. Tracking entangled with health expertise

A further interesting dynamic is the entanglement of expert medical advice and how this helps to justify different tracking approaches to health.

This chapter investigates the emergence and nature of new relationships with health professionals. While self-tracking data has grown in popularity as a way to record health information, trackers' personal involvement with a health issue can have a significant impact on relationships with health practitioners and the evaluation of credible health information. Political and ideological struggles around responses to the Covid-19 crisis and the creation and maintenance of boundaries between lay and professional health domains are generally considered to form part of the surface view of health. The different pace of national and local lockdowns and the impact this had on household tracking behaviour illustrates how the political framing of health, particularly the impact on different generations of trackers, shaped responses.

New tensions can be found in the social construction of how health expertise is obtained, which is presented as taking place through encounters outside the home that reinforce and appear to legitimise specific health boundaries. Household health decisions vary in form and content, and if not concentrated in new forms of health tracking, they may indicate how traditional boundaries and power structures are being questioned. Tracking in households is argued to be a promising way to investigate the complexities of relationships between expert medical knowledge and new motivations for various health behaviours emerging from the pandemic.

Discussions in households about how people accounted for their health during the pandemic and how tracking enabled new forms of health knowledge outside of the scope of the practice of health professionals inform this chapter.

The surface view of health

In taking up tracking, there appear to be an infinite number of resources designed to compile data on health and fitness (see Introduction for more about marketing self-tracking technologies). Such resources are designed to provide what I observe as a surface view of health, reflecting trackers' multiple sources of information while generating new forms of content. So vast is the proliferation of information that it is impossible for trackers to digest, let alone correctly scrutinise, sources. In her discussion of trust for the BBC Radio4 Leith Lecture, Onora O'Neill (2002) challenges current approaches to accountability and explains how people in Western societies are increasingly confused and unsure of whom to trust for guidance and support concerning expert advice. Indeed, as Busch et al., note, self-tracking entails 'certain risks', where 'trust emerges as an essential factor to understand the trajectories of healthy and maintained fitness app usage'. (2021, page 253). Trust, therefore, is a critical factor for trackers to go beyond the surface view of health in order to assist in the understanding and investment in health information. In contrast to the overwhelmed-by-information take on tracking health data, a small proportion of households interviewed talked about the structured ways they engaged in diving more deeply into their health data. As Aina (a woman in her 40s, living in Japan with her family, including twins aged ten) explained:

> I believe that my data gives me the power to understand my health and my family health better. I track daily four main insights about my heart rate, sleep, physical activity and oxygen blood levels. Tracking helps me to understand my health better, and I do not get lost in irrelevant information. Because understanding is important to me, it is very easy to get distracted by new information that can be confusing. Between my husband and I, we have found that health data

> has helped us to plan for the future, like a self-audit. A health audit [laughter] [...] When we look at our health data together, I feel like I can trust what I'm seeing because I'm looking at data from a variety of sources over a long period of time.

Gaining control and feeling empowered by tracking data were prevalent themes in other households. As Nancy (a woman in her 40s, living in the United States with her husband, mother-in-law, and non-dependent son) put it rather pointedly, she would, 'only look at health information that comes from Garmin. I trust in Garmin more than I trust the government. If Garmin told me to self-isolate, I probably would'.

And, Nicola, a woman in her 30s living in Australia with her life partner and two non-dependent daughters:

> There's a lot of websites about health, and I try to avoid those because they're not very personalised. More recently, since Covid-19, they're scary places to visit. I like health information designed about me. I know there's some marketing tactics there, but you can trust what you are actually seeing.

Nicola notes her preference for health information that is tailored specifically to her and her family. Such personalisation was a recurring theme in our discussions and in other households where health tracking was used to emphasise a personal connection in terms of context, content, and history. In this case, the most confident tracking users emphasised what they saw as a critical link between personal health history (including access to personal health records) being played out at the scale of global commercial entities and a lack of access to health experts. Thus, they actively sought out what they viewed as tailored health advice by continually recording health data, by demonstrating changes over time, and by directly challenging health professionals on the basis of such data.

The fact that trackers are aware of and actively scrutinise sources of health information and how the content is linked to expert knowledge or government agendas reveals two interesting things. First, while top-line data analysis of health outcomes, such as those described by Aina, is appreciated, there is a desire to evaluate consistent data sets and effectively exclude other frivolous information. Second, there are a variety of perspectives on the quality of information, which, far from being overwhelming, is identified in ways that may be useful, misleading, or even too 'scary' to review. Households' feeling that they had control over the sources of health data showed how commercial and government health rhetorics impacted them. There was a clear link between illness metaphors in public messaging and broader social beliefs and structures concerning taking personal responsibility for staying safe and maintaining health at home. For example, opportunities to engage in government sources of information about the pandemic were managed differently within households. Generally, personal data tracking was seen as 'more relevant, and some people felt 'intruded by' or 'angry about' government health information viewed as 'hijacking' what were seen as social spaces for sharing tracking data. Lesley, a man in his 20s living in the United Kingdom with his parents and grandmother, revealed how,

> Oh, god, it's so intrusive. I don't want another NHS update on Instagram. It's not relevant in that space. That's my personal space, not there for the Government to sabotage.

Michelle, a woman in her 30s living in France with her husband and parents in-law, shared a similar reaction:

> I want to be able to log onto my account and not see Government messages [...] my husband is diabetic so we are

> very invested in tracking our family health. We connect with lots of diabetes communities on social media and I feel angry when I see those spaces taken up with Government messages. It can make you anxious seeing that information [about Covid-19].

Michelle's experience again is relatively typical. She explains how she perceives her personal space being encroached upon by Government health messaging in a way that makes her angry and causes her to feel anxious. Michelle and her husband refer to online communities and use their tracking data to compile information about their health. In later interviews, the couple explained how daily health tracking felt more meaningful and reassuring than information from official medical sources because it was 'more personal' and felt 'more relevant'. Other households shared similar sentiments concerning the role of official medical sources. For example, explanations about new health risks in the context of the global pandemic revealed a greater sense of social responsibility shared by all households. However, households had very different views about how they wanted to engage with new sources of health information. Rather than framing it as a loss of faith in health professionals, perhaps a more positive spin would be to recognise the enthusiasm and genuine curiosity in learning about personal health, the willingness to adopt new health routines at home, and the desire to continue seeing health professionals – albeit on terms that suit the individual.

There was a clear sense that participants associated certain lifestyles with risk, discussed particularly in relation to the health promotion of mask-wearing in the United States. Each of the US households identified an apocryphal 'Trump' figure who reflected the many unhealthy behaviours persistent in the spread of Covid-19. Two examples about tracking and Covid-19 risk follow from two households in the

US, the first with three adults ages 43-78 years old, located in Maine, New England, and the second with four adults ages 19-95 years old, located in Houston, Texas. In the first household, Amanda and Zinnia are twins in their 70s who live with Amanda's daughter-in-law Gloria, a woman in her 40s.

> Amanda: I began tracking in the 1960s, before we even knew what an Apple Watch was. When I was younger, I was a semi-professional athlete. I used to compete in the long jump, and we had a strict training schedule that included what to eat and when to train. I think the Apple Watch is a fantastic device, especially with all of the health data it allows you to record and compare. I feel empowered in comparison to other women my age, you know what I mean?
>
> Gloria: Forgive my mother-in-law; she is always comparing herself to others based on age.
>
> Amanda: And you will, Gloria, when you reach a certain age.
>
> Gloria: So, you keep reminding us.
>
> [laughing]
>
> Zinnia: I read the other day that your [Apple] watch can detect Covid before you know it. I may not have been the athlete that my sister was, but I am very concerned about our health. I believe they were referring to a fluctuating heart rate as an indicator of Covid-19 in the article.
>
> Amanda: Nonetheless, the politics surrounding this are frightening. We have lovely neighbours, a lesbian couple who surprised us with a delicious brunch the other day. We were there with some other neighbours, and you know what,

> some people believe Covid is a hoax, Anthony Fauci[1] is this, is that. It's a scary experience having those kinds of conversations.
>
> Gloria: Perhaps you should give them your watch to wear so they can understand the importance of health preservation.
>
> Amanda: That's a start, you know.
>
> Zinnia: I just want it all to stop. Being aware of your health in this way [tracking] makes you feel resilient, but you are helpless when dealing with people who deny the pandemic

Maine, New England

In the next household, in Texas, Jenny, a woman in her 90s, lives with her late-teenage grandson Christopher, her daughter Analise (50s) and her son-in-law David (40s).

> Christopher: Jenny's medical history puts her in jeopardy. We're still coming to terms with the fact that Harris [Jenny's husband of 35 years] died of cancer in 2015. So, before there was even Covid, I got Jenny set up with an Apple Watch. It gives us as a family peace of mind, you know. She is free to go about her day without having to worry about telling us where she is all the time.
>
> Jenny: It has the feel of a very expensive and fancy bracelet, and it keeps my grandson happy because he knows where I am. I was going to take it off because of the annoying

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[1] Anthony Stephen Fauci is an American physician-scientist and immunologist who serves as the director of the U.S. National Institute of Allergy and Infectious Diseases and the chief medical advisor to the president

updates, but I like looking at it when I go for walks. Chris has been displaying all of my sleep charts to me. I had no idea I slept so much. That's my age, I suppose. I am fit and active, and with the Covid, that is a real concern for my family [...] I am looking at my health data as if it is a new experience for me, and I feel in the prime of my health.

Analise: Okay, mum, you've been reminding us of your good health ever since you started the daily step count.

Jenny: Oh, yes well I like to keep active.

Analise: I retired last year, just before we learned about Covid. Since Harris's death, health has been a topic of discussion between us. Chris's idea for the Apple Watch piqued my interest, and it may appear frivolous at first, but when it comes to health, you must protect yourself. Jenny means a lot to us.

Jenny: And you to me.

Analise: That's right, so with the extra pressure on health now, with the way the world is acting, I mean we can monitor what our bodies are telling us. My heart rate is rising just thinking about what might happen if there is a pandemic.

David: That, I believe, is psychosomatic.

Analise: You are free to mock me! But consider this. [displays the reading on the Apple Watch]

> David: Okay, so your heart rate has increased. I concur. I'm a psychologist who runs a clinic out of our house. I'm getting a lot of new patients who are worried about their health and don't know what to do. I'm not sure if you've noticed, but we have a jerk for a president. As a devoted Republican, I can say this.
>
> [Chris curses]
>
> David: I've been telling my patients to keep track of their health. They don't need to buy an experience smart watch, but they should look at their phone's health data, keep a mindful journal, and do other things to gain some control over the world around them. I have clients who compete against their own data as a coping mechanism in order to reclaim control.

Texas, Houston

Anxiety about Covid has an impact on how both households monitor and track health together. (On reflection, this may also be related to the interview situation, where people will tend to provide the answers they believe the interviewer will be most interested in hearing. There is further discussion of this dynamic in Chapter 1 and the Conclusion). The political framing of such actions, which are perceived to be potentially confrontational in other contexts, is also visible. Amanda discusses a brunch with her neighbours, where conversations about health tracking become intensely political. In the other household, David reflects on his role as a 'devoted Republican' and appears embarrassed about making health claims when government politics state otherwise. The intergenerational dynamics couch the action of tracking in caring terms in both households: when Chris proposes an Apple Watch for Jenny, and when Amanda reminds Gloria of the challenges of being a woman of a ‘certain age’. Tracking helps to ‘control’ and manage health risks, especially during rapid government health reform. I propose that we can break down the elements influencing tracking into the following four factors:

1. Self-evident personal factors (e.g. hereditary factors)
2. Social environment (e.g. household connections, community links, occupational risks)
3. Political environment (e.g. wearing masks, voter behaviour)
4. Free will (e.g. personal actions, responsibility)

As in other studies about health behaviour, ideas around free will were common explanations for tracking and often used as an antidote to the ‘Trump politics’ perceived to be a threat. A further interesting dynamic is the entanglement of expert medical advice with the sense of a global political agenda and how this helps to justify different tracking approaches to health. Lucee, woman in her 30s living in France, explained:

> Wearing a mask is preferable to being locked up all the time, but you can’t smoke. That is something I dislike. According to rumours, a pass sanitaire [health passport] is being proposed for some opening up activities. This doesn’t bother me too much because I already use tracking and payment features that collect all of my information.

Noah, a widowed man in his 40s living in New Zealand with his father-in-law, mentioned:

> Over here, we use the Tracer app, which provides me with security for ways to protect my family. Because my partner and I use Strava to plan our rides, I am quite familiar with app tracking and health tracking.

Alejandro, man in his 50s living in Spain with his non-dependent son shared:

> My entire family has the Rada Covid app. It's not ideal, but generating health data for our government is critical if we're to get out of this mess. The setup is similar to my Asthma Track [app that allows users to record event information (such as environmental conditions, symptoms, treatments, and vital signs) related to asthma]. This type of data tracking is something I'm used to.

The three extracts above give a different perspective on well-known criticisms of people who carelessly use social media and technologies to understand new information. For example, a new study by Frieling et al. shows how the Covid-19 pandemic 'went hand in hand' with '(mis) infodemic' in terms of the influence of political viewpoints, anxiety about global health and willingness to share false claims about health information on social media (2021 para. 1). To demonstrate the fragmentation of information and news exposure, Peng and Yang highlight the prevalence of social media echo chambers in relation to how information is spread online and exposed to a variety of news outlets: Yet even if news consumers share similar news diets, they do not necessarily hold similar interpretations of the same information, let alone find common ground and cultivate shared beliefs. (2021 para. 3). Existing research has recognised the complexities of trust and motivation in tracking data. Lupton, for example, observes tracking as a component of complex systems or 'data assemblages'. From this perspective, tracking data are part of new 'systems of thought, forms of knowledge, business or government models, human users, practices, devices and software, and sometimes by networks of other users and agents other than the self-tracker'. (2016c, p. 65). The findings of this study suggest that tracking had taken on new meanings within all the households and became more critical and prominent during the pandemic. Tracking helped alleviate concerns about new forms of health data proposed and implemented by new government tracking initiatives. The extracts above demonstrate how individuals already experienced in tracking sought to navigate through new public health policies and felt confident in their capacity to understand how their data was being used. We are beginning to see a picture emerge here of households carefully responding to new health propositions and engaging in ways they believe will benefit them. These households demonstrate a high level of engagement and information scrutiny, including critical judgement about which sources to trust.

The social construction of health experts

One of the most contentious issues in health tracking is the nature of people's interactions with medical experts. In the doctor-patient relationship, for example, there is a specific set of expectations and connections in which the patient will defer to the medical professional's expertise and be guided by their recommendations (see Bloor and Horobin, 1975). The trend has been to view health professionals as experts in their field with comprehensive knowledge of health diagnosis and management. In this context, the sociologist Bryan Turner observes the status of medical practitioners as responding to 'a calling to the service of others in the absence of a direct and specific material reward'. (1995, p. 129). The image of medical professionals' altruistic values, however, is being challenged. Andrew Abbott, for example, emphasises the insularity and institutionalisation of professionalism: 'only knowledge systems governed by abstractions can redefine its problems and tasks, defend them from interlopers, and seize new problems – as medicine has recently seized alcoholism, mental illness, hyperactivity in children, obesity, and numerous other things'. (2014, p. 9).

Nevertheless, there remains a definitional issue with the formal and substantive use of the term and role of the 'professional'. When it comes to self-tracking, the ability of an individual to monitor health data is frequently viewed as a barrier to receiving help from healthcare organisations and a way to undermine the professionals who work within them (Wittkowski et al., 2020). The symbolic benefits of occupational status and expertise remain couched in professional norms and values in this context, including how medical professionals treat patients and interact with health consumers. (Turner, 1995; Abbott, 2014). Therefore, in social and professional contexts, we are witnessing the emergence of a new set of expectations regarding professional identity construction (Allsop and Mulcahy, 1998; Apker and Eggly, 2004; e.g. Frost and Regehr, 2013; Hatem and Halpin, 2019).

The intersection of tracking and the role of health professionals at a time of health crisis adds to the complication of the relationship between the social construction of health and expert knowledge. It is evident that the trackers here are already familiar with the conditions of shared personal health data and using this to make decisions about different types of behaviour within households. In some ways, the question of whether trackers change behaviour to fit their health goals has already been answered; simply, yes. What governments and large health institutions and organisations are doing with tracking data, on the other hand, sheds new light on health behaviour change by going beyond attitudes about a government's efficiency concerning health policy initiatives shifting to address what individuals can responsibly do to themselves.

Compared with other studies on tracking, there is much less resistance to and worry within these households about general data surveillance. Research about monitoring health data at work such as worker precarity (Moore and Robinson, 2016), cognitive capitalism (Boutang, 2011), and worker productivity (Finley, 2013), including wellbeing initiatives monitoring employees sleep data (Elmholdt, Elmholdt and Haahr, 2021), for example, suggests strong resistance to some forms of tracking. For example, Rawlinson (2013) has reported on Tesco workers forced to wear electronic armbands by managers to grade employees on efficiency and reprimand them for breaks. We should also consider individuals' capacities to make accurate health decisions regarding the use of devices that are often altered by the gamified and addictive aspects of the technology, engendering what Oravec views as a '"data farming" approach' (2020, p. 2031). In this regard, anxieties about health and the addictive quality of tracking compound other forms of health marginalisation, mainly when used outside of formal health organisations and without professional knowledge. My argument here is how tracking during times of crisis further shifts our relationship with experts, including the social interaction with and expectations of the role of health professionals. Francine, a woman in her twenties living in Spain with her boyfriend and parents, shared how:

> My expectations have changed [...] We've talked about this as a family and it's stupid to rely on one source of information about your health, you know. At the beginning of Covid I didn't, like, question authority or government agendas. But, and we talked about this last night over dinner, I mean how can we expect the government to understand our personal circumstances? I'm like 'ah-huh!' with how tracking reassures me about my health, cos it's relevant. You know, it's about me.

Candice, a woman in her fifties living in the United Kingdom, also discussed the shift in her personal perception of expert health knowledge:

> It's the first time in my life I've used technology like this and I was quite skeptical at first. I convinced myself I didn't like exercise. I wasn't one to exercise. Daily tracking has been brilliant. My son has been very enthusiastic about it all. He was very good at showing me how to start and all that. Compared to how we're being told to live our lives at the

> moment, tracking is freedom to me. You don't get to see a doctor these days do you.

Part of this shift is associated with the formation of health identities in collaboration with medical professionals and access to expert knowledge. In this regard, that patients are now widely accepted as 'consumers' or 'clients' in the Global North has become a central tenet of the accompanying health policy and services. In the United Kingdom, changes were bolstered by a series of state policies from the 1970s and spearheaded in the 1980s. These included a series of interventions into health services signalled by the White Papers Working for Patients (DOH 1989) and The Patient's Charter (DOH 1991) that offered to 'empower' users of health and social services (Hardey, 1999, p. 821). Mike Hardey, a health sociologist (and my late father), has written extensively about the shift and significant structural inequalities in the doctor-patient relationship, reframed by the professional-consumer context (Hardey, 1998, 2001, 2002, see 2010). Such scarce and privileged access to specialist knowledge was of profound importance to the households included in this book. A particular strength, it was noted, of tracking apps was different ways to search for and find out about health content. Such alternative sources of knowledge were compared to the 'government discourse', 'political views', 'misinformation', 'fake news', and 'evil anti-vaxxers' promoted on social media. Further, the online tracking communities appear to reflect the 'safe space' created by households to interact about health, as Rabiah, a woman in her forties living in Italy with her non-dependent daughter, partner and father, talking about:

> On social media, neighbours have tagged my family and called us 'fucking idiots' for isolating ourselves and wearing masks [...] I have been deepening my meditation practice and sharing it with my family. We also have a daily [meditation] group that meets online.

Along with meeting other trackers online, the household talked about how medical expertise, in particular, appeared under threat – for example, viewed as 'unreliable' (Ono, a man in his fifties living in Spain) and 'lacking competence' (Charles, a man in his forties living in the United Kingdom). In addition, it was hard not to get distracted by the political climate of the moment during interviews. For example, the households in the US referred to 'Trumpism' and the 'bad treatment of Fauci' (Ulla, a woman in her twenties living in the United States). In contrast, households in New Zealand celebrated Jacinda Ardern's handling of the pandemic and overall felt most at ease with government data tracking via the NZ Covid Tracer app: 'Jacinda's very relatable, she is my hero. I trust her with my life' (Ruby, a woman in her thirties living in New Zealand).

The political situation and worsening health crisis caused much anxiety within the households. It was felt that these anxieties could be alleviated by changing tracking behaviour (often by adopting completely new health activities like meditation) and the opportunity to reach out globally to other communities of individuals tracking to share about health anxieties. Several households asked if I could put them in touch with other participants in the study, which it was agreed I could do if all parties were consenting. As the world was encouraged to form 'safe bubbles' of contact, these bubbles also extended into the digital sphere through the tracking apps; to provide some reassurance during a time of crisis, 'break up the boredom' (Aryan, a man in his twenties living in the United Kingdom), and offer 'refuge from leaders who don't know what the hell they are doing' (Sophia, a woman in her thirties living in Germany). The degree to which these households were equipped to change their context of shared health information and find others worldwide with whom they could share concerns reflects an innate understanding and confidence in the use of technology that far surpasses many other groups. Part of the argument here is that because these individuals are used to daily tracking and data monitoring, they were better prepared to engage with the release of government health apps.

Furthermore, these were households that openly shared and talked about health (as discussed in Chapter 1). Thus, we are dealing with people used to determining what is in their best interests concerning their health. This type of autonomous behaviour is a typical pattern seen in other tracking research (Sharon, 2017; DuFault and Schouten, 2020; Pardamean et al., 2020). Such behaviour reinforces a rhetoric shift among policymakers, medical practitioners, and commercial organisations regarding health responsibility and risk in the context of the health consumer. This point is important because it reflects broader issues about access to healthcare (to be discussed in Chapter 4) and how consumer self-quantification benefits a small proportion of an already privileged group in society.

Future research: Leaving behind experts?

It was difficult not to be as immersed in the current social anxieties of tracking during a pandemic as the households included in this study were. There were some very funny and sometimes quite poignant moments, as can no doubt be gleaned from the interview excerpts above. Initially, all households were systematic in their use and treatment of tracking data. However, as the crisis worsened, these spaces became a source of support, an escape from boredom and even a way in which neighbours targeted some households as part of hate campaigns. Expert medical knowledge has been treated by the participants quoted in this chapter as if it were the holy grail – something with a sense of elusiveness in these times of crisis and reframed in the context of a very uncertain set of roles and responsibilities. In this chapter, there is an interesting reflection on the nature of health encounters and conceptualisation of consumer identity at the heart of tracking. Future research should be concerned with capturing attitudes toward non-traditional approaches to health that are made possible by tracking and expanding medical expertise and knowledge in this area. For example, consider the various pilot programmes currently underway within the NHS and other health organisations to synchronise tracking data from multiple sources. The shortcomings here are, of course, due to increasingly privatised parts of health services and siloed data streams that prevent open access to consumer health data.

Furthermore, by researching online tracking communities, we gain a greater sense of how individuals may connect with self-help and pressure groups worldwide, further disseminating health knowledge and undermining the exclusivity of medical expertise. Clearly, considering ever-increasing doubt about the so-called medical experts during the pandemic, tracking signals the growing divide between the 'data-confident' and the 'data-uncertain'. From this perspective, those – the uncertain – who do not have the same access or confidence to tracking will be further marginalised. Here, the competitive market of consumer apps, particularly around health, means that the information available may be inadequate, wrong, or misleading – as I go on to discuss in the next chapter: Caring and Tracking.

Conclusion

> The history of our time will be marked by recurrent eruptions of newly discovered disease (most recently, hantavirus in the American West); epidemics of diseases migrating to new area (for example, cholera in Latin America); diseases which become important through human technologies (as certain menstrual tampons favoured toxic shock syndrome and water cooling towers provided an opportunity for Legionnaires' Disease); and diseases which spring from insects and animals to humans, through man-made disruptions to local habitats.

(Garrett, 1994, p. xv).

Laurie Garrett's seminal book *The Coming Plague*, published in the mid-1990s, from which the above quote is taken, is a definitive account of how infectious diseases threaten humanity. I can recall taking this book from my father's bookshelves as a curious, if somewhat anxious-about-the-world, thirteen-year-old. So captivating was its narrative that I read it throughout one weekend in a suburban and tedious part of Hampshire. Garrett's terrifying vision felt very real at the time, but at the same time felt blunted by 'safe' suburban life. It appears to be more complete today: globalisation has been Covid's ally, allowing the virus to spread quickly around the world and accelerating health anxieties.

These health anxieties have included concerns about ill health and periods of sickness, as well as the risk of the virus for family members, but more profoundly have left open doubts about the source and role of expert knowledge. For participants in this study, household tracking served as a bridge between sources of anxiety (often originating in the news or misinformation on social media) and a means of fostering trust in expert knowledge and information about the pandemic. Two critical aspects of tracking are reflected in the perspectives considered here. First, data must reflect actual health activities carried out by households for new behaviours to be learned and embedded into daily routines. Such routines allowed these families to be unequivocal about their health politics and shaped their faith in experts. Second, tracking reflects the consumer health industry's globalisation. The discussions in this section highlight how local and national circumstances, politics, and regulations shape both the experience of tracking and the consumption of health knowledge. It also implies that people's expectations of medical professionals are expanding beyond face-to-face doctor-patient encounters to a global scale of various forms and sources of health information. As a result, professional expertise has become yet another piece of health data which consumers reframe, track, and invest time in. Tracking is now a well-established medium for creating health narratives, disseminating health information, and learning how to avoid unhealthy lifestyles.

Now, trackers can be informed about their health based on real-time data and other forms of content ‘assembled’ from a variety of other sources (Lupton, 2019). As a result, trackers now have access to a wide range of information about health behaviour in ways that were not previously possible. Greater access opens up new avenues for decision-making (e.g. what vaccine to take). Finally, the use of tracking technology will continue to alter the way we rely on and trust medical professionals, and we should acknowledge the expertise of trackers concerning their health.

Recommended reading

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