ASKING AN OUTSIDER:

AN INTEGRATIVE APPROACH TO EMERGENT THEMES ANALYSIS OF

MULTINATIONAL PERSPECTIVES ON HEALTH IN THE UNITED STATES

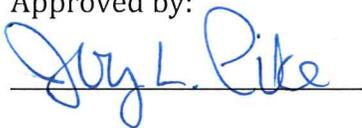By

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Biological Anthropology Honors Thesis

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Abstract

With health issues including increasing prevalence of obesity, high rates of cardiovascular disease and cultural lack of inactivity, health in the United States is an important challenge of social wellbeing and stability. This investigation explores the opinions and perspectives of a group of non-U.S. citizens, and academic experts, on health issues in the United States. A methodology of obtaining the perspectives of those whose lives exist and whose opinions were formed outside of the focal cultural framework as a means to illuminate U.S.-based health challenges is employed. A set of eight emergent themes, including healthy lifestyle, health challenges, structural changes, access to healthcare, mental health, nutrition, alternative medicine and pharmaceuticals are discussed and recommendations for social and policy-based practices to improve health outcomes in the U.S. are set forth based upon the strongest of these themes.

Introduction

  The purpose of this investigation was to qualify some of the dominant themes of perspectives of international individuals on the American healthcare system. It is reasoned that individuals raised in a different sociocultural context would have an alternate initial viewpoint, and hence would bring an outsider's perspective to issues of efficacy of the American healthcare system.

  This study uses a methodology of emergent themes analysis, in which informant responses are coded to elucidate common themes on perspective, opinion or mode of reasoning. Such common themes are termed "emergent themes" and are considered to represent the most consistent framework of responses, and therefore the most robust framework. Given the cultural breadth of the sample population, emergent themes in this study are indicative of cross-cultural observations, perspectives and values. The study population was asked to reflect upon their observations of United States culture, general health, lifestyle, healthcare options and cultural practices in view of and in contrast to their country and culture of origin.

Theory of Inquiry into International Perspectives

  The application of knowledge regarding improvements to the structure and systemic practices of American healthcare and public wellness could inform public health policy to recommend systemic changes that would maximize beneficial aspects while diminishing negative or harmful practices. A thorough analysis of outsider perspectives on health issues in the United States presents a substantial benefit to an investigation into these structure and systemic practices. Outsider perspectives have the benefit of viewing a society from the standpoint of one unaccustomed to the particular sociocultural practices and systemic behaviors that may have become ingrained in the viewpoint of an insider. Insider perspectives on sociocultural practices inevitably have the limitation of an unconscious bias of acclimatization inherent to early exposure to a sociocultural framework. Hence, because Americans are used to the behaviors and practices of the American healthcare framework and cultural ideas about health, they may be less likely to recognize aspects of the American sociocultural framework that could be improved upon, simply as consequence of being so indoctrinated into a system as to

fail to question its more fundamental components. Such insider bias is an inevitable probability in attempting to objectively analyze the strengths and weaknesses of an existing framework within one's own society. It is therefore beneficial to consult as wide and diverse a sample of "outsiders" as possible, bringing a broad range of "outsider perspectives" into consideration to inform the analysis. An integration of both insider and outsider perspectives is therefore the most likely to remove sociocultural indoctrination bias.

Emergent themes, which are defined as ideas and arguments held in common among a large portion of consultants, would likely serve as the best standards for conclusions of such an integrated analysis, because these themes would represent thematic standards that cross cultural boundaries and differences in perspective inherent to disparate upbringings and differing sociocultural indoctrinations. The investigation of emergent themes therefore would likely serve as the best mode of analysis upon which to base conclusions of integrated perspective investigations. This study aims to demonstrate this effect by applying analysis of emergent themes to a small-scale sampling of an integrated perspective investigation. This investigation brings together international "outsider" perspectives with American "insider" viewpoints in analyzing one key theme: healthcare and health practices in the United States. The emergent themes analysis aims to demonstrate the use of this analytical methodology to determine primary viewpoints to inform conclusions drawn from interviews and based upon informant responses.

Methods

The primary methodology for this study was in-person interviews of volunteer subjects, transcription of the interviews and coding of interview transcript notes to identify emergent themes. Twenty subjects were interviewed for between 15 and 35 minutes about their perspectives on health, healthcare in the United States, and any key observations of health-related differences they had acquired upon transferring from their home country to the United States. Duration of the interview varied depending on elaboration of the subject's responses to questions or time available for the interview to take place. All interviews were conducted in

locations near to the UA campus, as agreed upon by the interviewee and investigator prior to the time of rendezvous. Interviewees were separated into three subject populations:

1) *International*

2) *American*

3) *Academic*

International subjects were individuals born and raised in a country other than the United States, who spoke English and had lived in the United States for at least one year. A total of 14 international subjects from 12 countries were interviewed: Germany, Australia, Canada, China, Mexico, Lebanon, Turkey, Romania, India, Tibet (which was considered a separate country from China for the purpose of this study), Saudi Arabia and Nigeria. Two subjects were from Germany. One Native American individual of the Ogallala Sioux tribe was also interviewed, and was also considered to be an international subject based on difference of sociocultural context in which the respondent was raised from traditional westernized American society. Americans were individuals born and raised in the United States who may have traveled, but had never lived, outside of the United States. Three Caucasian Americans were interviewed. Academic subjects were respondents who were approached and interviewed as individuals having particular academic expertise in a subject area related to this investigation. Five academic subjects were interviewed, all of which hold PhDs and/or MDs in their respective fields.

The interviews themselves focused on five central questions. Interviewees were asked to respond to variations on the following five open-ended interview prompts:

1) Please describe elements that you think are important in a healthy lifestyle.

2) What do you believe determines your personal health?

3) What are health challenges you notice that the United States faces?

4) How would you address these challenges?

5) Are there differences between your access to health care options in your home country versus here in the United States?

The open-ended prompts were intended as guidelines to direct the flow of the interviews, while the conversations themselves were conducted as informal discussions between the investigator and interviewee, with the investigator providing discussion prompts in the form of questions and the interviewee replying with their own ideas or information. There was some variation to this method. International and American respondents were asked questions related to the five primary themes, while academic subjects were asked to respond to variations of those questions, with less emphasis on their personal perspectives on specific health policies such as attention paid to nutrition and mental health in the United States, and more emphasis on their area of expertise and its relation to the general topic of health issues in the United States. This adjustment was intended to allow for addressing the unique perspective provided by academic interviewees because of their long study of a certain subject area related to this research project, yet remain within the time constraints of the interview or of the interviewee's availability.

All interviewees signed a consent form approved by the Institutional Review Board of the University of Arizona prior to commencement of the interview. All interviews were recorded with an Olympus digital voice recorder, with permission granted by the subjects, and later were transcribed. Verbatim interview transcripts of all material recorded for each interview are attached in the appendices of this document. Interview transcripts were analyzed by coding of the transcripts to elucidate emergent themes. Each transcript was read thoroughly and topics discussed were categorized on a spreadsheet. Main themes consistently discussed in the majority of interviews were identified, as well as related subthemes.

All interviewees were assigned a Unique ID number, which is the sole identifying factor by which they are known both in the analysis of the interview transcripts and throughout the discussion of emergent themes. The purpose of the Unique ID is to protect the anonymity of interview subjects.

Limitations

This study was limited primarily by the number of interview subjects: with one respondent each from a total of 13 countries excluding the United States (with the exception of Germany, with two interview subjects) the perspectives given by each subject cannot be considered to be in any way representative of the general

national perspective of each country's population. Additionally, the total number of interview subjects (20) was insufficient for any quantitative or statistical analysis to draw conclusions from the data given.

Other factors that may affect the results of this investigation are educational and demographic data of the interview subjects. All subjects were in some way affiliated with the University of Arizona, being members of its undergraduate and graduate student population, faculty or staff. All interviewees therefore had at least some college-level education – and many had over five years' experience with academia. Many of the respondents were bilingual. Additionally, many had lived in multiple countries and experienced multiple sociocultural environments. Most of the subjects were of similar socioeconomic status: neither extremely wealthy nor poor, by standards typical of the United States. It can be assumed that the sample population represents individuals with educationally privileged backgrounds, culturally aware, travelled, open-minded and accepting of cultural differences. It is possible that factors such as these may have contributed to the observed homogeneity of emergent themes from these interviews.

Analysis of Emergent Themes

Eight emergent themes were identified from the process of coding the interview transcripts:

1) *Healthy lifestyle*

2) *Health challenges in the United States*

3) *Structural changes necessary to address United Sates health challenges*

4) *Access to healthcare*

5) *Mental health*

6) *Nutrition*

7) *Alternative medicine*

8) *Pharmaceutical*

Emergent themes were classified as thematic ideas, opinions or observations that were repeated by a majority of interviewees during the course of the interview. These usually emerged in response to the interview questions, but occasionally were volunteered by the interview subjects because of that individual's strong belief in the

relevance of the particular issue to the discussion topic. An important additional criterion for the formulation of an emergent theme was the consistency of the subjects' collective opinions surrounding that issue. For example, "healthy lifestyle" was classified as an emergent theme because nearly all subjects discussed this topic, and their definitions and opinions of the topic were extremely similar with marked consistency. Discussion of the eight emergent themes and the concepts therein is presented below, along with charts representing the rate of occurrence of discussion of these themes in relation to various important subthemes.

1) Healthy Lifestyle

Interview #	Country	Unique ID	HEALTHY LIFESTYLE	Holistic	Exercise	Diet	Social Life	Stress	Achieve goals	Lack of illness	Sleep	Hygiene	Environment	Sense of self	Happiness
1	**Germany/Academic**	101	1		1	1	1		1						
2	**Academic**	102	1	1	1	1		1							
3	Australia	003	1		1	1				1		1			
4	China	004	1	1	1	1	1	1		1					
5	Mexico	005	1		1	1				1					
6	Lebanon	006	1	1	1	1					1				
7	*USA*	007	1	1	1	1			1	1					
8	Ogallala Sioux	008	1	1	1	1		1					1		
9	Nigeria	009	1	1	1	1	1	1	1					1	1
10	India	010	1		1	1	1					1			
11	Romania	011	1		1	1			1						
12	**Academic**	112	1	1	1			1		1					
13	Tibet	013	1				1	1		1	1				1
14	**Academic**	114	1						1	1					1
15	**Canada/Academic**	115	1	1					1						1
16	Saudi Arabia	016	1		1				1						
17	Turkey	017	1	1	1	1	1		1						1
18	Germany	018	1		1	1	1		1				1		
19	*USA*	019	1		1	1		1							1
20	*USA*	020	1						1	1			1		
	Total Responses: Americans		3	1	2	2	0	2	2	1	0	0	1	0	1
	Total Responses: International		14	6	12	12	6	3	7	4	3	1	2	1	4
	Total Responses: Academic		5	3	3	1	1	2	3	2	0	0	0	0	2
	Total Responses Overall		20	9	16	15	7	7	10	7	3	1	3	1	6

	Percent Total Responses: Americans		100.00%	33.33%	66.67%	66.67%	0.00%	66.67%	66.67%	33.33%	0.00%	0.00%	33.33%	0.00%	33.33%
	Percent Total Responses: International		100.00%	42.86%	85.71%	85.71%	42.86%	21.43%	50.00%	28.57%	21.43%	7.14%	14.29%	7.14%	28.57%
	Percent Total Responses: Academic		100.00%	60.00%	60.00%	20.00%	20.00%	40.00%	60.00%	40.00%	0.00%	0.00%	0.00%	0.00%	40.00%
	Percent Total Responses Overall		100.00%	45.00%	80.00%	75.00%	35.00%	35.00%	50.00%	35.00%	15.00%	5.00%	15.00%	5.00%	30.00%

Healthy lifestyle is a theme that was addressed by 100% of respondents. Although this theme was specifically addressed by interview questions asking interviewees to discuss the topic, certain aspects emerged as factors strongly correlated across the cultural basis of respondents. The two most common health-determining factors listed by members of all subject populations were exercise and diet. The next strongest factor was ability to achieve one's endeavors in life, personal goals or activities. This item was listed by 50% of total respondents. The third most common theme was a sense of holism in relation to overall health, with 45% of respondents expressing this viewpoint in some form. Holism emerges from the interviews as a prevailing sense of overall wellbeing and functionality, especially considering the integration of mental and physical functioning. Some respondents also listed emotional and spiritual wellbeing as a part of the integrated whole, contributing to overall health of an individual alongside mental and physical factors. Interestingly, academic respondents noted holism as it relates to health the most of any of the subject populations, with 60% of interviewees expressing the viewpoint of holism as an important aspect. International subjects also noted holism in a large portion of interviews, with over 42% of respondents from other countries discussing the concept. Americans paid the least attention to the concept, with only one American respondent expressing the idea during the interview. Lack of stress and ability to achieve one's goals were more important themes among American interviewees. Less common factors in determining the degree to which an individual led a healthy lifestyle included happiness, hygiene, environmental factors such as exposure to pollutants or the household and lifestyle with which a person was raised, and adequate sleep.

2) United States Health Challenges

Interview #	Country	Unique ID	US HEALTH CHALLENGES	Obesity	Unhealthy food	Mental Illness	Structural	Lack of activity	Environmental
1	**Germany/Academic**	101	1				1		
2	**Academic**	102	1				1		
3	Australia	003	1	1			1		
4	China	004	1	1			1	1	
5	Mexico	005	1						
6	Lebanon	006	1	1		1	1	1	
7	*USA*	007	1				1		
8	Ogallala Sioux	008	1	1	1		1		
9	Nigeria	009	1	1		1			
10	India	010	1	1	1		1	1	
11	Romania	011	1		1				
12	**Academic**	112	1	1			1	1	
13	Tibet	013	1		1				
14	**Academic**	114	1				1		1
15	Canada/**Academic**	115	1				1		
16	Saudi Arabia	016	1		1				
17	Turkey	017	1	1	1				
18	Germany	018	1		1		1		
19	*USA*	019	1				1		
20	*USA*	020	1	1		1			
	Total Responses: Americans		3	1	0	1	2	0	0
	Total Responses: International		14	7	7	2	8	3	0
	Total Responses: Academic		5	1	0	0	5	1	1
	Total Responses Overall		20	9	7	3	13	4	1

Percent Total Responses: Americans	100.00%	33.33%	0.00%	33.33%	66.67%	0.00%	0.00%
Percent Total Responses: International	100.00%	50.00%	50.00%	14.29%	57.14%	21.43%	0.00%
Percent Total Responses: Academic	100.00%	20.00%	0.00%	0.00%	100.00%	20.00%	20.00%
Percent Total Responses Overall	100.00%	45.00%	35.00%	15.00%	65.00%	20.00%	5.00%

One hundred percent of respondents identified challenges to health in the United States – again, this was in response to a question specifically asking that the respondents reflect upon this topic. The most commonly listed theme was a structural, or systemic, problem, with 65% of interviewees identifying this factor as the primary health problem faced by America. Their perspectives on the specific ways in which healthcare structure or cultural systems in the United States were problematic varied, however. Forty-five percent of respondents noted obesity as the primary challenge faced by the United States, and 35% noted unhealthy food or

unavailability of nutritious food options as important problems. Access to healthy food options was especially important to international subjects, ranking equally in their responses to obesity and structural problems. Structural problems identified by respondents included a largely sedentary American lifestyle, lack of emphasis on prevention of illness in the medical profession, systemic barriers to effective treatment of patients within the medical profession, and the power of corporations, especially pharmaceutical companies, over the healthcare system in the United States. The following sampling of quotes from interviewees illustrate these opinions:

Interviewee: Quote:

007:    "I don't want to be a doctor anymore because it's becoming such a bureaucratic nightmare in our healthcare system and I think that detracts from the service that doctors can provide for their patients."

112:    "I think probably the biggest one is our sedentary lifestyle."

114:    "We're struggling as a culture with the idea that there may be things that we could do that we can't afford to do, and so some people may die because they just don't have enough money."

115:    "We spend more money than any country in the world on fixing illness rather than on illness prevention."

018:    "In my opinion the extremely unhealthy power balance and power of big corporations that um, basically produce food that is not food, they advertise food that is not food."

The last quote by subject 018, from Germany, summarizes a viewpoint seemingly held by many international respondents who express observations of distortion of nutritional values by American media, and

the incidence of a dichotomy between American obsession with nutrition and diet and a mainstream media that encourages consumption of high-fat, high-sugar foods, which many internationals seemingly deem "food that is not food."

3) Structural Changes

Interview #	Country	Unique ID	STRUCTURAL CHANGES
1	**Germany/Academic**	101	1
2	**Academic**	102	1
3	Australia	003	
4	China	004	1
5	Mexico	005	1
6	Lebanon	006	1
7	*USA*	007	1
8	Ogallala Sioux	008	1
9	Nigeria	009	1
10	India	010	1
11	Romania	011	1
12	**Academic**	112	1
13	Tibet	013	1
14	**Academic**	114	1
15	Canada/**Academic**	115	1
16	Saudi Arabia	016	1
17	Turkey	017	1
18	Germany	018	1
19	*USA*	019	1
20	*USA*	020	1
	Total Responses: Americans		**3**
	Total Responses: International		**13**
	Total Responses: Academic		**5**
	Total Responses Overall		**19**
	Percent Total Responses: Americans		**100.00%**
	Percent Total Responses: International		**92.86%**
	Percent Total Responses: Academic		**100.00%**
	Percent Total Responses Overall		**95.00%**

Ninety-five percent of interviewees noted that they believed that structural changes might have the ability of improving healthcare and addressing health challenges in the United States. Common structural problems identified by respondents were: need for more holistic medicine that addresses all aspects of the patient's wellbeing; education about aspects of health and how to incorporate these aspects into daily life; and lifestyle, behavioral and cultural changes shifting toward greater activity and greater cultural emphasis on nutritional substances. One of the most common structural problems noted was the unaffordability of healthcare, noted by subjects 115 and 005:

Interviewee: Quote:

115:    "Healthcare needs to be a right in this country."

005:    "Make healthcare more affordable."

102:    "We'll give you money if we like your theory and you can go work on it. It's totally backwards…. The system is still controlled by money. They hide behind what they call scientific method or evidence-based medicine."

Interviewee 102 brought up an interesting perspective not mentioned by other study participants: misuse of scientific method, in which the investigative method is now used as a standard of classification for determining whether pharmaceutical medications pass qualification tests, rather than as an investigative tool that never was intended as a qualification standard. Subject 102 noted that scientists are asked first to supply a theory, and then given funding to attempt to validate it, rather than beginning with an investigation and later developing a theory to explain the finding of the initial investigation. This individual believed this to method to represent a collective corruption of the aim of scientific method as a tool of inquiry, and not as a method of validating a previously existing conceptual construct. Especially, this informant saw this corruption of the purpose of scientific method as an acute and underlying problem in the United States healthcare system.

4) Access to Healthcare

Interview #	Country	Unique ID	ACCESS TO HEALTHCARE	Insurance	Cost	Treatment
1	**Germany/Academic**	101			1	
2	**Academic**	102				
3	Australia	003	1		1	
4	China	004	1	1	1	
5	Mexico	005	1	1	1	
6	Lebanon	006	1	1	1	
7	*USA*	007	1	1	1	
8	Ogallala Sioux	008	1	1	1	
9	Nigeria	009	1	1	1	
10	India	010	1	1	1	1
11	Romania	011	1		1	1
12	**Academic**	112	1		1	
13	Tibet	013	1		1	
14	**Academic**	114				
15	Canada/**Academic**	115	1		1	
16	Saudi Arabia	016	1	1	1	
17	Turkey	017	1	1	1	
18	Germany	018	1		1	
19	*USA*	019	1		1	1
20	*USA*	020	1		1	1
	Total Responses: Americans		3	1	3	2
	Total Responses: International		13	8	14	2
	Total Responses: Academic		2	0	3	0
	Total Responses Overall		17	9	18	4
	Percent Total Responses: Americans		100.00%	33.33%	100.00%	66.67%
	Percent Total Responses: International		92.86%	57.14%	100.00%	14.29%
	Percent Total Responses: Academic		40.00%	0.00%	60.00%	0.00%
	Percent Total Responses Overall		85.00%	45.00%	90.00%	20.00%

Access to healthcare was noted as a problem by a 100% of Americans and over 92% of international subjects. International subjects commonly spoke of their surprise at the high cost of healthcare in the United States, and their concern over whether they or their friends would be able to afford even simple treatments or medications in the United States, that would be easily affordable in other countries. The following quotes illustrate respondents' keen, nearly universal concern over this issue.

Interviewee:	Quote:

007: "The problem is that checkups are what keep you healthy and keep you out of the emergency room and the emergency room is the most expensive way to have your healthcare administered to you, so that's, I mean, so stupid. We shouldn't have a system in which the only thing that's open access is the most expensive method."

009: "It's kind of depressing to find out that a lot of people are not given the same equal opportunities to get healthcare, because we're all humans and at the end of the day we all have to survive."

010: "I think here you have better access to healthcare but at the same time I would like to add that it's cheaper in India than here because here it's a total rip off, it really is."

112: "Set aside money for healthcare because this is a societal duty and this is what we should do, doctors are not reimbursed on a fee for service, they're salaried."

016: "Like for instance Obama Care or something, people are just poking holes at it, this is wrong, this is that, we shouldn't be doing that, whereas the main idea's right, instead of looking to improve it they're just trying to take it out."

017: "If I were to be in, I don't know, Turkey or any other country, probably I would pay less, compared to what I paid here, so I just began to get concerned about that."

018: "I see these petitions all the time where people post a petition online and they're asking for support because they have some kind of illness and they can't treat it either

because they don't have health, either the insurance or even with the insurance they

can't afford the treatment. That is a situation that would not happen in Europe."

5) **Mental Health**

Interview #	Country	Unique ID	MENTAL HEALTH	Importance	Stigma
1	**Germany/Academic**	101	1	1	
2	**Academic**	102			
3	Australia	003	1		1
4	China	004	1	1	1
5	Mexico	005	1	1	1
6	Lebanon	006	1	1	1
7	*USA*	007	1	1	
8	Ogallala Sioux	008	1	1	1
9	Nigeria	009	1	1	
10	India	010	1	1	
11	Romania	011	1		1
12	**Academic**	112	1	1	1
13	Tibet	013	1		
14	**Academic**	114	1	1	1
15	**Canada/Academic**	115	1	1	
16	Saudi Arabia	016			
17	Turkey	017	1	1	1
18	Germany	018	1	1	1
19	*USA*	019	1	1	1
20	*USA*	020	1	1	1
	Total Responses: Americans		3	3	2
	Total Responses: International		13	10	8
	Total Responses: Academic		4	4	2
	Total Responses Overall		18	15	12

Percent Total Responses: Americans		100.00%	100.00%	66.67%
Percent Total Responses: International		92.86%	71.43%	57.14%
Percent Total Responses: Academic		80.00%	80.00%	40.00%
Percent Total Responses Overall		90.00%	75.00%	60.00%

Mental health was considered an important topic of individual health by a majority of respondents, with

100% of Americans and 80% of academics believing it to be an important issue worthy of addressing on a

regular and systematic basis. International respondents largely noted that seeing a counselor or therapist was

highly stigmatized behavior in their own countries, associated with someone who is crazy, has problems, or

can't make appropriate life choices on their own. Interestingly, many respondents, both American and

international, also acknowledged the presence of a stigma against mental illness, and although they were not asked and never stated it, they also acknowledged a personal belief that such stigma is an incorrect perception that should be changed to one of acceptance and understanding of mental health challenges. This view is expressed in the comments below, which refer to a "stereotype" or "idea" of mental illness or psychiatric therapies as a negative factor in an individual's life. The comments simultaneously express the belief that such a "stereotype" is morally incorrect and is lessening in a process of de-stigmatization, with remarks such as "it's improving," "the younger generation is more acceptable" and "it's getting a lot better… being more accepted:"

Interviewee: Quote:

003:     "I think in both countries there's still some amount of stigma around mental illness but it's improving."

004:     "I think the younger generation is more acceptable, open to the idea, but still psychiatric therapies or something is very new in China."

005:     "That is the stereotype in Mexico but I think it's getting a lot better, I think a lot of parents are taking their children, it's being more talked about, it's being more accepted, recently, I think."

006:     "That's another stigma I should have mentioned before. In my country if you say I need to go see a psychiatrist that means you're crazy. That's not true obviously and that's a bad way of looking at things, because like I said we just don't have the resources to sit down and educate the public."

008:     "People shouldn't romanticize the image of being mentally sick but at the same time they shouldn't condone it to be an evil thing or a wrong thing."

011: "Yes, but it's just pathologizing everything."

013: "If you recognize the problems early you can diagnose, but then you kind of, like, stereotype."

017: "It's getting better, especially for the educated crowd, it's much more accepted, but still there's this bias or stereotypical ideas about going to a psychiatrist, or psychologist."

018: "It's very unfortunate that mental health here is an issue that people from what I can tell, there's, it's very difficult to get any kind of support, when I hear stories about people being thrown in jail on a routine basis because they have mental issues."

A few respondents also noted specific problems relating to mental health in the U.S., including overuse of antidepressants, and loneliness or lack of sociability associated with separation of families and isolation of individuals:

115: "One out of every eight to nine people in this country over the age of ten are on antidepressants. There's a problem with that."

010: "I've noticed that in the U.S. a lot of people are more aloof, alone, like family ties are very less."

6) Nutrition

Interview #	Country	Unique ID	NUTRITION	Vegetables
1	**Germany/Academic**	101	1	
2	**Academic**	102		
3	Australia	003	1	
4	China	004	1	1
5	Mexico	005	1	
6	Lebanon	006	1	1
7	*USA*	007	1	
8	Ogallala Sioux	008	1	1
9	Nigeria	009	1	
10	India	010	1	1
11	Romania	011	1	1
12	**Academic**	112	1	1
13	Tibet	013	1	
14	**Academic**	114		
15	**Canada/Academic**	115	1	
16	Saudi Arabia	016		
17	Turkey	017	1	
18	Germany	018	1	
19	*USA*	019	1	
20	*USA*	020	1	
	Total Responses: Americans		**3**	**0**
	Total Responses: International		**13**	**5**
	Total Responses: Academic		**3**	**1**
	Total Responses Overall		**17**	**6**

	NUTRITION	Vegetables
Percent Total Responses: Americans	**100.00%**	**0.00%**
Percent Total Responses: International	**92.86%**	**35.71%**
Percent Total Responses: Academic	**60.00%**	**20.00%**
Percent Total Responses Overall	**85.00%**	**30.00%**

While 100% of Americans mentioned nutrition as a highly important factor, none of them elaborated to the point of mentioning vegetables as key components of diet. This result is particularly interesting given international subjects' argument that Americans have a tendency to obsess about diet and nutrition, yet fail to put the lifestyle and behavior changes necessary to eat well into practice. Nutrition, especially consumption of vegetables, was considered very important by most international respondents; the following quotes from international subjects illustrate the congruity of the emergent theme of healthy food availability among this subject population:

19

Interviewee: Quote:

    011:   "I felt, my main concern for not being able to read the labels of the food, not be able to control what I'm eating."

    016:   "If you're not eating well then I think you're already behind the eight ball in terms of health."

    013:   "It seems people have to spend a lot of time on their work, I don't think they get good time; I mean enough time to cook and have a good meal."

7) Alternative Medicine

Interview #	Country	Unique ID	ALTERNATIVE MEDICINE	Placebo	Corruption	Quality
1	**Germany/Academic**	101	1	1	1	
2	**Academic**	102	1			
3	Australia	003	1	1		
4	China	004	1			1
5	Mexico	005	1			1
6	Lebanon	006	1	1		
7	*USA*	007	1			1
8	Ogallala Sioux	008	1			
9	Nigeria	009	1			
10	India	010	1			1
11	Romania	011	1	1		
12	**Academic**	112	1	1		1
13	Tibet	013	1			1
14	**Academic**	114	1	1	1	1
15	**Canada/Academic**	115	1			1
16	Saudi Arabia	016				
17	Turkey	017	1			1
18	Germany	018	1		1	1
19	*USA*	019	1			1
20	*USA*	020				
	Total Responses: Americans		2	0	0	2
	Total Responses: International		13	4	2	7
	Total Responses: Academic		5	3	2	3
	Total Responses Overall		18	6	3	11

Percent Total Responses: Americans	66.67%	0.00%	0.00%	66.67%
Percent Total Responses: International	92.86%	28.57%	14.29%	50.00%
Percent Total Responses: Academic	100.00%	60.00%	40.00%	60.00%
Percent Total Responses Overall	90.00%	30.00%	15.00%	55.00%

Perspectives on alternative medicine were evaluated on a basis of respondents' willingness to use alternative methods of treatment to conventional Western medicine such as pharmaceutical medications. Alternative medicine was broadly defined as anything not routinely recommended or provided by Western medicine practitioners, such as acupuncture, homeopathy, Chinese medicine, home remedies, hydrotherapy, etcetera. International subjects generally expressed willingness to use or try alternative medicine treatments, either because of a belief that such therapies are successful remedies or are at least beneficial for health, or because they felt that any treatment that avoids pharmaceuticals is likely to be a better option. Most respondents, however, noted that they did not find all alternative medical options to be created equal and would be cautious in their selection of therapy, were they to try alternative treatment.

Interestingly, 100% of academic subjects expressed favorable opinions of alternative medical therapies; however, a majority of these (60%) also expressed belief in the placebo effect, which has demonstrated that if patients believe that a treatment will cure them, then it is likely to have a substantial positive effect on their health regardless of whether there is or is not any known scientific mechanism by which the therapy could affect health outcomes. Forty percent of academic respondents also expressed concern about the quality of the alternative medical treatment, noting that some types of treatment may be subject to corruption, have tangible negative effects on health, or interact in a harmful way with conventional Western treatment or pharmaceutical medications.

The following quotes illustrate the range of perspective, general openness but definite caution, expressed by many respondents on the subject of alternative medical treatments.

Interviewee:	Quote:

003: "Things like Chinese traditional medicine seem dangerous because they actually might work but you know you're just taking some drug that could have some effect but who knows what…"

007: "it's applicable in some areas but not in others."

112: "I think it is a very broad category with, ranging from things that are extremely efficacious to things that are garbage."

114: "Many practitioners themselves do not want to be studied and do not want their thing studied either because they have a bias against western medicine or because they're not altogether stupid and they're making a boatload of money."

115: "I think we have to be very careful about them and therefore we have to allow physicians to be way more educated about them because there are interactions that can happen as a result of them."

8) Pharmaceuticals

Interview #	Country	Unique ID	PHARMACEUTICALS
1	**Germany/Academic**	101	
2	**Academic**	102	
3	Australia	003	1
4	China	004	
5	Mexico	005	1
6	Lebanon	006	
7	*USA*	007	1
8	Ogallala Sioux	008	1
9	Nigeria	009	1
10	India	010	1
11	Romania	011	1
12	**Academic**	112	1
13	Tibet	013	1
14	**Academic**	114	
15	**Canada/Academic**	115	
16	Saudi Arabia	016	
17	Turkey	017	1
18	Germany	018	1
19	*USA*	019	1
20	*USA*	020	
	Total Responses: Americans		**2**
	Total Responses: International		**8**
	Total Responses: Academic		**1**
	Total Responses Overall		**12**

Percent Total Responses: Americans	**66.67%**
Percent Total Responses: International	**57.14%**
Percent Total Responses: Academic	**20.00%**
Percent Total Responses Overall	**60.00%**

Perspectives on use of pharmaceutical medications within the United States were evaluated on the basis of informants' opinions about them. Sixty percent of subjects reported a viewpoint of overuse or misuse of pharmaceuticals within the United States, or problems associated with ease of availability of such medications. Many international informants reported that they would prefer not to use medications, feeling that allowing their immune systems to combat any infections would serve to strengthen their bodies, while also expressing the viewpoint that use of medications could have unwanted physical side effects in addition to potentially damaging an environment that is already overloaded with antibiotics and other forms of medications.

Other Important Issues

Interview #	Country	Unique ID	OTHER
1	**Germany/Academic**	101	
2	**Academic**	102	
3	Australia	003	
4	China	004	
5	Mexico	005	
6	Lebanon	006	
7	*USA*	007	
8	Ogallala Sioux	008	Tobacco
9	Nigeria	009	
10	India	010	
11	Romania	011	
12	**Academic**	112	Gun control
13	Tibet	013	
14	**Academic**	114	
15	**Canada/Academic**	115	Legalities
16	Saudi Arabia	016	
17	Turkey	017	
18	Germany	018	
19	*USA*	019	
20	*USA*	020	Personal responsibility

At the conclusion of each interview, informants were asked if there were any additional observations or important issues that they would like to mention that they were not asked about during the course of the interview. Most responded that there were no additional issues; however, four informants elaborated on issues that were of personal significance to them. These issues included problems with tobacco use, lack of gun control legislation, technical legalities within the medical profession that hinder or prevent doctors from treating patients to the best of their ability and the assumption that health is a personal responsibility with little attention paid to sociocultural and socioeconomic determinants of an individual's health.

Interviewee: Quote:

008: "I kind of want to rant about how cigarettes and like, tobacco is legal."

112:　"In almost every one of these mass shootings more people are killed that very same day outside of that mass shooting in this country by gun violence."

115:　"It's all being controlled as we talked about by insurance, by drug companies, by big corporations, and its, and its also medical legal."

020:　"Those of us who have received education on um, what we believe to be ways you can achieve health, um, I think we kind of hold everyone else to the same standards and maybe don't always realize just how different someone's circumstances can be which will impact the way they approach their personal health."

Disparate Emergent Ideas

Interestingly, some of the interview subjects interjected stand-alone ideas that were not voiced by other respondents. These ideas were especially evocative because of their originality and apparent relevance to the topic being discussed at the time.

One such idea was voiced by respondent 009, from Nigeria, in response to a question about the elements in a healthy lifestyle: "what do you think are elements of a healthy lifestyle? Like if you want to be a healthy person yourself, what do you do?" Like many of the other respondents, 009 spoke of exercise, diet and social life, but then this informant added an element to the reply that was not voiced by any other informant: a sense of being able to be alone with yourself without succumbing to boredom or frustration with only your own presence.

Question:

"…what do you think are elements of a healthy lifestyle? Like if you want to be a healthy person yourself, what do you do?"

Response:

> "…being happy in my own life, being just on my own. It's also healthy for me to be able to be comfortable in my own presence and not just like 'oh my gosh I'm bored because I have to deal with myself.'"

Subject 009 was the only interviewee to make a point of discussing maturity in coping with time spent alone as a health-determining factor. By contrast, 35% of informants and about 67% of American respondents listed social life as an important factor in determining individual health. This could be because ability to spend time alone in a productive and healthful manner is not considered as a vital factor for health by other respondents, or because it is an activity taken for granted by all respondents except for 009. Regardless, the sentiment is striking both for its uniqueness and for its relevance to American society given the comparatively large amount of time Americans spend alone (living alone, for example) in context of broader global cultures, many of which emphasize communal living and strong social interactions.

An equally unique, yet oddly opposite, sentiment was expressed by subject 006, from Lebanon, in response to an inquiry about the nature of mental health issues observed by the informant in the United States.

Question:

> "What are differences that you notice about mental health in the way it's talked about or treated or the way it's a problem…?"

Response:

> "Loneliness. People here are alone more than back home…. when you're alone, I think it's like being in a room with four, it's just, white walls and all these thoughts are bouncing off and after sometime it gets amplified and something happens. And when you are with other people in open space, I don't know what it is, but I feel it with myself,

things are not as… of course people are different, but I think there are way too many people who just need somebody to talk to in this country."

Subject 006 makes in interesting a point about American lifestyle and the tendency to break family bonds early, with individuals leading disparate and socially isolated lives, living away from home, and not necessarily maintaining intimate connections with extended relatives. The breakdown of the family unit in American lifestyle contradicts many cultures that practice communal living where multiple related generations share living space and interact on a regular bases. Such communal living could provide individuals with a sense of a strong support network that bolsters mental health in hard times, and prevents depression related to loneliness or, as 006 suggests, simply needing "somebody to talk to."

These two responses, "being just on my own," as an aspect of health and "loneliness," as a mental health problem, seem at first glance to be contradictory in nature and indicative of strongly disparate cultural perspectives on health and wellbeing. However, a closer investigation into the interview responses of the two individuals shows that these two concepts actually can coexist. Subject 009 also lists social life, meeting people and having friends as important aspects in a healthy life, indicating that this person also views socialization as necessary for optimum health. While subject 006 does not directly state that time spent alone is necessary or even good, it is not necessarily contradictory to require elements of both socialization and time spent alone in one's life to maintain a healthy balance. It could be postulated that, as subject 006 notes, "of course people are different," in such a way that the amount of time spent alone and time spent in social company could vary depending upon the optimum needs of each individual; while both elements would still be necessary components of a healthy lifestyle.

Conclusions

In summary, the results of this investigation indicate that interview respondents to this investigation collectively agree that Americans do not generally pay adequate attention to lifestyle factors and behavioral choices that would affect their overall health, while simultaneously the American social system does not

emphasize personal responsibility and behavior as crucial determinants of overall health. This national attitude of lifestyle indifference is in contrast to the habits of inhabitants of other societies, who expressed a greater cultural emphasis on eating whole foods made with simple, natural ingredients, daily physical activity and pursuing personal happiness.

Regardless of whether we decide as individuals or as a society to emulate the habits and customs of other nations, seeing ourselves through the eyes of others who behave differently can illuminate the areas in which our customs may appear the most disparate, the most shocking, to members of other cultures. Such a realization can only help to place our own society within a greater context that includes a range of behaviors and lifestyle choices of which our customary options are only a small sampling, thus extending our awareness and our range of options beyond those to which we are accustomed.

Recommendations

Structural Changes

Based upon the recommendations of interviewees responding to questions about how they personally would address health challenges in the United States if they were given license to make any policy changes as they saw fit, a set of public policy measures that could improve healthcare and health-related behaviors in the United States is set forth here. Respondents identified large-scale, structural or systemic policies as the source of the greatest health challenges faced by the United States; hence recommendations for improvement are equally pervasive. First, greater cultural emphasis should be placed on lifestyle choices including time to prepare healthy food, time to exercise and time to pursue personal mentally engaging activities that mutually satisfy mental health needs and personal self-satisfaction and entertainment needs. Second, food products made from artificial or multitude ingredients should be systemically replaced with food products containing simple and whole ingredients, with especial emphasis on vegetables as significant portions of the daily diet. These food products must also be made available at an accessible price for all socioeconomic groups to regularly purchase healthy dietary options. Third, greater emphasis should be placed on nutrition, with the caveat that this emphasis should not take the form of reducing calories, sugar or fat only to have these replaced with artificial

ingredients. A strong emergent theme was that Americans habitually obsess over diet, without taking the time to cultivate a lifestyle that enables healthy dietary habits. This indicates that the way in which Americans conceptualize diet and nutrition must alter to some degree, especially in allowing greater time to be taken to attend to nutritious dietary needs.

While none of these recommendations is novel in approach or emphasis to healthcare or healthy lifestyle choices, the component of the international perspectives of the interviewees who so strongly emphasized the disparity between the health values and habits of their country of origin and those of the United States adds a layer of context. Perhaps we as Americans should consider how our habits, so normal and customary to our indoctrinated minds, appear to others who don't share them. It is likely that the statistics on American healthcare and health of U.S. citizens is reflective of the difference in lifestyle and cultural emphasis that is perceived by foreign nationals traveling to this country.

Further study

Although statistically unverifiable with the results gained from this investigation, this research indicates that there may be key emergent themes among the perspectives of international persons on health, healthcare and wellbeing in this country upon coming to the United States. This investigation therefore serves as a precursor, the results of which suggest that further inquiry into the opinions of international persons could reveal statistically significant trends in opinion or impression of health-related policies and practices within the United States. Further research involving a substantially larger informant base is recommended to provide solid statistical evidence for the existence of cross-cultural emergent themes in the area of perspectives on healthcare and health systems in the United States. Multiple individuals (at least 30, and preferably hundreds or thousands) from each of a wide variety of cultures outside of the United States should be interviewed to determine their perspectives on United States health policies. These interviews should be transcribed and coded to search for emergent themes. Only emergent themes with statistical significance across the study population base should be considered in informing the conclusions of such a large-scale study; however, insignificant emergent themes may still provide substantial insight into international perspectives on American healthcare systems. Ideally, an

investigation of the perspectives of international persons would be integrated with the perspectives of

Americans from all subsets of the population, and as diverse an array of socioeconomic backgrounds and

geographic locations as possible.

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