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Making the Blue Zones: Neoliberalism and nudges in public health promotion

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ABSTRACT

This paper evaluates the ideological and political origins of a place-based and commercial health promotion effort, the Blue Zones Project (BZP), launched in Iowa in 2011. Through critical discourse analysis, I argue that the BZP does reflect a neoliberalization of public health, but as an "actually existing neoliberalism" it emerges from a specific policy context, including dramatic health sector policy changes due to the national Affordable Care Act, also known as Obamacare; a media discourse of health crisis for an aging Midwestern population; and an effort to refashion Iowa cities as sites of healthy and active living, to retain and attract a creative class of young entrepreneurs. The BZP employs many well-known mechanisms of neoliberal governance: the public-private partnership; competition among communities for "public" funds; promotion of an apolitical discourse on individual responsibility and ownership of health; decentralizing governance to the "community" level; and marketing, branding, and corporate sponsorship of public projects. The BZP exemplifies the process of "neoliberal governmentality," by which individuals learn to govern themselves and their "life projects" in line with a market-based rationality. However, with its emphasis on "nudging" individuals towards healthy behaviors through small changes in the local environment, the BZP reflects the rise of "libertarian paternalism," a variant of neoliberalism, as a dominant ideology underlying contemporary health promotion efforts.

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1. Introduction

A growing critical literature in geography addresses how neoliberalism impacts the discourse and practice of public health (Evans et al., 2012; Guthman, 2011; Guthman and DuPuis, 2006; Rawlins, 2008). Meanwhile, and mostly on a separate trajectory, there is revitalized scholarly interest in how place influences health. Linked to increasing attention on "social determinants of health" (Masuda et al., 2012), systematic research on "place effects" or "neighborhood effects" has begun to shed light on socio-environmental causes of obesity and other chronic health problems (Cummins et al., 2007). This growing recognition of the influence of place on health is beginning to have an influence on public health promotion efforts (Larsen and Manderson, 2009; Lovell et al., 2013) and urban design, for example to improve "walkability" in cities (Andrews et al., 2012; Evans et al., 2012).

Building on these developments in both academic literature and public health policy, this paper offers a critical evaluation of the "Blue Zones Project," a health promotion program that began in the US state of Iowa in 2011, based on advice for healthy living conceived by journalist and "happiness expert" Dan Buettner in his book *The Blue Zones* (Buettner, 2012). In short, the Blue Zones Project (hereafter, BZP) is a place-based, community-centered, and commercial health promotion enterprise, which became the centerpiece of a state-sponsored campaign to make Iowa the healthiest state in the nation by 2016.

The questions driving this paper are: What are the ideological and political origins of the BZP? Does it represent increasing neoliberalization of health, specifically in health promotion? And if so, what are the consequences? To answer these questions, I use a methodology based on critical discourse analysis of BZP project materials, media coverage, and social media messaging. I argue that the BZP represents, at one level, a policy neoliberalism that involves commercial actors and market logics in the governance of public health. Moreover, the BZP advances a kind of deep neoliberalism—neoliberal governmentality—that affects how people perceive, problematize, and manage their own health, a project to produce self-regulating subjects that is enhanced by interactive social media technologies. However, specific political

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circumstances explain why the BZP emerges *now* and in *Iowa*, of all places. The BZP addresses a variety of local-, regional-, and national-scale concerns, such as dramatic health sector policy changes due to the national Affordable Care Act (ACA), also known as Obamacare; a media discourse of health crisis for an aging Midwestern population; and an effort to refashion Iowa cities as healthy and active, to attract and retain a creative class of young entrepreneurs in a competitive global economy. With its emphasis on how small environmental modifications can make places healthier, the BZP exemplifies a variant of neoliberalism, libertarian paternalism, which enjoys broad support as a foundation for health-promoting public policies.

The primary goal of this paper is to inform and refine discussions of neoliberalization of health. It is rather too easy to treat neoliberalism as a totalizing discourse, governing all social relations and cultural production, but the BZP did not just emerge spontaneously from a neoliberal milieu. Rather, as an "actually existing neoliberalism" (Brenner and Theodore, 2002), the BZP emerges from the opportunities and constraints of a particular political context. Thus, this paper makes a significant contribution as a case study that explains how neoliberal governance of public health is actually conceived, planned, and implemented. I also seek to refine our understanding of consequences of neoliberalization. Since neoliberalization seems to lead to *medicalization*, *individualization of risk*, and *de-socialization*, many scholars are highly critical of it (Guthman, 2011; Rawlins, 2008; Rose, 2007). I propose that the BZP does not fit this template so neatly. The BZP actually foregrounds *holistic* ideas of well-being, the influence of *place* on human health, and *community-based strategies* for health promotion. Such principles and strategies share common ideological ground with libertarian paternalism, which emphasizes how numerous yet slight changes to social and built environments can "nudge" people toward healthy, responsible, and productive behaviors (Jones et al., 2011, 2013). Yet the BZP offers a thoroughly *desocialized* discourse about designing healthy communities, with little room for discussion of poverty, unemployment, or other social determinants of health (Crawshaw, 2012).

A secondary goal of this paper is to inform a broader literature in health policy, especially health promotion, which includes the work of geographers but transcends any one discipline. The BZP is a good example of increasingly common "area-based initiatives" or "place-based policies" aimed at creating "healthy cities" in hopes of attracting financial and human capital (Andrews et al., 2012; Evans et al., 2012). If the experience of the BZP is any guide, public-private partnerships to design healthy communities are likely to become more commonplace. While scholars of public health should be wary of the role that "lifestyle" and "wellness" industry professionals play in framing the terms of discussion for creating healthy places, initiatives like the BZP could nonetheless be a realistic option for enhancing community health and well-being.

2. Neoliberal governmentality and making healthy places

This paper seeks to refine and extend understandings of the neoliberalization of health. Scholarship in this area is crucial for understanding that the BZP, despite its slick imagery, feel-good rhetoric, and innocuous health advice, is a deeply political project. At one level, neoliberalization entails the increasing involvement of private actors in the governance of public health, a "policy neoliberalism" that finds parallels in the privatization of sectors such as policing, prisons, and education.

Critical scholars have signaled a deeper embedding of neoliberal ideology that affects how people perceive, problematize, and "govern" their own health. This so-called "neoliberal governmentality" (Dean, 2009; Guthman, 2011; Lemke, 2002)—a concept derived from the foundational work of Michel Foucault on biopolitics and governmentality—denotes various social transformations under neoliberalism. First, people increasingly impose market rationality onto their personal lives (Rose, 1999; Teghtsoonian, 2009); they come to view themselves as entrepreneurs responsible for their own happiness and well-being (Crawshaw, 2012; Lemke, 2001; Rose, 1998). In the realm of health, neoliberalization entails an "individualization" and usually "medicalization" of risk, a shifting of responsibility for well-being onto individuals, and a concomitant move away from framing public health as a public good (Crawford, 2006; Guthman, 2011). Lastly, under neoliberal governmentality, making investments to improve one's "self" is not selfish (and therefore subject to social condemnation), but rather in alignment with broader economic production goals of neoliberalism. Thus, under neoliberalism people who *fail to invest* in their health, well-being, and appearance—people who smoke, drink to excess, or become obese, for example—earn social contempt, an attitude legitimized by the moralizing ideology of "healthism" (Crawford, 2006; Guthman, 2011).

Typically, scholars who invoke the concept of neoliberal governmentality also lament its political consequences, because a hegemonic neoliberal rationality sustains a discourse that works against deep, structural analysis of social problems, and against collective forms of resistance outside of the market (Cruikshank, 1999; Guthman, 2011; Lemke, 2002). The pursuit of health under neoliberalism intensifies individualism while giving rise to a new, professionalized class of authority figures—not just physicians, but wellness experts, self-help gurus, nutritionists, life coaches, and so on—who become integral players in the governance of healthy living (Crawford, 2006). Ultimately, "Rather than the state focusing on the determinants of health, 'experts' and corporations alike are encouraged to offer their goods and services through the free market, whereby, it is expected that the responsible, health conscious, neoliberal citizen will buy into them" (Ayo, 2012, p. 102).

The neoliberalization of health is a compelling concept, but potentially problematic. Mainly, we must take care not to portray neoliberalism as a totalizing, abstract ideology, but rather try to analyze "actually existing neoliberalisms" that are produced in tension with national, regional, and local-scale political-economic contexts (Brenner and Theodore, 2002). For example, neoliberalization of the health sector in Great Britain and Canada involves a jarring rollback of socialized health care and the imposition of market logics onto this sector (Rawlins, 2008; Teghtsoonian, 2009). However, the US has long had a mixed and fragmented political economy of health, with services delivered predominantly by the private sector and governed by market-based rationalities. Thus, neoliberalization of health in the US might not represent a rupture with the past as much as an intensification of existing political tendencies.

Moreover, there may be a "broader political shift" from neoliberalism towards "libertarian paternalism" in public health promotion (Evans et al., 2012; Jones et al., 2011, 2013). Unlike neoliberalism, which assumes that people behave as rational (and self-interested) actors in a market, libertarian paternalism is part "neuro-liberalism" (Jones et al., 2011, 2013): drawing on newly prominent theories on causes of human behavior—principally from behavioral economics, psychology, neuroscience, and marketing—libertarian paternalism starts with the premise that people are apt to behave irrationally, and act against their own interests. However, by carefully controlling the environment around them, people can be moved gently, even unconsciously, towards socially correct, economically efficient, and personally beneficial ways of behaving (Jones et al., 2011, 2013).

As libertarian paternalism has penetrated popular culture, it has

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