

staff from the subculture involved; training to increase knowledge skills and awareness of the subculture; coordinating with traditional healers from that subculture; use of community health workers; culturally competent health promotion; including family and/or community members; immersion in another culture; and administrative and organizational accommodation. A major barrier to the delivery of culturally appropriate services, and of the implementation of many of the techniques listed here, is the small numbers of several different subcultural groups in one geographic area who seek health care services. This makes the provision of 'culturally competent' services, for example the hiring and training of staff in one subculture, highly costly.

In Canada, one of the most striking examples of a subcultural group that reflects dramatic poor health and disadvantageous social conditions is aboriginal peoples (including North American Indians, First Nations people) registered under the Indian Act, North American Indians not registered under the Indian Act, Métis people, and Inuit people. Canada's Royal Commission on aboriginal people (1996) documents the social and health situation of these individuals dramatically illustrating the inter-relationship between the two:

- ▶ The life expectancy of registered Indians is 7-8 years shorter than that of non-aboriginal Canadians (statistics are not available for other groups of aboriginal peoples).
- ▶ Unemployment rates, low educational attainment, and welfare dependency are higher in First Nations communities.
- ▶ The incidence of violence, physical and sexual abuse, and suicide is higher in aboriginal communities.
- ▶ Aboriginal people are increasingly effected by conditions such as cancer and heart disease.
- ▶ Children in aboriginal communities have higher rates of accidental death and injury than other Canadian children.
- ▶ Many aboriginal communities have higher rates of infectious diseases such as tuberculosis and AIDS than non-aboriginal Canadians.

The leading causes of death among First Nations infants - respiratory ailments, infectious and parasitic diseases, and accidents - are indicators of inadequate housing, sanitary conditions, and access to medical facilities. Death rates among adults from infectious and parasitic diseases are consistently above national levels, reflecting differences in lifestyle and living conditions.

One difficulty when studying the area of cultural minorities is that many of these groups are also economically disadvantaged so that it is difficult, if not impossible, to determine the extent to which cultural uniqueness or economic disadvantage is operative. The National Forum on Health's working group concluded that the consequences of hardships among aboriginal peoples are similar to those experienced by others in the same circumstances. That is, Canadians who experience inadequate income, dependency on welfare, substandard living conditions, stresses, physical violence, sexual abuse, and substance abuse suffer worse health. Zong and Li (1994) studied 118 countries around the world and concluded that economic conditions and nutritional levels, not cultural influence