹, but not back to itself. This aspect, being able to hike in a circle and not just from point a to point b, is a further aim of “hiking on a good trail” in improving accessibility of

⁹ Hembygdsföreningar

¹⁰ Ostkustleden

¹¹ Sevedeleden

the trail. When I ask Lennart about his thoughts on the arrangement between the association and the municipality, he answers that it works nicely: “I think it’s a nice way for the association to get an extra penny, and chess-players also need to get out and walk, so they keep themselves in shape”.

The municipalities, Lennart says, can’t afford to do everything, and delegating the responsibility means that people living in the area get what they want, since “it comes from the people themselves”. In fact, he thinks the solution of managing hiking trails in this manner could be applied to more situations; Hultsfred has an active civil society and the smaller non-profits, such as their own chess association, are always in need of some financial support. Moreover, walking along the trail is something he and the other members find to be enjoyable. Usually they are between four to six people that go hiking together, most of them “in the ripe age” of their sixties. In the contact he has with the municipality, specifically the department for culture and leisure activities, they hold a shared vision of marketing the trails as a resource for recreation and outdoor life in Hultsfred. Lennart says that he thinks it is important that there are things to see when you walk along the trails, and the area around Lönneberga, one part of the trail designated to their association, has a lot of culture and history that he wishes to make more visible. For instance, for literature students it might be interesting to see the house where the author Albert Engström lived. Furthermore, he tells me, these areas are fun to walk past not only because of their historical connotations, but because there is still some active agriculture there.

According to Dean, “the same activity can be regarded as a different form of practice depending on the mentalities that invest it” (2010:26). Considering the activity Lennart tells me about, the members of the chess association walking along the Lönneberga trail to, for instance, renew the orange paint on trees which shows direction, this quote holds a high degree of relevancy. The motivations and purposes of the activity can be considered from a variety of perspectives. On the one hand, there is a mentality of governance; citizens investing their time to maintain public spaces for recreation due to economic rationalities of modern government. There is also a will for the members of the chess association to finance their activities in the non-profits, based on the enjoyment they find in playing chess. Moreover, the activity can be seen as an example of the internalization of health imperatives; as chess players also feel the need to exercise.

When I ask Lennart about his thoughts on public health and hiking, the narrative echoes that which was presented to me when I talked to VOK, of public health being understood through the individual’s reflection on the own body:

For me, hiking is good for the whole body, it's better than any pill in the world. And people know this, so they do walk a great deal here, on the path around the lake or those kinds of walks. But I think that a lot of people feel a bit scared of walking in the forest for different reasons, getting lost or being afraid of wild boars... Personally I walk because it's good, you can do it several times a week. I don't know about public health, but it's good for my well-being.

The path Lennart refers to is the lighted track around the lake Hulingen in central Hultsfred where you regularly, despite the currently unpredictable February weather, see people walking. The public health apparatus serves as a form of moral regulation, which guides that which is considered to be “civilized” behaviour (Lupton 1995:58). Being civilized, acting correctly, includes maintaining your own health and well-being; something which people know and act upon i.e. through walking. As was discussed in chapter two, the ways in which health imperatives find their way into everyday life is both through norms implicitly adopted by individuals, as well as explicit guidance of expertise. Both these

aspects are articulated by Lennart as he not only reflects on his own well-being, but the fact that “everyone knows that if you want to be a chess master then you need good stamina”.

Lennart tells me that the chess association currently receives financial support for arranging youth activities. Chess, as an organized practice, swings back and forth between being considered a sport or an “other” form of activity; which decides if the association should receive funding from the educational sports association¹² or from other sources. It’s the county council that decides how chess should be classified, Lennart says. Moreover, he states that the combination of playing chess and hiking is great:

If you sit and play chess the whole Sunday then of course you need to go out and walk after. And everyone knows that you can’t become good at chess unless you have a strong physical constitution and all that... Nowadays it’s only fit young men that play in the higher divisions. Before they used to sit in cafées, smoking and drinking whisky while playing, but that doesn’t work anymore.

The activity of hiking, such as it is considered to be a form of exercise for Lennart, becomes not only a form of self-improvement on the individual body, but of this body as part of his identity as a chess player. As imperatives of health gain increasing relevance for the ways that we conduct ourselves, they also shape the idea of what is considered to be correct behaviour. The image and expectancies of the chess player is thereby transformed alongside the societal agreements of what is considered to be civilized. Furthermore, as Lennart tells me about how it is proven that good stamina increases the ability to focus for long periods of times, health promotion is not solely motivated and experienced through his own well-being but is based on that notion of expertise which confirms his own experiences.

As mentioned, the main aspiration of “hiking on a good trail” was not to promote public health in the municipality of Hultsfred. Rather, the goal was to make use of the resources seen in the nature in the municipality, both for recreation of citizens and for measures of tourism. Neither is the relation between the chess association and Lönneberga hiking trail based on a grand objective of public health, but a result of governance and a wish for the non-profit to earn an extra penny while enjoying a hike. These activities being placed within the public health discourse can thus be considered a result of ALH rating the project against the overarching goal of public health in their strategy, and myself investigating this connection in my fieldwork. However, the example of Hultsfred’s chess association and Lennart’s narratives on the topic implicate the width and implicitly with which the public health discourse takes place in everyday life. Even situations that are not necessarily about public health become part of the discourse through narratives and practices that are the result of internalizations of health imperatives.

When I say goodbye to Lennart he is headed towards Hagadal, located a few minutes’ walk away from the café, for his weekly sauna session with other members of the chess association. In this thesis I formulated a focus on those aspects of public health related to the goal of increased physical activity. However, as was emphasized by the public health professionals I talked to, everything done in a municipality that in one way or another improves the citizens’ well-being can be considered an act of public health promotion; making difficult the differentiation between different public health goals. Sometimes, as seen in the example of gym classes for seniors held at Hagadal, the aspects of social and physical well-being become connected. Other times, for example when going to the sauna with friends, the purpose of an activity is not explicitly related to a will for health.

¹² Studieförbundet SISU

Nonetheless, if an activity improves the well-being of an individual, it takes its result in the population body through the totalizing modes of biopolitics, thereby becoming a matter of public health.

5 Placing public health

Outdoor gyms

Just to the left of Hagadal, in between the sports centre and Hultsfred's gymnasium, there is a patch of gravel, upon which stands ten wooden contraptions. In the middle of the patch, fastened on a pole, is a large poster featuring instructional text and pictures of a man performing exercises on the machines in the outdoor gym, such as sit-ups, squats, and deadlifts. In chapter two, the activities that I saw people taking part in at Hagadal, gym sessions for seniors and swim classes for children, were discussed as features of the public health discourse being put into practice in Hultsfred. As I sit down on the edge of the machine designated for deadlifts, to take notes from my recently finished interview with Lena at Hagadal, there is no exercise taking place, and I see no other people using the outdoor gym. As an entity of power working through society, knowledge is, in a Foucauldian understanding, not solely produced in practices related to institutions and expertise, but also spaces and places (Rabinow & Rose 2003). Thereby, even when there is no activity taking place at the outdoor gym, it can be seen as part of the public health discourse, as a materialisation of those techniques aimed at ensuring a healthy population. This chapter considers the idea that physical activity requires not only a subject and a purpose, but a place where it can be performed, and that relations between these features are shaped by, and shape, the public health discourse. Subsequently, I will approach the research question from a slightly different perspective, in considering the ways that place plays a role in matters of physical activity and public health promotion. First, the outdoor gym, as part of a narrative that defines certain problems and solutions within public health management, will be discussed.

The outdoor gym next to Hagadal was built a few years ago and is an example of the municipality's response to the public health goal of increasing physical activity. The construction of outdoor gyms appears as a topic of interest in all those interviews I conducted with the professionals working with public health, as it serves to make health promoting activities accessible for a broader audience. In the executive strategy for public health written by the county council of Kalmar, two target goals have been formulated to implement the goal of increased physical activity; one concerning strategies for increased physical activity, the other being development of environments that encourage such activities. Political interventions directed towards regulating activities of the body, in combination with creation of health promoting spaces, are today commonplace in public health management (Eriksson & Palmlad 2014). In those areas of public health promotion tied to the concept of lifestyle choices, and physical activity in particular, regulation of both activity and spaces where these activities can be performed are intricately tied together.

Hanna, one of the public health coordinators at the county council, tells me that creating spaces for "spontaneous exercise" aims not only to reach a broad audience, but is a strategy which is particularly directed at certain target groups. For example, in the executive strategy, the county council mentions a planned outdoor gym to be built outside of the Folk High School¹³, where the target group is students. The idea of spontaneous exercise is, in general, to create opportunities for physical activity that doesn't rely on organized efforts. In chapter three the role of civil society was discussed as being central to public health management, illustrated through non-profits organizing different group activities. As I speak to Hanna this sentiment is echoed, however, she says that in some cases directing strategies toward non-profits becomes a matter of "delivering those already delivered"; in a

¹³ Folkhögskola

rhetoric mirroring Lupton's (1995) declaration of health today being an institution equal to that of religion. The difficulty, rather, lies in reaching those members of the population that are not involved in the organized exercise taking place in sport associations.

One such group, characterised by not wanting to take part in group activities, is children around the age of eleven. Something happens, Hanna says, when they reach grade five, which lead them to end their involvement with sport associations. As a response to this, strategies are formulated by the county council to encourage other outlets for physical activity. When I speak to Anders and Mirja, public health coordinator and leisure coordinator respectively at Vimmerby municipality, they lift a similar narrative. Mirja tells me that building places for spontaneous activities is in the pipeline; including not only outdoor gyms, but also skating ramps and parkour areas, with the purpose of attracting, amongst others, the group of children around age eleven. Taking place is thus the creation of health promoting spaces not only as a consequence of the idea of physical activity being important for maintaining a healthy population, but as a response to a specific problem seen and formulated by those professionals working with public health management.

The strategies undertaken by public health coordinators to promote physical activity can be seen as techniques taking place within a regime of practice, as forms of governing taking place within the public health discourse. The practice of health promotion is shaped by, and depends upon, a multitude of knowledges that operate through different mentalities and technologies (Dean 2010). The creation of places for spontaneous exercise can thus be considered as a practice sprung out of truths, produced by experts, taking their place in the regime of public health; the idea that physical activity has health benefits, creating a purpose of promoting accessible outlets for exercise, being one example. Furthermore, the narrative of children dropping out of non-profits, as well as other groups of the population not participating in organized group exercises, is informed by knowledges produced by experts not only through the understanding of the population as a set of groups, but through the act of defining these groups as a problem to be solved. Consequently, the solution, outdoor gyms, is constructed in response to truths produced by experts working within the public health discourse.

Crucial to the understanding of governmentality is the concept of freedom, of subjects that are free to act and think in certain ways, while government shapes the “field of action” within which these acts of freedom can take place (Dean 2010:21). The truths that motivate the creation of outdoor gyms not only depend on expertise in the form of defining the problem, but also the idea of responsibilization; individuals that take an interest in conducting themselves in a manner that promote their own health. As modern healthcare depends on active citizens, those that do not conform to this responsibilization are targeted through different measures of interference (Hendersen 2015). One such interference involves creating environments that encourages those behaviours that benefit healthy citizens. For those seen by public health coordinators as “already delivered” there is a measure of visibility in their behaviour since the exercise takes place in the setting of civil society. Concurrently, those not involved in these organized activities become invisible, hence posing a risk for ill-health, and, consequently, becoming a problem needing to be solved. In the creation of outdoor gyms, the field of action is literally shaped as a means to ensure, and make visible, the behaviour of those not conforming to the practice of participating in organized activities.

Thereby, the outdoor gym, as I sit down to take notes, is empty in terms of current activities, but filled with meaning through its relation to the ideas and practices that constitute public health management. The purpose of its creation is informed by a multitude of truths, including the understanding of the population as an entity being constituted of different groups of individuals, some of which are defined by experts as problematic. In the

targeting of this problem, the free and active citizen is given direction through the creation of particular environments that promote desired behaviour. Through these practices of problematizing and conducting physical activity, outdoor gyms become an example of the technologies of public health discourse coming into being upon a patch of gravel.

The VOK-forest

In Vimmerby, there is a forest area not far from to the city centre known as Skyttehagen, or, by its colloquial name, the VOK-forest. When I participate in VOK's Tuesday practice, to the extent that having a coffee while the members run can be considered participatory, I'm situated in this forest area, inside the cabin owned by VOK. Once a month, like today, the training session that VOK arranges takes the form a practice competition, where the members are given the choice between three maps of different lengths before they set out to run. Previously, the outdoor gym next to Hagadal was considered as a construction of the public health discourse in response to certain knowledges produced by those working with public health. The VOK-forest, rather, becomes part of the public health discourse by means of the activities taking place there, such as VOK's orienteering practice.

When the runners return to the cabin, in various states of exhaustion and laughter, they sit down to partake in the sandwiches, cakes, and coffee provided by VOK on these monthly practices. A few of them, pointed out to me as "the inner circle", huddle over today's maps, comparing times and strategies for locating markers, as Bertil turns to me and says, "do you know that they are trying to take our forest?". He tells me that this area has been a topic of interest ever since the municipality proposed a plan to build a pre-school and housing area here. At the moment, the municipality has backed off, he says, and for now the proposal only includes the building of a pre-school. The exploitation of the VOK-forest has for Bertil become a personal question, since he experiences himself as having been misquoted in the process of the municipality formulating the plans. In response to this, he has published a letter directed to the municipality, protesting the process under which the plans were made, as well as the planned exploitation:

As I have experienced it, in the last few months there has been a strong support amongst the population of Vimmerby to keep the VOK-forest without building on it. Almost every time I'm in town someone has come up to me and asked how the question of the forest is progressing. There is a genuine interest in keeping the forest as a recreational area. Apart from five to six politicians nobody has said to me that it's a good idea to build another pre-school between the pre-schools Skogsbacken and Lunden. (Letter by Bertil, written 2018-01-15)

The exploitation of the VOK-forest can thus be considered to hold several levels of interest, including the personal level of injustice for Bertil. Furthermore, the conflict surrounding the forest area takes place in a discourse of governance, where citizens of Vimmerby have protested the exploitation being planned without them being given opportunity for participation. The beginning of Bertil's letter states that he is happy that Vimmerby's local development strategy (SLUS), has recently been approved, but that he wishes this would have taken place a year ago, since the strategy, giving more space to citizens in the decision-making processes of the municipality, would have led to the proposal never being formulated. The VOK-forest thereby becomes an arena for the process of recreation being valued against communal planning, as well as increased influence and subsidiarity being given to citizens in matters of local decision-making processes.

The maps used for orienteering practice during the Tuesday I visit VOK are drawn for a neighbouring housing area due to the February weather leaving the forest, excepting a few lighted tracks, too dark and slippery for running. When I speak to Lasse, he tells me that although city-orienteering, running in housing areas, is becoming increasingly popular, the forest remains important because: “that’s where we belong”. The exploitation of the VOK-forest thus threatens to be an impingement not only on the forest, but on the activities VOK perform as a non-profit. The narrative of the VOK-forest being important stems, partly, from the truths of health and recreation produced by experts. However, the narrative, as Lasse and Bertil tell me about the importance of the forest, is also based on a subjective form of know-how, of the activity of orienteering being fun. Moreover, while the activity of orienteering gives the colloquial name of the VOK-forest, conversely, ideas of the health benefits of being physically active gives the forest value as a recreational area. As truths of health are internalized by individuals, the knowledge of exercise having health benefits is instilled not only on those performing activities, but on the places where activities are performed. When protesting the planned exploitation of the forest, these knowledges are used by Bertil as he lifts the importance of the forest area for recreation.

Thereby, the VOK-forest is inscribed in the public health discourse by knowledges existing not only in language, but in practice (Bergström & Boréus 2009) and, consequently, the places where practices are performed. When Bertil tells me that “the municipality has to see that recreation is just as important as building houses”, he expresses a narrative where the VOK-forest’s recreational value, as part of the public health discourse, is put against the discourse of communal planning. The value he lifts concerns not only VOK, but others using the forest area, such as non-profits, dog-walkers and horseback riders; all using the forest for different forms of physical activity. As discourses are regulated by truths competing for validity (Rabinow & Rose 2003), the VOK-forest becomes an arena where different truths, of the forest holding most value for the sake of recreation or building houses, are put against each other. Furthermore, the health discourse is utilized by Bertil as he uses a narrative of recreation to validate subjective interests and values of orienteering being fun. As such, although expertise produces truths about health, these hold power first when they are put into practice; through members of VOK internalizing the truths, materialising them through orienteering, and using them to validate their subjective experiences of fun.

Lönneberga hiking trail

The first half of my interview with Christian, project manager of “hiking on a good trail”, is conducted in the forest outside of Basebo in Hultsfred municipality. Later, when I listen through the recording of the interview, our voices are barely audible behind the sounds of the hike; crunching of footsteps on shrubs and water rippling under the weathered bridge that we cross. These features of nature, as they take place in the narratives of the hiking project, are said to hold value for a number of purposes, including everyday recreation and a potential increase of tourism. Much like the bodies of individuals can be considered sites upon which a multitude of discourses and practices of power take place (Lupton 1995), places that are created by and for individuals consequently become creations of plurality. Thereby, the Lönneberga hiking trail is a materialisation not solely of the public health discourse, but of a nexus of purposes and discourses.

Unlike the outdoor gym next to Hagadal, located a twenty-minute drive away, there is no direct expression of municipal agency on the trail that we walk upon. Rather, current management of the trails depends on a system where non-profits ensure maintenance. As we cross the river, Christian tells me that the worn bridge is one example of the system not

working particularly efficiently, motivating a need for improvement. In the previous chapter, I argued that the concepts of responsibilization that is embedded in the public health discourse can be seen as mirrored in Leader as a method of rural development. “Hiking on a good trail”, existing by means of both discourses, exemplifies how citizens are not solely expected to make healthy choices within a “field of action” provided by government, as is seen in spaces such as outdoor gyms, but are expected to themselves construct and manage these spaces. On the one hand, the Lönneberga hiking trail becomes a result of a mentality of government that depends upon citizens formulating and executing projects, some of which include the creation and managing of spaces for exercise and recreation. At the same time, the development of hiking trails takes shape in a discourse of health, articulated both by ALH ranking the project against their strategy, and through an internalization of the will to health by those individuals that are involved in the project as well as those that simply walk along the trails.

The part of the Lönneberga trail located outside of Basebo is, in some places, overgrown by bushes and shrubs to the extent that we have to stop and make sure that we are following the right path. The landscapes that the trail is built upon, Christian tells me, is part of a rich natural heritage that exists in Hultsfred municipality. These features can be considered as resources that affect public health promotion in different ways. The characteristics that define rural areas, including physical environments as well as sparse structures (Waldenström & Westholm 2009) also define the way in which the public health discourse is materialised. In chapter two, this narrative was articulated by Lena, the public health coordinator in Hultsfred, telling me that it is challenging to work in a rural municipality since there is never enough resources in terms of time or money to do all those health promotive drives she would want to. Conversely, Christian tells me that the nature areas and reserves around Hultsfred are assets whose value can be used for a multitude of purposes, including physical activity. Thereby, strategies for health promotion, whether they are an expression of government intervention or forms of self-government, are situational and dependent on local resources.

The interest in hiking can be seen as part of a larger narrative, where outdoor life holds dual objectives of natural resource management and public health promotion. As mentioned in the previous chapter, the current drive between SEPA and PHAS aims to increase access to nature through the development of urban parks, since nature has been proven to have several health promoting qualities in terms of stress relief and opportunities for physical activity (PHAS 2018). The construction of urban parks, or, similarly, outdoor gyms, can be seen as results of certain truths produced by experts that answer to the aim of increasing access to nature as well as promoting physical activity. As responses to expertise and top-down modes of government, urban parks and outdoor gyms are a solution to problematisations that require health promotion to be versatile and “placeable” not only in specific local contexts.

In contrast, the Lönneberga trail is not a new construction, but, rather, the project aims to restore the trail as a resource already existing in the area. The ways that truths are materialised thereby depends on the knowledges invested. The ideas and values that guides the project are part of a subjective know-how formed and based on those resources that exist in environments where individuals live. Thereby, as an example of bottom-up forms of government, the materialisation becomes a reflection of those already existing knowledges invested in the place. In consideration of this difference in materialisation, one can regard the difference in the knowledges investing the Lönneberga trail as opposed to urban parks or outdoor gyms as two examples. Modes of government, whether they depend on expertise or subjective know-how takes its expression through different forms of materialisations; either producing new places to match certain objectives or finding ways to utilize existing places.

The drive of SEPA and PHAS emphasized the importance of nature for public health promotion by opportunities for physical activity and quiet environments leading to decreased stress. However, the value, as presented to me when we walk along the Lönneberga trail, does not solely depend on physical features of shrubs and rivers, but also the sense of history that the environment can provide. On our way back to the car, we derail from the Lönneberga trail to make a detour past a spring hidden beneath a rock, and Christian tells me a story about how people living in this area used to make sacrifices there with hopes of prosperity. Places can hold a sense of time and rootedness (Cresswell 2015), and a future aspiration of “hiking on a good trail” is to create signs with anecdotes about the places the trail goes by. The use of history to strengthen relationship between people and place is part of a wider trend (Mevius 2018) wherein heritage can be considered as a tool of responsibilization. Hiking on a trail, Christian says, is different than just walking on a street, because in the activity you create a form of community with others walking. Moreover, if the trails you walk along provide stories, the activity of hiking becomes a practice of placing oneself in a narrative of time.

The relation between people and place brings into consideration the care of self not only encompassing the own body, but the people and environments that the self exists in relation to. Perhaps, Christian tells me, if the trails were better managed and marketed more people would go out in the forest and “everyone that walks there would feel a bit proud and take care of the nature”. This narrative echoes Lennart, president of Hultsfred’s chess association, telling me how easy it is to become blind to what exists in your municipality and in your community. For Lennart, encouraging people to go hiking is a way to increase the knowledge about local history, current activities such as agriculture, and thereby generating feelings of pride and engagement. Whether the concept of place is understood as environmental features or a local community, or both, “hiking on a good trail” holds a narrative of hiking not only being a way of encouraging people to move, but to move in a particular place, along a trail where they can feel connected to local resources.

The interdiscursive expression of natural resource management and health promotion not only results in drives set by authorities to improve population health but takes shape in aspirations to create individuals that care. In the objective of encouraging people to go hiking not only out of a consideration of their own health but for an appreciation of nature and local community, the public health discourse is shaped by individual subjectivities enclosed in the narratives of “hiking on a good trail”; by hiking, as a form of physical activity, being as much about exercise as about creating an appreciation of place. Lupton writes that practices of everyday life hold norms and mentalities that are “taken up and used by individuals for purposes that may or may not coincide with the governmental goals of the state” (1995:131). In the case of Lönneberga hiking trail, those values invested in the project form a dialectic, where a certain form of subjectivity is shaped by the public health discourse, but, conversely, this subjectivity utilizes the discourse to motivate care for those places, holding shrubs, rivers, and stories of heritage, that the self finds important due to the complex workings of value and emotion.

6 Concluding remarks on health

In answer to the question of how the public health discourse is expressed in Hultsfred and Vimmerby, one can consider a two-part answer, as inspired by Lupton's (1995) understanding of public health having both symbolic and political dimensions. On the one hand, public health is done through political objectives, working their way down from international agreements to local practice; taking the form of regional drives such as 4S, municipalities investing in outdoor gyms or LEADER-projects supporting local development. On the other hand, symbolic dimensions of health encompass those ideas of what constitutes a good citizen, which entails not only care for the health of the own body, but for the communities and environments in which this body is situated. Thereby, health is internalized and expressed in various ways, beyond matters explicitly related to health promotion.

I initially considered public health as a political goal, which in Sweden is put into practice primarily on regional and local level by public health coordinators. However, the system of modern health management is dependent on a wide assemblage of actors, in which civil society holds a central role since it is made up of those people who perform both health and ill-health. Moreover, in municipalities Vimmerby and Hultsfred, ALH has inserted themselves as an actor in the health discourse by formulating public health as one of their overarching goals. Simultaneously, they are inserted into the discourse by the agreement of health being central to the workings of everyday life as well as imperatives of government; for which health is essential both in terms of economic rationality and happiness of citizens.

The management of public health is, by a Foucauldian understanding, built upon the exercise of biopower, as individual and biological variables of health are made into population statistics. As this practice requires stability over both time and space, it is challenged by increasing movement of people, as exemplified by the topic of immigration. Thereby, an international biopolitics sees the concept of population growing and shifting alongside the movement of people being contested against constraints of time and economy. This notion of movement can perhaps be translated to the narrative of urbanisation, as transgression of people on a national level has seen i.e. decreasing access to health services in rural areas. Much like biopolitics entails a reconceptualization of who is included in the concept of population, urbanisation takes its result in drives and strategies for public health being formulated for certain sub-groups of the population, as seen in the example of urban parks. Thereby, considerations of public health promotion in rural areas should perhaps not solely include challenges related to sparse structures, but the way that politics formulates and prioritizes the concept of population.

This thesis formulated a focus on physical activity, as one of the eleven national public health goals set in Sweden. However, a differentiation between public health goals proved difficult as health promotion is a matter of plurality in both purpose and outcome. The intangible features of public health, including equality between groups and social inclusion are thereby intricately tied to all aspects of health promotion. As elucidated by the people I talked to in VOK, orienteering is in part a form of exercise to keep the body healthy; but it is also a lifestyle providing a sense of community and a confirmation of the self being a good citizen. Moreover, orienteering, as all activities that have effect on public health statistics, can be understood as done simultaneously with/for an individual and a population body. The consequence of public health being done in terms of plurality is practices of health promotion having side effects, i.e. sport associations providing other services in rural areas; but also health itself becoming a side effect of other purposes and intentions.

According to Lupton (1995) health has replaced religion as a central institution in western societies; agreed upon, internalized and subsequently guiding conduct taking place in everyday life. Thereby, the idea and practice of health promotion holds expressions of power that works through society both explicitly and implicitly. Whilst the imperative of health can be understood through the notion of healthism, it can also be argued that mentalities and techniques that are part of the public health apparatus appear in situations and objectives that are not explicitly concerned with fostering the healthy body. The practices and narratives through which these mentalities are expressed can be seen as connected to the concepts of responsibilization and empowerment, as modern government presupposes active citizens that care. Furthermore, the will to health is tied to a mentality of being “Swedish” and doing good for the local community. As formulated in ALH’s strategy, and seen in national drives by SEPA and PHAS, objectives of health promotion can also aim to place the individual in an ecological context, through which the care of self extends not only to the individual body, but the environment that this body exists in relation to. As such, the execution of power within the discourse is related not solely to public health strategies and legislations, but the formation of a certain kind of mentality and citizenship.

“Hiking on a good trail”, as a result of bottom-up measures of governing, illustrates that the ways in which the public health discourse takes its expression depends on the knowledges invested in it, including expertise as well as local know-how. Despite having grown out of similar ideas of health and economic rationality, Lönneberga hiking trail can thereby be seen as contesting urban parks and outdoor gyms in the consideration of how strategies for health promotion are, or should be, materialised. Finally, public health is done in the space between individual and population, and in this space there exists multiple relations which are a result of, and result in, discourses of health. Physical activities, as they are performed by people for a certain purpose and in a certain place, become an expression of this. In the public health discourse there thus exists a dialectic, in which imperatives of health, as they are internalized and agreed upon by the population, can be used to validate those ideas held by individuals. As seen in the VOK-forest, the rhetoric of recreation was used to motivate a resistance towards a proposed exploitation. In the example of Lönneberga hiking trail, the nexus between environmental care and health promotion holds a certain subjectivity based not solely on responsibilization, but on a personal value seen in the forest. Discourses of health, and the societal interest in promoting health of the population, can thereby be used by individuals to express narratives that are not, really, about public health.

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