

Bosnian Refugees in San Francisco: A Community Assessment

**A project of the Newcomers Health Program
of the
San Francisco Department of Public Health
in collaboration with
International Institute of San Francisco**



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Executive Summary

Refugees from the brutal war in Bosnia and Herzegovina in the Former Yugoslavia first came to California in 1993 after surviving crushing physical and emotional trauma. Homes, friends and family members lost, speaking little or no English, and driven from a land they loved, they came to build new lives and faced a host of challenges. The first wave of refugees had little or no time to prepare for living in a vastly different land, to take English classes or to plan for their livelihood once reaching the United States (US).

For the first few months in San Francisco County, California, Bosnian refugees are assisted with many aspects of their resettlement by a variety of public and private agencies. These agencies work closely with newly arriving refugees, guiding them through the initial tasks of building a new life: finding housing, learning English, enrolling children in schools, looking for work, training for future jobs and accessing health care services and public benefits. After completing these short-term programs, most newcomers fall off the radar of these agencies who, due to funding limitations, typically do not, or are unable to, track their progress unless the refugees continue to receive public benefits or are still paying off their travel loans. They settle into their new lives in San Francisco or neighboring counties under a veil of anonymity.

As one of the newest refugee groups in the San Francisco Bay Area, little has been documented on how Bosnian refugees are faring and how they have adjusted to their new country and its health care, education, and employment systems. This community assessment, undertaken by the Newcomers Health Program, a program of the San Francisco Department of Public Health in collaboration with the International Institute of San Francisco, attempts to present a baseline picture of the Bosnian refugee population in San Francisco County. The goals of this assessment were threefold:

1. To document the basic demographic characteristics of Bosnian refugees who came to San Francisco, including information on general health issues, employment and education, resettlement resources and challenges, and overall well-being.
2. To begin a process of enhancing community capacity so that Bosnian refugees in San Francisco have more resources available to help themselves.
3. To seek information to guide us in determining future directions and collaborations for Newcomers Health Program.

Due to resource limitations, this assessment is primarily descriptive and qualitative in nature. The assessment utilized the following methods:

1. a literature and data review;
2. analysis of billing data from the Refugee Medical Clinic at San Francisco General Hospital;
3. a health education interest survey of patients at the Refugee Medical Clinic;
4. key informant interviews with individual Bosnian refugees and with health and human service providers who work with them;
5. focus groups with adults and youth;
6. a community survey of adults.

Some general findings from the assessment:

1. *The Bosnian community is quite diverse:* differences in religious, ethnic, and political identity make the community difficult to define. Further differences between former urban and rural dwellers greatly affect educational and employment status and the acculturation process here in the US.
2. *Health concerns are many and include:* management of chronic diseases (such as hypertension), smoking cessation, children's and women's health issues, dental health, nutrition and diet, family planning, obtaining health insurance, developing an understanding of the US health care system, and dealing with the physical and psychological effects of the war.
3. *Employment opportunities:* for most with limited English ability, it is difficult to find employment in their field of training. Eager to immediately start working, many Bosnians are easily placed in low-paying entry-level jobs. But these positions often restrict them from improving their English skills, which creates obstacles to improving their economic and social status.
4. *Supportive services:* Bosnian refugees have expressed that they feel there is a lack of ongoing support services beyond the initial resettlement period. The expectations and ongoing needs of the refugees are vastly different from what voluntary resettlement agencies (Volags) and other service agencies can offer, leading to confusion and frustration. In addition, key public agencies in San Francisco have no, or extremely limited numbers of, Bosnian-speaking staff.

5. *Housing*: the high cost of housing in San Francisco has forced many Bosnian refugees to resettle in unsafe neighborhoods with buildings in poor condition, such as the Western Addition and Tenderloin areas. In addition, some have resorted to moving to surrounding counties or even to other states. It is not uncommon in certain neighborhoods for several Bosnian families to live in the same building, creating micro-communities.
6. *Isolation/depression*: feelings of isolation and depression are common among those who typically have the most difficulty acculturating such as the elderly and those unemployed due to disabilities or childcare responsibilities.
7. *Youth issues*: youth in the community are acculturating faster than the older generations. This may lead to family conflicts as generational gaps grow and children increasingly lose their native language and adopt “American” mannerisms and behaviors.
8. *Great strengths*. Many Bosnian refugees possess a great sense of optimism and resiliency, a strong sense of family and culture, and a strong emphasis on hard work and education. Informal networks of support, such as picnics sponsored by former residents of particular Bosnian towns, folk music, dance groups and organized soccer clubs, have proven especially valuable in creating a sense of community.

Recommendations

The list below of suggested recommendations was developed based on the information gathered in this assessment. We believe that these actions could significantly and positively impact the health and resettlement outcomes of Bosnian refugees in San Francisco.

1. *Increase the availability of interpreter services* throughout the health and social services arena. Provide for more translated written materials in Bosnian covering a wide range of health and resettlement topics.
2. *Increase the number of vocational training and job placement programs* that serve Bosnian refugees with limited English skills. Develop programs or resources to assist with licensing and certification needs.
3. *Increase access to ESL programs* for working people, parents, and older refugees.

4. *Translate materials on health care and social services systems* to help make information more accessible to refugees (see number 2, above).
5. Assist the Bosnian community in *developing a comprehensive and inclusive Bosnian community center* that can offer programs and resources such as English and Bosnian classes, legal aid, job placement services, health education activities, housing information, and daycare, and can organize social events.
6. *Develop and implement a standardized mental health screening tool* for use with Bosnian refugees, and create a mental health referral protocol for the Refugee Medical Clinic. Develop more culturally and linguistically appropriate mental health services.

Our intent is that the information and recommendations included in this report will assist the Newcomers Health Program, other refugee service providers, and the Bosnian community to develop initiatives and programs to assist Bosnian refugees in building better lives here in the US.

Introduction

Purpose of this Community Assessment

This assessment was undertaken to gather information on the current status, strengths and needs of Bosnian refugees in San Francisco County, to highlight programs and services which have proven helpful, and to identify gaps in services.

The primary goals of this assessment were to:

1. document the basic demographics and develop an understanding of the overall well-being of the Bosnian refugee population residing in San Francisco County;
2. begin a process of enhancing community capacity among Bosnian refugees and;
3. guide the Newcomers Health Program in determining future directions and collaborations in its efforts to support the well-being of newly arriving refugees.

Limitations

As with all newly arriving immigrant groups, it is a challenge to paint a comprehensive and accurate portrait of the Bosnian refugee community. First of all, there are limited sources of secondary data. Because Bosnians are almost always aggregated under the category of “white”, often with no differentiation by language or country of origin, it is not possible to examine county or other public data. Data sources about immigrants do not usually differentiate between refugees and other immigrants; and there is no relevant Census data from the 1990 Census because Bosnian refugees did not begin to arrive until the early-1990s. Other sources of information, such as schools, community colleges, refugee service providers, and health clinics have limited information or data that is not easily accessible. Even initial resettlement figures available from the US Department of State and the resettlement agencies are not considered accurate in estimating population sizes because of secondary migration into and out of San Francisco.

There are limitations specific to the analysis of the Refugee Medical Clinic patient utilization data. Using administrative datasets for these purposes is often problematic because they are set up for billing, and not research, purposes. In addition, although this dataset had a language variable, Bosnian or Serbo-Croatian was not included as a variable, thus making

sampling difficult. Therefore, some Bosnian refugees may have been inadvertently excluded from the dataset.

There were considerable time, funding, and staff constraints in completing this assessment. Newcomers Health Program staff had limited time to commit to this project and there was little dedicated funding. Consequently, sample sizes for focus groups, refugee interviews, and surveys were smaller than we would have liked. Language and literacy posed some challenges for Bosnian community members completing the surveys, and for non-Bosnian staff analyzing the interview and focus group data.

The focus of this assessment is on Bosnian refugees over the age of eighteen. While this is in many ways appropriate, it is important to remember that refugee children have unique needs and concerns that should not be overlooked by service providers. It may be difficult to generalize the findings of this assessment to the general population of Bosnian refugees in San Francisco, or to the general population of Bosnian refugees in the US. The focus is on Refugee Medical Clinic patients and Newcomers Health Program clients, who may be different from other Bosnian refugees.

Despite these limitations, we hope this assessment will serve as a valuable tool for service providers in identifying means to better work with their Bosnian refugee clients.

Background and Literature Review

A Brief Background of the Former Yugoslavia, and Bosnia and Herzegovina

Until 1991, the Socialist Federated Republic of Yugoslavia (or the Former Yugoslavia) was comprised of six republics: Bosnia and Herzegovina (Bosnia), Croatia, Macedonia, Montenegro, Serbia, and Slovenia (see Appendix I for a map of Bosnia and Herzegovina). Serbia also included the provinces of Kosova and Vojvodina, which had existed as autonomous regions until 1989. Under Franz Josip Tito, from 1943 until his death in 1980, Yugoslavia was a communist country that was resistant to Soviet power, and had achieved relative stability and prosperity.

The three primary population groups in Bosnia are all of Southern Slavic origin, but differ in religious beliefs. Before the war, Bosnia had a population of 4.4 million -- 44% of the population was Bosnian Muslim (or Bosniac), 31% was Orthodox Serb, and 17% was Roman Catholic Croat (US House of Representatives website). There were also a number of smaller minority groups, including Romanians, Hungarians, Albanians, Ukrainians, Poles, and Italians (Maners, 1994). Before the war, many regarded themselves not as Muslim, Croat, or Serb, but as “Yugoslav.” Mixed marriages were common, especially in urban areas where 30% to 40% of unions were mixed.

Under the socialist system of the Former Yugoslavia, all citizens received health care at no cost. Each province organized its own health services and prescribed measures for health care and protection of the environment. Most routine care was provided in a system of local clinics (Berg, 1990).

With the rise to power of nationalist Serbian leader Slobodan Milosevic in the late 1980s came the disintegration of Yugoslavia. Slovenia and Croatia both declared independence in 1991. While there was little resistance to Slovenia breaking away, Milosevic fought Croatian independence and a war erupted. In early 1992, Bosnia and the Bosnian Serbs declared separate states. In response, in April of that year, Serb forces began their siege of Sarajevo and the war between Bosnia and Serbia began. In March of 1993, Bosnian Croats, backed by the Croatian army, began fighting Bosnian Muslims for territory not under the control of the Serbs (Maners, 1994; IRC, 1997).

The wars in Bosnia lasted for three and a half years, finally ending in 1995 with the signing of the Dayton Peace Accords. Between 200,000 and 300,000 people were killed or are

missing, 85% of whom were civilians. This amounted to about six percent of the prewar population of 4.4 million. The war created 1.2 million refugees from Bosnia and approximately half of the prewar population had changed their place of residence by the end of the war (UNDP, 1999). The Dayton Peace Accords, signed by the Bosnian, Croatian, and Serbian presidents, effectively divided Bosnia in half, creating a Serb entity (Republika Srpska or RS) and the Muslim-Croat Federation. While Sarajevo serves as the capital of both the Federation and the state of Bosnia, Republika Srpska maintains a separate entity capital in Banja Luka. Despite the peace treaty and the cessation of fighting, many refugees and internally displaced persons are not able to return to their former homes, which are now controlled by another ethnic group.

The war, like many in recent decades, took a disproportionately high toll on civilians. Atrocities of the war in Bosnia have been compared to the Khmer Rouge rebellion and the Holocaust. The war was characterized by what has come to be known as “ethnic cleansing”: “the use of force or intimidation to remove people of a particular ethnic or religious group from an area” (Gutman, 1999). An atmosphere of terror was created in towns and villages throughout Bosnia. Two strategies regularly employed by Serb forces to create this atmosphere of terror were systematic rape and the blockading of cities and towns. In Sarajevo, repeated sniping of civilians and shelling of homes, hospitals, schools, and historical and cultural landmarks, placed the city’s population in a near constant state of stress, fear and uncertainty. The experiences of separation from and deaths of friends and family members, witnessing acts of unspeakable violence, the forcible removal from their homes, often by former neighbors and even friends, torture, rape, and imprisonment in concentration camps have all greatly impacted the people of Bosnia.

Bosnian Refugees in the San Francisco Bay Area

Thousands of Bosnians have made California their home. From the US Department of State’s data, from 1993 to 1998, 4,548 Bosnian refugees were officially resettled in California. The San Francisco Bay Area (which includes Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara counties) hosts one of the largest Bosnian refugee communities in the nation, living primarily in San Francisco, Alameda, and Santa Clara counties. The first Bosnian refugees arrived in San Francisco County in June of 1993 (see Appendix J for a map of San Francisco). According to Department of State data, from June, 1993 through May of 1998, 1,286

Bosnians were officially resettled in San Francisco County. At the Refugee Medical Clinic 1,019 Bosnians received health assessments from July, 1993 through June, 1999. However, the exact numbers of refugees who came into the county are difficult to estimate because of internal migration in the US after resettlement. Based on these various data sources, we estimate that San Francisco County is home to 800-1,200 Bosnian refugees.

What do we know about Bosnian refugees in the US? While there is much literature on the war in the Former Yugoslavia, and the US response thereto, little information exists about refugees from this war who have settled in the US. Systematic collection of this kind of information has been very limited. In 1995, national surveys of service providers and refugees were conducted. However the focus was on assessing and improving an orientation program in Croatia that many refugees went through before emigrating to the US, and shed limited light on the state of Bosnian refugees in the US (Somach, 1995; DiMeo & Somach, 1996).

In turn, there is even less information specific to the experiences of Bosnian refugees resettled in California. One recent study examined health status and health care utilization of refugees in Santa Clara County (Weinstein et al, 1999). This assessment will serve as a vital tool, not only for Newcomers Health Program, but also for other public and private agencies working with refugee populations, either from the Former Yugoslavia or other nations. Additionally, through anecdotal evidence and direct service experiences, we know that most Bosnians come to San Francisco in extended family groups, with dependent children, parents, grandparents, and other family members.

A small body of literature does exist that details the general experiences of Bosnian refugees prior to leaving their home country. This information can be useful in informing service providers about certain resettlement issues that may be encountered in this country. Numerous Bosnian refugees, many of them Muslims or in mixed-marriages, faced situations of extreme deprivation before leaving their country, including rapes, beatings, torture, forced labor, starvation, imprisonment, and the loss of loved ones (International Rescue Committee, 1997).

Many Bosnian refugees were forced to flee their former homes with little or no time for preparation. They did not have any opportunity to make plans, save money, learn English, or choose which precious items to leave behind. They came to San Francisco where the small established community from the Former Yugoslavia is much more dispersed than other recent immigrant groups. Limited opportunities for cultural orientation, either before leaving or here in

the US, has made the transition even more difficult. Many of the Bosnians who are more recent arrivals had initially resettled in countries of first asylum such as Austria and Germany, where they had already begun the process of establishing new lives only to have to leave for a another country after temporary protection ended.

In some ways this differs greatly from other recent immigrant and refugee groups. This is particularly true of Southeast Asians, who have been the largest refugee group in recent years and a primary focus of service providers. Many of the currently arriving Southeast Asian refugees have had time, often years, to plan and save for their new lives in the US. In addition, they came into large, well-established communities with extensive social and support networks. Even the more recent émigrés from the Former Soviet Union who have entered the US over a similar time span as Bosnians, came into a highly supportive ethnic community which picked up where private and public agencies left off. This has presented, and continues to present, a unique challenge to service providers upon whom many Bosnian refugees, especially the earlier arrivals, looked to as their primary source of support.

Mental health is one of the few areas that has been documented and studied in some detail in Bosnian refugees. It is widely documented that torture and rape were routinely used strategies in the war. Survivors of torture often later show physical symptoms such as pain, headaches, insomnia, poor memory, and many other conditions. As a result of the atrocities they experienced, some Bosnian refugees may suffer from post-traumatic stress disorder (PTSD), which is characterized by panic attacks, major depressive episodes, disturbed sleep, memory impairment and concentration problems (International Rescue Committee, 1997). A study done with newly resettled Bosnian refugees indicated a high level of PTSD. The authors note that their findings suggest that “newly resettled traumatized refugees have serious mental health needs” (Weine, 1995). On the other hand, the Santa Clara County study noted “that we must not make the assumption that all refugees develop post-traumatic stress disorder” (Weinstein et al, 1999).

Children are of special concern to those groups that are helping Bosnian refugees successfully resettle in the US. Studies have shown that exposure to the horrors routinely seen during the war in the Former Yugoslavia can have extremely harsh effects on children. One study notes that children who have grown up in a relatively stable and problem-free environment, like most Bosnian children, react much more strongly to violence around them than

other children (Macksoud, 1996). Assessing and addressing mental health issues among Bosnian refugees is important for a successful resettlement process and building a new life.

Services Upon Arrival in the United States: The New Challenge

All refugees, including Bosnian refugees, settling into San Francisco County are provided with resettlement support services from Volags (voluntary agencies). These agencies in San Francisco include, among others, the International Rescue Committee (IRC), Jewish Family and Children's Services, the International Institute of San Francisco, and Catholic Charities, and are responsible for ensuring that each entering refugee is housed and financially supported for their first thirty days in the US. They also provide further support services, ranging from help securing permanent housing to opening a bank account to acquiring English language skills. These support services are provided over an average time period of three months.

All entering refugees are entitled to eight months of health care coverage, either through Refugee Medical Assistance (RMA) or MediCal (California's Medicaid program). The Newcomers Health Program of the San Francisco Department of Public Health aims to assist newly arriving refugees in accessing health services during this eight-month period. In collaboration with providers and staff at the Refugee Medical Clinic at San Francisco General Hospital, the program conducts the initial health assessment that all refugees are highly encouraged to have. In addition, they provide referrals to ongoing primary and specialty care, as well as for health education and treatment for infectious diseases. The eight month time frame for health care coverage is considered by many to be too short to allow for adequate screening and treatment for health problems in refugees (Weinstein et al., 1999).

In addition to these health benefits and assistance from the Volags, entering refugees are eligible for some forms of public assistance. In their first eight months of resettlement, refugees are eligible for General Assistance. Families with dependent children under age 18 are eligible for Temporary Assistance to Needy Families (TANF). Ongoing MediCal and Supplemental Security Income benefits are available for those who meet the eligibility requirements.

The 1996 Welfare Reform Act greatly decreased the availability of public assistance to refugees by transforming the Aid to Families with Dependent Children (AFDC) federal entitlement programs into the TANF system, which has much stricter time limits than the old AFDC system. The law also cut \$24 billion in benefits and services to legal immigrants and

refugees (Morse, 1998). Through the strong advocacy efforts of community agencies, certain benefits have been restored for some newcomer groups; however, states are still faced with difficult choices about whether and how to continue providing cash, medical or nutritional benefits for vulnerable immigrant and refugee populations (Morse, 1998). These new laws will have the greatest impact on those refugees who, due to limited English language or other skills, are unable to find employment, or are underemployed in low-wage jobs, and have been depending on public benefits for survival.

For those who do not want to depend on welfare and who are ready to work, IRC San Francisco, in coordination with the County, offers a Matching Grant Program funded by a 50-50 match of private contributions and federal funds under a contract with the US Department of Health and Human Services. The program identifies which job skills the refugee has that are transferable in the current job market. It then establishes an employment plan that takes into consideration concerns such as personal goals, physical limitations, and child care limitations.

While finding a job is an important first step in building a new life and achieving self-sufficiency, it can be problematic. Significant numbers of Bosnian refugees are under-employed in lower wage occupations, where there are limited opportunities to utilize their education, training, and experiences from Bosnia (Heathcote, 1995). In addition, working can cut back on the time and opportunity to acquire better English skills, thus limiting their ability to find occupations more suited to their skills or with better wages and benefits.

Despite the range of services available to Bosnian refugees upon their arrival, after the first three to eight months in California, these refugees are essentially on their own. Agencies who serve refugees usually have limited or no systematic tracking mechanisms nor ongoing case management resources to monitor their progress, their health, their employment situation, their English language development, nor their overall transition/resettlement experiences. As funding for immigrant and refugee services are vulnerable to cost-cutting measures at all levels of government, it is increasingly vital to identify the needs and issues of the Bosnian refugee population, one of San Francisco's newest refugee group. This assessment will help focus the allocation of limited resources to improve the effectiveness of services provided and aid in the development of future community efforts for Bosnian refugees.

Methodology

This assessment used a number of research methods to gather information, including: a) analysis of Refugee Medical Center patient utilization data; b) a health education assessment survey; c) key informant interviews with health and human services providers and individual refugees; d) focus groups with refugees; and e) a community survey.

A. Analysis of Refugee Medical Center Patient Utilization Data

A dataset was constructed from administrative billing data available from the Refugee Medical Clinic. All patients seen at the Refugee Medical Clinic between July, 1993 and June, 1999, and whose language was listed as “other” were selected, and a list of names and medical record numbers was generated. At the time, there was no language option for “Bosnian” or “Serbo-Croatian” in the data system, making the use of the “other” category necessary. Newcomers Health Program staff then went through the list and identified the names of Bosnian patients.

The dataset includes information on age, gender, insurance, and first diagnosis for all visits at the Refugee Medical Clinic between July, 1993 and June, 1999. The final data sample consists of 853 Bosnian refugee patients. STATA was used to analyze the data.

Because inclusion in the dataset required a visit to the Refugee Medical Clinic between July, 1993 and June, 1999, as well as recognition by Newcomers Health Program staff as having a Bosnian name, it is possible that some Bosnian refugee patients were missed. In addition, some refugees may never become patients at the Refugee Medical Clinic. Because the Refugee Medical Clinic is the point of initial contact for health care, this dataset also does not capture those Bosnian refugees who moved to San Francisco County after arriving in the US from some other county or state and/or who did not come to the Refugee Medical Clinic.

B. Health Education Assessment Survey

In order to assess the health education concerns of refugee patients and design health education programs that are more tailored to meet these needs, the Newcomers Health Program staff distributed patient health education assessment surveys to a convenience sample of adult refugees utilizing health care services at Refugee Medical Clinic (see Appendix A). Between January and June of 1999, surveys were completed at the clinic with refugees from all countries.

The surveys were available only in English; individuals unable to read or write in English were assisted by on-site interpreters. No attempt was made to try and obtain a random sample for the survey, as it was necessary to rely on patient and interpreter availability.

A total of 135 refugees completed the survey. Bosnians made up 17% of the total respondents (n=23). The limited availability of Bosnian interpreters for this task decreased the number of surveys we were able to complete for Bosnian refugees.

C. Key Informant Interviews

Health and Human Services Providers

Due to Newcomers Health Program's primary role in providing medical screenings, health education and health referrals to incoming refugees in San Francisco, the type of information Newcomers Health Program staff can obtain on refugee communities is often limited to physical health needs or issues. Through a series of in-depth interviews with San Francisco service providers working with refugee and immigrant populations, Newcomers Health Program hoped to obtain valuable information about Bosnian refugees beyond their immediate health needs.

Newcomers Health Program staff members conducted in-depth interviews with 22 service providers working in a variety of health and human services agencies in San Francisco. These agencies offer a variety of services to refugees, immigrants, and low-income populations. Interviewees were recruited through word-of-mouth, staff and providers of the Refugee Medical Clinic, previously established collaborative networks between and among SFDPH agencies and other public service agencies, and outreach directed at agencies, individuals, job sites, churches/mosques, schools and other sites known to provide services to Bosnian refugees.

Interviews were audiotaped and/or recorded via note taking. All interviews were later summarized and analyzed. Due to resource constraints, no interviews were transcribed verbatim. Standardized questions were used for each interview with different questions for social service and health care providers (see Appendices B and C). The interviews lasted from one to three hours. Interviews focused on themes such as general health, mental health, socio-cultural issues, community strengths and other issues. The interviews were not only intended to identify the major health and resettlement issues for Bosnian refugees, but also to determine barriers to providing services, cultural considerations, and the recognized assets and strengths of the community.

Individual Refugees

In order to determine the health and resettlement issues most important to Bosnian refugees as well as to identify any gaps in services, the Newcomers Health Program staff conducted 17 in-depth interviews with Bosnian refugees residing in San Francisco. These interviews were conducted between the summer of 1998 and the spring of 2000. Names and identities of Bosnian interviewees are not disclosed in this report for reasons of confidentiality.

The goals of the interviews with the refugees were threefold. One, to gather timely, accurate, and relevant information about challenges facing Bosnian refugees. Two, to build infrastructure for information exchange and collaboration between the Bosnian refugee community and Newcomers Health Program staff, as well as the multitude of other service providers in San Francisco. The interviews conducted in the winter of 1999-2000 had the additional goal of gathering program planning information.

Bosnian-speaking staff members at Newcomers Health Program and Refugee Medical Clinic recruited interviewees through their professional and personal contacts and word of mouth. A semi-structured interview form was used throughout (see Appendix D); interviews took from one to three hours to complete. The majority of interviews were done in Bosnian by Bosnian-speaking staff and consultants. Interviews conducted in English were implemented by either Bosnian or English-speaking staff.

Most interviews were audiotaped, with the permission of the interviewee, and later summarized and analyzed. Interviews were often conducted in the interviewee's home, as well as at cafes, restaurants, and job sites. Due to the privacy and comfort level afforded during these visits, these interviews were well received by those participating.

D. Focus Groups

Through informational interviews conducted during this assessment, it was noted that Bosnian refugees residing in San Francisco perceived a number of gaps in the resources and support offered to them. In order to obtain more specific, in-depth information regarding gaps in services related to health and resettlement needs among Bosnian refugees, Newcomers Health Program conducted three initial focus group discussions with Bosnian refugees.

The purpose of this assessment was to try to determine the health and resettlement issues most important to Bosnian refugees. Therefore, the questions asked were designed to elicit information relevant for service providers working with refugee or immigrant groups, especially

in regards to: 1) gaps in services, 2) services sought by Bosnians, 3) perspectives of Bosnians regarding the types of resources available, 4) what could be developed in the future to help others in similar positions, and 5) the top three issues of most importance to Bosnian refugees (see Appendix E).

Final questions were pilot-tested on two Bosnian refugees: one knew of the community assessment while the other had only marginal information. Pilot testing enabled us to revise the questions to ensure that they made sense, would provoke a response related to the outcome goal of the focus groups, and would be culturally relevant.

Focus group participants were recruited via mass postings of flyers at locations in San Francisco frequented by Bosnians as well as in neighborhoods where significant numbers of Bosnian refugees reside. However, the vast majority of our participants were recruited through word-of-mouth from a Bosnian Newcomers Health Program staff member who is well known and trusted among Bosnian refugees.

A telephone screening tool was designed to determine who was eligible for participation. Our eligibility criteria was flexible, requiring only that participants be Bosnian refugees, residents of San Francisco for more than three months but less than seven years, comfortable talking in groups, and open to the opinions of others.

Although ample time was allotted for recruitment purposes and the response was positive, actual turnout was low. Each of the three groups consisted of three members, although seven to nine members had committed to participating in each group.

Each focus group included one note taker, one facilitator and an interpreter was available and used for two of the focus groups. The same three individuals were used for all discussions. All three focus group discussions were audiotaped with the consent of the participants. In addition, consent forms were read and signed by participants prior to the commencement of the focus group discussion. Food and beverages were served at each discussion and gift certificates were offered to all participants as compensation for their time. With the exception of two Bosnian Serbs, all of the participants were Bosnian Muslims.

Four subsequent focus groups were conducted during the 1999-2000 winter to gather information for program planning purposes (see Appendix F). One youth and two adult focus groups were conducted in Bosnian and one youth focus group was conducted in English, with the

same two Bosnian-speaking Newcomers Health Program staff members moderating all four focus groups. Sessions were either video-taped or audio-taped and summarized by staff. Similar to the earlier focus groups, all participants were recruited through word of mouth and through the professional and personal connections of these staff members. Focus groups were held on Saturdays over a four-hour period and were followed by a complimentary Bosnian lunch of seasoned sausage and bread (cevapcici). All participants were reimbursed for their participation through either grocery store gift certificates or cash incentives.

E. Community Survey

The community survey was undertaken in order to gain a better understanding of the overall welfare of the Bosnian refugee community on a broader level. The written questionnaire covered five areas: sociodemographic characteristics, resettlement issues, health issues, community support and resources, and education and employment (see Appendices G and H).

The survey was pilot tested in February, 1999, and implemented between March and October, 1999. Surveys were distributed through a variety of methods:

- On-site administration at Refugee Medical Clinic and collaborating agencies, such as service programs, job sites and adult education programs;
- A mailing to Bosnian patients who were seen at the Refugee Medical Clinic between June, 1998 and July, 1999 and who lived in San Francisco;
- Mailings to Bosnian clients of collaborating agencies;
- Direct administration by Newcomers Health Program staff.

A total of 77 respondents completed the community survey. Data was analyzed using EpiInfo Version 6.

Findings

A. Refugee Medical Center Patient Utilization Data

Demographics

Age at first visit and gender of the 853 Bosnian refugees are presented in Table 1.

Table 1. Age and Gender for Refugee Medical Clinic Patient Data, July, 1993 to June, 1999.

Characteristic	# of Respondents (%)
Gender	
Male	459 (54%)
Female	394 (46%)
Age (years)	
≤ 18	269 (32%)
19-34	355 (42%)
35-59	197 (23%)
≥ 60	32 (4%)

When the age at all visits is examined, Bosnian refugee patients under 18 and over 60 years of age have a greater proportion of visits than the other age groups (not shown graphically). The majority of Bosnian refugee patients at their first visit lived in the Haight and Tenderloin neighborhoods.

Insurance

At the first visit, 86% of Bosnian refugee patients had MediCal or MediCal status pending. This is expected as the first visit to the Refugee Medical Clinic is usually for the initial health assessment that virtually all refugees receive soon after arriving in the US. Between 1993 and 1999, there is a marked decrease in the number of patients on fee-for-service MediCal and a marked increase in the number of patients on MediCal Managed Care, which is consistent with the general transition to MediCal Managed Care statewide.

Diagnosis at Refugee Medical Clinic Visits

The analysis of the primary diagnosis data looked at diagnoses for all visits, diagnoses for the first visit only, and the diagnosis most often recorded for each person. Table 2 presents the most common first diagnoses for all visits to the Refugee Medical Clinic by Bosnian refugees

Section VI Findings

between July, 1993 and June, 1999. Percentages reflect the percentage of all visits that were assigned that condition as the first diagnosis.

Table 2. Most common first diagnosis at all visits to Refugee Medical Clinic by Bosnian refugees.

Diagnosis	Frequency (%)¹
Ill-defined symptoms and conditions	933 (8%)
Hypertensive disease	886 (8%)
Well-child visit	812 (7%)
Diseases respiratory system	744 (7%)
Diseases of musculoskeletal system / connective tissues	719 (6%)
Non-specific RX TB test inactive	630 (6%)
Diseases nervous system / sense organs	565 (5%)
Diseases breast and female genital tract	506 (5%)
Mental disorders	484 (4%)
Pregnancy and delivery	462 (4%)
Diabetes	432 (4%)
¹ The total number of patient visits from July, 1993 through June, 1999 made by Bosnian refugees was 11,231; percentages are based on this total.	

Diagnoses such as hypertensive disease, diabetes, well-child visits, non-specific tuberculosis skin test reaction, and pregnancy and delivery require frequent visits and would be expected to represent a high proportion of the diagnoses for all visits. Ill-defined symptoms and conditions are noticeable because of the diffuse nature of the complaints that fall into this category.

Table 3 presents the most common diagnoses given to Bosnian refugees at their first visit to the Refugee Medical Clinic. Each refugee is counted only once; the percentage reflects the percentage of Bosnian refugees who were given that diagnosis at their first visit.

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Table 3. Most common diagnoses at Bosnian refugee patients' first visit to the Refugee Medical Clinic.

Diagnosis	Frequency (%)¹
Well-child visit	168 (21%)
Diseases of the oral cavity, salivary glands, jaws	148 (18%)
General exam	80 (10%)
Prophylactic vaccine	69 (8%)
Ill defined symptoms and conditions	65 (8%)
Hypertensive disease	29 (4%)
Mental disorders	29 (4%)
Diseases of breast and female genital tract	22 (3%)
¹ Percentages are based on the total number of first visits by Bosnian refugee patients between July, 1993 and June, 1999 (n=853).	

The first visit to the Refugee Medical Clinic is generally for the initial health assessment. The high number of diagnoses of diseases of the oral cavity is surprising and reflects the anecdotal evidence of poor dental health among Bosnian refugees. The relatively high number of diagnoses of ill-defined symptoms and conditions is interesting, particularly at an initial health assessment visit.

Table 4 presents the diagnosis that was given most often for each person over the 6-year period. The percentage reflects the number of Bosnian refugees who were given that diagnosis more often than any other diagnosis at their visits between July, 1993 and June, 1999.

Table 4. Most common majority diagnoses for Bosnian refugee patients at Refugee Medical Clinic.

Diagnosis	Frequency (%)¹
Well-child visit	154 (18%)
Lack of physiological development	79 (9%)
Diseases of respiratory system	59 (7%)
Diseases of breast and female genital tract	54 (6%)
General exam	50 (6%)
Ill defined symptoms and conditions	48 (6%)
Hypertensive disease	44 (5%)
¹ Percentages are based on the one visit per Bosnian refugee patient between July, 1993 and June, 1999 (n=853).	

B. Health Education Assessment Survey

The majority of Bosnian survey respondents were married females between the ages of 18 and 35. Approximately 40% of the 23 Bosnian respondents indicated that they spoke and or read English “somewhat.” Almost all (96%) expressed interest in learning more about health related issues.

Women’s health, particularly pap smears and breast exams, was the most common health issue of interest. Smoking cessation, immunization, and family planning were also issues with high interest.

The Bosnian respondents’ preferred method of learning about health issues is native language brochures. Videos in Bosnian and one-on-one education from a health care provider or interpreter were also acceptable methods. All health education dispersion methods available in Bosnian were favored over obtaining information in English. This information is especially important in determining effective means of disseminating information to new refugees and immigrants.

C. Key Informant Interviews

Health and Human Services Providers

Health Care Issues

Anecdotally, health care service providers report that Bosnians have a high prevalence of smoking, hypertension (even among younger adult populations), latent tuberculosis infection, diabetes, poor nutrition, and poor dental health. Particularly among refugees from rural areas, there is a lack of knowledge about issues such as second-hand smoke, preventive health care, family planning, diet and exercise, as well as women not receiving regular gynecological exams.

According to service providers, there is an immediate need for health education about the following topics:

- Sexually transmitted infections and HIV transmission; it is perceived by some Bosnians that the incidence and prevalence of these conditions is greater in the US than in the Former Yugoslavia.

- Contraception and family planning, particularly for women from rural communities. Condoms, foam, and IUDs are becoming increasingly more popular with Bosnian women than oral contraceptives.
- Diet and exercise; the Bosnian diet tends to be high in fat and sugar.
- Compliance with medication regimes, particularly for tuberculosis, hypertension, and asymptomatic conditions.
- Obtaining regular preventive care, including routine physicals and treatment for chronic conditions.

From many providers' viewpoints, language is the most pressing barrier for Bosnian refugees in obtaining care and information. Few health materials are available in Bosnian, including brochures and prescription directions. There is a noted lack of interpreter services available for both medical visits and health education sessions. Although there are on-call interpreter services at SFGH and interpreters are available at the Refugee Medical Clinic, there are generally no bilingual services for patients who are referred to specialists, and patients who obtain private health insurance typically do not have access to Bosnian speaking providers or interpreters. According to providers, Bosnians sometimes continue to visit the Refugee Medical Clinic even after obtaining private health insurance because other health care providers are unable to offer interpreter services. These language barriers can lead to misunderstandings and frustration with regard to follow-up visits, visits to specialty providers, and medication compliance/instructions. There have been discussions among some service providers about finding alternative methods of providing health education to larger numbers of Bosnian refugees.

Mental Health

It is difficult for service providers to assess how many Bosnian refugees are in need of mental health services. The many factors that contribute to psychological distress among refugees can lead to a diverse array of mental health outcomes ranging from social withdrawal to severe depression. According to providers, some of the most common mental health issues facing Bosnian refugees include anxiety and depression related to the war and their resulting displacement and resettlement, and PTSD. Aside from these issues, there are numerous immigration-related stressors involved in displacement, resettlement, and adjustment that take their toll on the mental health of refugees.

Among many Bosnian refugees, there is some resistance and stigma attached to mental health labels and services. However, some providers have noted that individuals who have lost much of their informal support network of family and friends in their old lives, may become more receptive to mental health services. In the past, there has been moderate success with support groups for older Bosnian women in San Francisco and Bosnian men in Oakland.

Some providers suggest that many of the vague physical health complaints presented by Bosnian patients may be psychosomatic in nature. In light of this, providers note the importance of more comprehensive mental health screenings and services as a part of the health care services delivered to Bosnian refugees. It might be helpful to complete a standardized mental health screening tool during the initial health assessments. This tool could help to identify refugee patients in need of services, and could also help to normalize the experiences of refugees that may lead to psychological problems. The Refugee Health Section of the California Department of Health Services has developed and is having county-based refugee health programs use a revised standardized health assessment form that may be able to serve as such a tool.

From the perspective of the providers interviewed, there is little in the way of culturally and/or linguistically appropriate mental health services available to Bosnian refugees. In addition, there is no standardized protocol for mental health referrals from the Refugee Medical Clinic to date. Currently, a psychologist volunteers his time at the Refugee Medical Clinic once a week to assist providers with assessment and referrals. Health care providers raised a need for funding the training of psychology and psychiatry residents at the Refugee Medical Clinic.

Housing and Transportation

Bosnians have primarily been resettled in the Tenderloin and Western Addition neighborhoods of San Francisco, in large part because of the relatively lower rents in these areas. Due to the extremely limited housing market and the ever-increasing rental costs in San Francisco, more Bosnian refugees are being resettled in the East Bay. Some resettlement agencies, like the IRC, attempt to place families or individuals with similar backgrounds within the same housing units or neighborhoods. According to providers, if refugees have family members already living in San Francisco, Volags may assume that the incoming refugees will rely on their family members rather than the Volag for assistance, including housing. Service providers have noted a significant drive among Bosnian refugees to own their own homes.

Consequently, as families/individuals become financially stable, many are leaving San Francisco for areas with lower housing costs, such as Alameda County, the Sacramento area, and even other states in the US.

Service providers note that for those Bosnian refugees living and working in San Francisco, public transportation meets most of their commuting needs and they are readily utilizing these services.

Employment, Education, and English Skills

The majority of service providers noted the strong work ethic of Bosnian refugees, and their willingness to take “almost any job.” This has enabled Volags to find employment for many Bosnians in relatively short periods of time.

This strategy of immediate employment has both benefits and drawbacks. Although the intention is to ensure that each individual or family has immediate, stable employment, this typically means entry-level, low-paying employment. Several service providers commented that many Bosnians complain of the tremendous pressure they feel from Volags to begin working immediately after arriving in the US. Although many are grateful for work opportunities, such pressures can cause a considerable amount of stress.

Existing vocational programs are generally limited to providing assistance to Bosnian refugees who already possess some English language skills. Some service providers, such as Jewish Vocational Services (JVS) and the Career Resources Development Center (CRDC), have extended their services to Bosnians and are in the process of outreaching to and establishing more programs specifically geared towards Bosnian refugees. For now, however, these agencies primarily serve individuals who already possess some English skills or who have transferable vocational skills that do not require extensive English.

The majority of Bosnian refugees enter the US with limited or no English skills. All Volags offer some type of English language instruction to newly resettled refugees. However, there are some population groups that are not accessing these classes. Younger Bosnian refugees who are working full time often do not have time and/or money for classes. Many older, rural Bosnian refugees have lower literacy and education levels, and see themselves as “too old” to master a new language. In addition, people with children are reluctant, mainly for safety reasons, to leave their children home alone while they attend classes.

Family Ties and Assimilation

Service providers have commented that Bosnians generally resettle in the US in extended family groups and have very strong family ties. While these bonds are extremely helpful in times of stress and transition, providers feel that they can also lead to isolation and dependency amongst family members. According to providers, those most at risk for isolation are non-employed mothers, the elderly, and those who are physically or mentally disabled.

There is a general consensus among service providers that children have an easier time assimilating than their parents and older relatives. This assimilation process can cause difficulties between parents and children, particularly among more traditional families. Many Bosnian parents feel as though they have little control over their children who are seen as losing their Bosnian culture, language, and identity, adopting American styles of dress and attitude, and favor speaking English over Bosnian. Some providers also note that there is a general weakening in family ties over time. This is commonly attributed to America's focus on "individualism," which is seen as undermining the family's sense of cohesion, trust and stability.

Individual Refugees

Respondent Demographics

Interviews with Bosnian refugees were conducted during two different phases over the course of this assessment. Initial Bosnian refugee key informant interviews were conducted at the beginning of the assessment, at the same time that service providers were interviewed. Most of the respondents in these initial interviews range in age from 23 to 60, are married with children, and arrived in the US six years ago or less. Six of the respondents were male, four were female.

The second phase of interviews occurred over the 1999-2000 winter. Individuals participating in these interviews range from 30 to 67 years of age and all but two are married with children. One interviewee was single and another was married but did not have children. While a total of twelve adults (six males, six females) participated, because these interviews were often conducted in participants' homes, it is difficult to determine to what extent other family members participated. All participants have lived in the US for less than six years.

Results from both the initial and secondary phase of interviews are similar, with the second set of interviews eliciting additional information for program planning, therefore findings from both phases are discussed jointly below.

Resettlement Issues

The resettlement issues of most concern to respondents and their families were affordable housing, employment, health care/insurance, and language barriers. Also cited as important were money and work problems, social support, safety, and better schools for their children. All respondents felt that learning English was the most important part of successful resettlement and was the key to obtaining employment opportunities that would lead to upward mobility.

Physical Health and Health Care Issues

As discussed in the introduction, all Bosnian refugees (as is true of all refugees) are eligible for eight months of Refugee Medical Assistance or MediCal, and can receive health assessments and primary care services at Refugee Medical Clinic at no cost. The Refugee Medical Clinic is viewed favorably by the majority of Bosnian refugees, with much appreciation expressed for the interpretation services.

This satisfaction with the Refugee Medical Clinic does not alleviate the anxiety felt by Bosnian refugees interviewed about continuing health care coverage once the eight months of initial coverage is up. This is a particular concern for those refugees who are unemployed, or employed in low-wage jobs that do not provide benefits. There is anecdotal evidence that some Bosnian refugees have been dropped from the MediCal program despite being eligible for continuing coverage after the eight months are up.

Interpretation services and translated health information generally are not available through health care providers outside of the Refugee Medical Clinic and San Francisco General Hospital, which can cause much anxiety for some Bosnians. Interviewees also expressed a desire to be given more information and education about how the health care system works, how to obtain additional health care services, and how to choose a provider. In addition, some interviewees mentioned a desire to get more written health information in Bosnian as well as the opportunity to meet with other Bosnians to exchange and gather information regarding various health and resettlement issues.

Mental Health

Only a few respondents raised a need for mental health services and support, and these individuals had been able to obtain counseling. One interviewee also mentioned that “using counseling, giving advice or exchanging information” may be more acceptable than terms such as “psycho” or “psychiatry” which hold more stigma.

Housing

All respondents expressed a need for more affordable and desirable housing. The high cost of housing in San Francisco means that the accommodations that many refugees are initially placed in by sponsoring agencies are low-income housing units in neighborhoods like the Tenderloin. Crime and safety are a concern for many, especially in regards to their children. Many Bosnians live in small units with extended family members. Several respondents mentioned that they knew other Bosnian refugees who had moved to other parts of California, and even other states, to avoid high housing costs. Finding better housing (affordable, bigger and better maintained apartments in safer neighborhoods), and being able to buy homes are the biggest issues for most Bosnians.

Employment and Education

Volags provide assistance to refugees in obtaining initial employment. Other agencies provide vocational training and assistance in job placement, but these programs and classes are typically geared toward individuals with basic to intermediate English language skills. However, some Bosnian refugees expressed frustration with the initial opportunities offered to them by their sponsoring agencies. In addition, many felt that there was pressure to take the low-wage jobs offered to them. When they do take these low-wage jobs, little time or money is left for ESL classes, vocational training, or higher education.

There is an expressed need for more assistance in job placement; this includes learning English and obtaining help with certification and licensing. Most Bosnian refugees had little or no English skills upon their arrival in San Francisco. The majority has spent some time attending ESL classes offered by the Volag, at community colleges, or through adult education programs. Bosnian refugees are acutely aware that English language skills are a means towards

opportunities for higher paying, more desirable employment. However, as mentioned by some Bosnians, memory and/or concentration problems related to war trauma have made it difficult for them to learn English. In addition, many professional, skilled, and educated Bosnians are often unable to find positions that match their skills or abilities, primarily due to their lack of English proficiency. Many also encounter difficulties in obtaining certificates and licenses to work or practice in the US for certain professions such as nursing or medicine.

Social Support, Community and Cultural Adjustments

For many refugees, the first few months in the US are the most difficult. As time passes and they begin to establish new lives, things get easier. Many Bosnians say that deciding to make a new life here quickens the process. Those who say they are going to return to live in their old homes in Bosnia, and those who are older, have a more difficult time adjusting to life in the US.

Individuals able to rely on family and friends already living in San Francisco have had a much easier transition. They had a social network to rely on for help translating documents, navigating the health care and social services systems, deciphering the public transportation systems, and in overcoming the myriad of other challenges that are faced when building a new life.

Volags were seen as providing limited help, particularly in providing information about their rights, the services they are entitled to receive in the US, and how to access resources and information. Many interviewees commented on the lack of sufficient interpretation and translation services for Bosnians. Respondents would like to receive information from agencies through a telephone information line in Bosnian, mailings of translated materials to homes, and translated brochures in clinics and offices.

Bosnian refugees have a mixed sense of their community. Some feel that there is not much of a Bosnian community in San Francisco. Others see it as a strong community, and spend a lot of time socializing with friends from back home, often at monthly social events for Bosnians from particular regions. There is interest in establishing a new Bosnian club or center that could provide English classes, Bosnian language classes for Bosnian youth, legal aid, job placement and assistance, daycare, and folk dancing/singing groups. This sort of center is seen

as playing a pivotal role in increasing a sense of community and in decreasing the culture shock and homesickness that many Bosnians feel upon arrival in the US.

Religion

Most of the Bosnian refugees in San Francisco define themselves as “culturally” Muslim and are not particularly religious. Many respondents stated that they do not attend religious services. Interviewees who do attend a mosque are involved with the Islamic Society of San Francisco in the Tenderloin; approximately 40 Bosnian families were affiliated with this mosque at the time of this assessment.

D. Focus Groups

Demographics

Each of the initial three focus groups had three participants. Two of the groups were made up of older Bosnians (50-60 years of age) and included husband and wife pairs. One of these two groups also included the couple’s son, a man in his late thirties. Participants in these two groups had been in San Francisco for four years or less, and aside from the participant in his thirties, had limited English skills. The same interpreter was used for both groups.

The third group was conducted with Bosnian high school students (14-18 years of age). The three students had each lived in the US for five years or less. All spoke English, therefore no interpreter was used. This discussion was held during school hours in the high school counselor’s office with written parental and faculty consent.

The subsequent four focus groups conducted over the 1999-2000 winter included two youth groups, a middle-aged adult group, and an older adult group. The two youth groups, totaling twelve individuals, from 11-26 years of age, were conducted first. One adult focus group was later held with eight individuals, from 31-53 years of age. An older adult focus group with fourteen Bosnians, from 53-73 years of age, was also conducted. One youth group and the two adult focus groups were conducted in Bosnian, while the other youth group was in English.

Results from all seven focus groups are included in the discussion below due to the common themes of the data gathered.

Satisfaction with Life in San Francisco

Although older participants saw San Francisco as a beautiful place to live, the high cost of living, particularly housing costs, was a source of much dissatisfaction. Participants repeatedly stated that better accommodations would help them feel more content living in San Francisco. Housing was the most pressing need cited by all participants and was brought up at various times throughout the discussion. Also seen as pressing needs were health care coverage, money, and education (particularly for the younger Bosnians). They also raised the issues of lack of opportunities for well-paying employment and language difficulties. Furthermore, many participants felt discouraged about seeking inexpensive recreational activities, since they did not know how to access them (due to limited income and English skills).

Younger participants feel that they have better opportunities in the US, particularly for employment. However, they feel that people their age do not have enough freedom and that there are a limited number of venues for entertainment and socializing. In addition, younger people are more concerned about crime, personal safety, and safety in schools. They feel that compared to when they were living in Europe (apart from the war), there is much more crime here and crime committed by youth. Finally, Bosnian youth feel that the expectations they had about living in the US, including the orientations some of them received prior to arrival, did not prepare them for the reality of living in the US and, in fact, negatively impacted their initial months here.

Social Support, Community and Cultural Adjustments

Older Bosnians turn to their family and friends for support. These participants saw psychological counseling as an acceptable option and it did not seem to carry a significant amount of stigma. However, a lack of English skills was a significant limiting factor in determining where they could seek services.

Younger Bosnians also rely greatly on their families and see the hardships of the war and resettlement as having brought their families closer together. Some youth mentioned that compared to their American friends/acquaintances, Bosnian youth are more family oriented and have stronger relationships with their families than American youth do.

Middle-aged adult Bosnians feel they have too little money and time, due to work and commuting, to build a better life here. These constraints also prevent them from spending time with their family and children. This exacerbates concerns many parents already have about the

potential impact of crime, drug use, and other safety issues regarding their children. Finally, Bosnians are concerned about their future and the future of their families. While parents acknowledge that, compared to the Former Yugoslavia, more opportunities exist in the US for their children, they are also concerned about their own retirement and personal financial security as they age.

All participants commented on the absence of a cohesive Bosnian community. The existing “Bosnian Club” (an unofficial gathering/community site in the city) is seen as not meeting their needs in providing services and support for the larger Bosnian community. For example, they would like to see a center that would offer English classes, Bosnian classes for youth, housing information, daycare services, and organize social events and activities.

Thoughts about Service Providers

Overwhelmingly, participants feel that their resettlement agencies did not provide enough services and on-going, long-term support for them. There is expressed dissatisfaction with the types of employment they are offered and an impression that they are pressured to take these jobs. Participants feel that many of the expectations placed upon them so shortly after arriving in the US are unrealistic and difficult to meet, particularly in light of the lack of interpreter services available for Bosnians.

Health Care System

All participants expressed some dissatisfaction with the health care system in San Francisco and saw themselves as not having access to the best care possible. The complaints centered on the high costs of medical care and medications, the long waits both at the hospital and to obtain appointments, the lack of access to specialists, and the absence of socialized medicine in the US. Complaints were strongest among older Bosnians who were unemployed and/or without private health care coverage, but who did not yet qualify for MediCal or Medicare.

In terms of health education, most Bosnians believe the best way for them to get information is through written materials, tailored educational sessions in their homes, and one-on-one exchanges or group discussions at community sites. However, working adults did mention they would have difficulty attending group activities due to long working hours and

family obligations. At the same time, regardless of health education, some do acknowledge that changing one's lifestyle is difficult. For example, while some of the adults recognize that their diet is high in fat and sugar, or that smoking may be harmful, they are reluctant to change their behaviors and they believe that Bosnians in general will have a difficult time making such changes.

E. Community Survey

Demographics

The sociodemographic characteristics of the sample of the 77 Bosnian refugees who completed the community survey are presented in Table 5.

Table 5. Sociodemographic Characteristics of Respondents

Characteristic	# of Respondents (%) ¹
Gender	
Male	37 (48%)
Female	40 (52%)
Age (years)	
<20	5 (6%)
20-30	15 (19%)
31-40	26 (34%)
41-50	6 (8%)
51-60	11 (14%)
61+	13 (17%)
Marital Status	
Single	25 (32%)
Married	41 (53%)
Widowed	4 (5%)
Divorced/Separated	5 (6%)
Ethnicity	
Bosnian – Muslim (Bosnjac)	53 (69%)
Bosnian-Croat (Hrvat)	3 (4%)
Bosnian-Serb (Sirb)	6 (8%)
Other (Drugo)	15 (19%)
¹ Not all totals add up to 77 because of missing responses.	

Although the survey was back translated and pilot tested prior to distribution, the terms used for ethnicity in Bosnian were confusing for some respondents. The responses categorized as “other” included Bosnian (Bosanska), Muslim (Muslimanska), and Mixed Marriage (Mijesani brak).

Figure 1 presents the year of arrival for survey respondents. The majority of survey participants arrived in the US between 1996 and 1998.

Figure 1. Arrival Year of Respondents

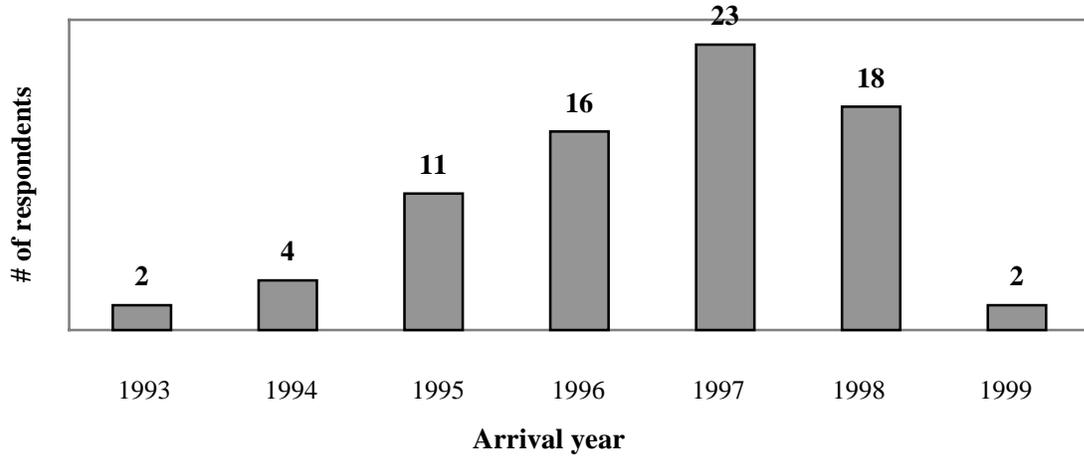


Table 6 presents the regions and cities in Bosnia that participants came from. Survey respondents came from throughout Bosnia and Herzegovina. (See Appendix I for a map of the area.)

Table 6. Region of Origin in Bosnia

Region (Cities)	Total ¹	Urban	Rural
West (Bihac, Cazin, Velika Kladusa)	20 (26%)	6	14
Northwest (Banja Luka, Prijedor, Kozarac)	31 (40%)	26	5
Central (Zivinice, Zenica, Tuzla)	11 (14%)	9	2
Sarajevo	1 (1%)	1	0
South (Mostar)	5 (6%)	5	0
East (Srebrenica, Foca, Bijeljina)	6 (8%)	3	3
Total	74	50 (65%)	24 (31%)

¹ Total does not add up to 77 because of missing responses.

Survey respondents have settled in neighborhoods throughout San Francisco. Of the participants, 38 (49%) lived in the Tenderloin, ten (13%) in the Haight, and seven (9%) in the Richmond. Other neighborhoods where respondents lived include the Inner and Outer Sunset, Parkside, Western Addition, Mission, Excelsior, and Chinatown. In addition, two respondents lived in Oakland at the time of the survey, after initially resettling in San Francisco. (See Appendix J for a map of San Francisco.)

Resettlement Issues

Respondents were asked to rate their satisfaction with life in the US; table 7 presents responses to this question.

Table 7. Satisfaction with Life in the US

Level of Satisfaction	# of respondents (%)¹
Very satisfied	13 (17%)
Satisfied	34 (44%)
Somewhat satisfied	27 (35%)
Unsatisfied	1 (1%)
Very unsatisfied	0 (0%)
¹ Total does not add up to 77 because of missing responses.	

To obtain a better understanding of the responses to this question, we conducted further analysis to see if satisfaction was correlated with any other factors. Satisfaction with life in the US was not correlated with the number of years refugees have been living in the US, gender, age, marital status, neighborhood they live in, housing, or their English level. However, satisfaction with life in the US was positively correlated with concerns regarding dealing with the memories and the effects of the war.

Respondents were asked to rate a list of resettlement issues based on what was of the most concern to them. Table 8 presents responses to this question. Many of the concerns of respondents mirror their situation of being low-income with few resources in a crowded and expensive city.

Table 8. Resettlement Issues of Concern to Respondents

Resettlement Issue of Concern¹	# of respondents (%) ²
Affordable housing	61 (79%)
Learning English	45 (58%)
Finding appropriate work using my skills	32 (42%)
Obtaining health insurance	39 (30%)
Crime and safety	25 (33%)
Culture shock / adjusting to a new country	23 (30%)
Quality of health care	22 (29%)
Education	22 (29%)
Dealing with memories of war and the effects of war	22 (29%)
Family reunification	22 (29%)
Employment services / job training	16 (21%)
Affordable day care	14 (18%)
Loneliness	13 (17%)
Transportation	10 (13%)
Intergenerational gap between children and parents / parenting issues	4 (5%)

¹ It was possible to select more than one issue.
² Percentages reflect the percentage of respondents who chose the type of issue.

Health Issues

According to survey results, the vast majority of respondents, 75%, received some of their medical care from San Francisco General Hospital. Another 25% received some of their medical care at the Refugee Medical Clinic. From anecdotal evidence we know that many Refugee Medical Clinic patients refer to the Clinic as San Francisco General Hospital, this it is possible to assume that almost all of the respondents received some health care the Clinic. Smaller numbers of respondents sought health care from providers at other locations, including University of California at San Francisco, Kaiser and Saint Francis Hospital. During the twelve months proceeding completion of the survey, 18% of respondents had not seen a doctor; 47% had seen a doctor one to five times in that time period; and 29% had seen a doctor more than five times in that time period.

Respondents were asked to list health concerns or topics that they or their family would like to know more about. Table 9 presents responses for the 53 participants who listed concerns.

Table 9. Health Concerns of Respondents

Health Concern	# of respondents (%) ¹
Chronic disease management	19 (36%)
PTSD	18 (34%)
Children's health problems	14 (26%)
Family planning / abortion	3 (6%)
Dental problems	3 (6%)
Prenatal care	1 (2%)

¹ Total does not add up to 77 because of missing responses.

Of the surveyed Bosnians, 35 (45%) reported smoking cigarettes and 41 (53%) reporting not smoking cigarettes. Fifty-four percent of the smokers were male, 46% female. Refugees between the ages of 20 to 29 accounted for 37% of smokers; 20% of smokers were 30-39; 6% were 40-49; 20% were 50-59; and 14% were 60 or over. Of the smokers, 49% indicated a desire to stop smoking.

Almost one-fifth of respondents reported that there had been a time when they or a family member had not been able to get the medical care that they needed. The reasons for not getting medical care included lack of interpreter services, insurance problems (no health insurance, doctor did not accept MediCal, etc.), and long waits at the clinic.

The vast majority of the respondents, 89%, had medical insurance of some sort. Only 6% had no medical insurance of any kind. 69% of those with insurance had MediCal; 6% had Medicare and 24% had private insurance. Employers paid either partially or in full for the premiums for all but one of the respondents with private insurance.

Respondents were asked how they would describe their overall health; table 10 presents results for this question. More men than women reported that they thought their health status was excellent or good; more women than men reported that they thought their health status was only average.

Table 10. Self-rated Health Status of Respondents

Self-rated health status	All Respondents
Excellent	11 (14%)
Good	25 (32%)
Average	28 (36%)
Not Good	6 (8%)
Bad	7 (9%)

Community Support

To obtain information on what kinds of community support and resources Bosnian refugees depend on, we asked respondents if they use, or have ever used, any of a list of resources in San Francisco. Responses to this question are presented in table 11.

Table 11. Community Support and Resources Used by Respondents

Community Resource¹	# of respondents (%)²
Bosnian relatives and friends	46 (61%)
English classes	44 (58%)
International Rescue Committee	41 (54%)
Welfare / TANF / CalWORKS	35 (46%)
Non-Bosnian friends	23 (30%)
City College	20 (26%)
Health Center	19 (25%)
Newspapers / Magazines	14 (18%)
TV / Radio	14 (18%)
Library	11 (14%)
International Institute of San Francisco	11 (14%)
WIC	10 (13%)
Bosnian Clubs	7 (9%)
Boss / Coworkers	6 (8%)
Job training classes	6 (8%)
Religious organizations	4 (5%)
Support groups / Counseling	2 (3%)
Citizenship classes	1 (1%)

¹It was possible to select more than one form of support/resource.
²Percentages reflect the percentage of respondents who chose the type of support/resource.

We asked respondents how they would prefer to receive information about health issues and community resources. Talking to staff in person was the preferred method for the majority of respondents (56%). Twenty-six percent would like to receive written materials in Bosnian at a clinic or doctor’s office; 17% would like to receive written materials in Bosnian at another agency; and 18% were interested in automated phone information in Bosnian.

Housing and Neighborhoods

Respondents were asked about their current living situations. Table 12 presents information on monthly rent, size of household, number of children in the household, and number of bedrooms. The high rent and small number of bedrooms in relation to size of household reflect the high cost of housing in San Francisco.

Table 12. Housing Characteristics of Respondents

Housing Characteristic	# of respondents (%) ¹
Monthly Rent	
<\$500	12 (16%)
\$500-749	24 (31%)
\$750-999	23 (30%)
>=\$1000	11 (14%) ¹
Household Size	
1	1 (1%)
2	20 (26%)
3	18 (23%)
4	19 (25%)
5	8 (10%)
6	2 (3%)
7	4 (5%)
Number of Children <18 in Household	
None	32 (44%)
1	22 (31%)
2 or more	13 (18%)
Number of Bedrooms in House	
Studio	18 (23%)
1	32 (42%)
2	17 (22%)
3 or more	4 (5%)
¹ Totals do not add up to 77 because of missing responses.	

Respondents were asked to rate their satisfaction with their living conditions and their neighborhoods; table 13 presents their responses.

Table 13. Satisfaction with Living Conditions and Neighborhood

Satisfaction Level	# of respondents (%) ¹
Living Conditions	
Very Satisfied	1 (1%)
Satisfied	19 (25%)
Somewhat satisfied	28 (36%)
Unsatisfied	7 (9%)
Very unsatisfied	16 (21%)
Neighborhood	
Very Satisfied	8 (10%)
Satisfied	23 (30%)
Somewhat satisfied	31 (40%)
Unsatisfied	6 (8%)
Very unsatisfied	9 (12%)
¹ Totals do not all add up to 77 because of missing responses.	

Satisfaction with neighborhood was strongly correlated with the district respondents lived in. Bosnians who lived in the Tenderloin were more likely to report being “unsatisfied” or “very unsatisfied” with their neighborhood.

Education and Employment

Table 14 presents educational level attained by Bosnian refugees before coming to the US.

Table 14. Education Level Attained Before Coming to US

Highest Level of Education Attained	# of respondents (%) ¹
No formal education	1 (1%)
< 8 years	10 (13%)
8-12 years	36 (47%)
Vocational Training	17 (22%)
University Degree	11 (14%)
Other	1 (1%)
¹ Totals do not all add up to 77 because of missing responses.	

The vast majority of respondents had at least a high school education and 36% had some sort of vocational training or university degree.

Section VI Findings

Respondents were asked to rate their English skills in reading, writing, speaking, and listening; table 15 presents responses.

Table 15. Self-rated English Skill Levels of Respondents

English Skill Level	Reading ¹	Writing ¹	Listening ¹	Speaking ¹
Excellent	11 (14%)	9 (12%)	16 (21%)	11 (14%)
Very Good	6 (8%)	2 (3%)	8 (10%)	8 (10%)
Good	28 (36%)	22 (29%)	23 (30%)	20 (26%)
Not Good	16 (21%)	27 (35%)	19 (25%)	22 (29%)
None at all	12 (16%)	12 (16%)	6 (8%)	9 (12%)

¹ Totals do not all add up to 77 because of missing responses.

While a small minority responded that they had “excellent” or “very good” English skills, at least 30% of respondents rated their skills in reading, writing, listening, and speaking as “not good” or “none at all.”

Table 16 presents the income sources of Bosnian refugees; at least half depend on some form of public assistance.

Table 16. Sources of Household Income

Income Source ¹	# of respondents (%) ²
Employment	43 (56%)
TANF / Welfare	22 (29%)
Food stamps	20 (26%)
SSI / Disability	18 (24%)

¹It was possible to select more than one source.
²Percentages reflect the percentage of respondents who chose the type of source.

Table 17 outlines how many people in the respondents’ households were currently employed.

Table 17. Number of People in Household Currently Working

Number of people	# of respondents (%)
None	15 (19%)
One	13 (17%)
Two	29 (38%)
Three or more	13 (17%)

Respondents have worked in a variety of positions in Bosnia and here in the US. Forty-three percent of respondents were working at the time of completing the survey. We asked the 33 people who were not employed why they were not working; results are presented in table 18.

Table 18. Reasons for Not Working

Reason for not working ¹	# of respondents (%) ²
On welfare	15 (45%)
Looking for a job	12 (36%)
Student	9 (27%)
Disabled	9 (27%)
Retired	4 (12%)
Homemaker	3 (9%)
In job training program	2 (6%)

¹ It was possible to select more than one form of reason.
² Percentages reflect the percentage of respondents not working who gave that reason.

Of those employed, only two reported being “very satisfied” with their job; 12 respondents reported being “satisfied” with their job; 23 respondents reported being “somewhat satisfied” with their jobs. No respondents indicated being “unsatisfied” with their jobs. In order to obtain the job that they would like to do in the US, 34% of respondents reported that they would need better English skills. Respondents also indicated that they would need childcare assistance, special job training, or an advanced degree.

Discussion

A. Working with Bosnians: Providers’ Perspectives

Particular Issues in Working with Bosnians in San Francisco

From social service and health care providers’ perspectives, primary challenges in working with Bosnians center around their high expectations of public services, dissatisfaction with employment opportunities and their perceived lack of support. There are also a number of cultural differences that play a role in the types of services Bosnians are seeking and using. In addition, distrust within the Bosnian refugee community, combined with stress due to the high cost of living, crime-ridden neighborhoods, culture shock, unsatisfactory employment and lack of English proficiency, can lead to

high levels of dissatisfaction for many Bosnians. This dissatisfaction can be challenging for service providers working with individuals who may feel overwhelmed, depressed, or lack hopefulness for a brighter future.

As is true with most newcomers, providers cite that refugees' personal motivations play a key role in their successful adjustment to life in the US. As mentioned earlier, Bosnians had no pre-existing community to which they could turn for support or advice upon their arrival in the US. According to providers, this factor, combined with sometimes unrealistic expectations regarding the extent of assistance available from Volags, has resulted in a large number of Bosnians feeling vulnerable, alienated and cast on their own too quickly. Compounding their sense of vulnerability is the absence of a social security safety net. Service providers acknowledge that many Bosnians are not prepared for America's "sink or swim" ideology when they arrive. For a population of people used to a generally supportive public and centralized system of services, the prospect of becoming homeless can be frightening.

Factors such as these have led to some frustration both for service providers and for refugees who may feel that their needs are being ignored and that there is limited assistance offered to them. Service providers cite that this feeling is exacerbated by a misunderstanding among some Bosnian refugees that their sponsoring agency or Volag is "the government" and therefore empowered to offer a variety of services. Unfortunately, some service providers have found that this misunderstanding can make some Bosnians challenging to work with and perhaps even "demanding" due to their high expectations.

In addition, several providers have noted that some Bosnians are reluctant to take advice or suggestions or that they can be unwilling to accept certain types of assistance, especially in regards to mental health care, ESL classes, employment services, etc. This is possibly a response to Bosnians feeling overwhelmed by the multitude of resettlement and adjustment issues confronting them within the first year. After time, it has been noted that Bosnians seem to be more open to accessing available resources or services.

Also, Bosnians typically view age differently from Americans and may perceive themselves to be too old to successfully acculturate in the US. It is not uncommon to hear Bosnians in their thirties talk of being "too old" to engage in certain activities or to learn new skills. This "elderly" attitude can pose significant problems for middle aged or elderly Bosnians, especially in regards to employment and language proficiency. Another noted difficulty is an attitude of futility or "helplessness" among some older Bosnian refugees; this is especially apparent when they realize that they are required to work, learn a new language, and learn new skills.

Distrust and a Divided Community

It is believed by some service providers, and by some Bosnians, that the absence of a defined and cohesive contemporary Bosnian community in San Francisco is primarily due to high levels of distrust within and among Bosnians (some Bosnians do not trust other Bosnians due to events and allegiances during the war). Consequently, obstacles exist to forming productive leadership within the Bosnian community or to creating community consensus, community-based organizations or community services for Bosnians by Bosnians.

Although there are groups of Bosnians who gather socially on a regular basis, or individuals who generously and informally help newer arrivals, distrust and unfamiliarity of other Bosnians nurture continued divisiveness among some refugees living in San Francisco. This divisiveness has contributed to some Bosnians not sharing resources or information with other Bosnians for fear that they will lose what seemingly scarce resources are presently available to them.

In addition, divisiveness is fostered by Bosnians being geographically dispersed throughout San Francisco as opposed to living in one particular area. This dispersion makes it difficult to conduct outreach and provide services to Bosnians. Differences in education, socio-economic status, rural versus urban background, religion, ethnicity, etc., contribute to a group of newcomers who sometimes have a difficult time finding similarities. Most Bosnians have a network of several other Bosnian families with whom they predominately socialize. Oftentimes, these families knew one another in the Former Yugoslavia.

Resettlement Issues for Bosnians

Most service providers find that Bosnians have a strong work ethic which contributes to two positive outcomes for Bosnians: 1) quicker employment as they are willing to take almost any job until better options are available, and 2) early employment which enables faster acculturation to their new community. This attitude is sometimes contrasted to other refugee groups who may be more reluctant to “help” themselves as they are used to a substantial amount of government assistance. Some Bosnians with a more urban and/or educated background also tend to be faster at mainstreaming than many other ethnic groups.

Other service providers find some Bosnians to be fairly slow at acculturating, owing much of this to a lack of English language skills and a heavy reliance on family members and friends. This is especially true for individuals from rural areas or those with lower literacy and education levels as these

factors can determine one's socio-economic status, which may then affect their ability to acculturate and/or become self-sufficient. Numerous factors influence an individual's adjustment to life in the US. Although particular characteristics and circumstances dictate some of this, it is true that individuals can take steps to making this transition more fluid.

Consistently, the predominant resettlement issues mentioned by both service providers and Bosnians are:

- affordable housing
- employment
- culture shock
- crime/safety
- child care
- language barriers

Due to the current housing crisis in San Francisco, finding affordable housing is a major challenge for virtually everyone, including Bosnian refugees. Many Bosnians had owned their homes in the Former Yugoslavia and are therefore dissatisfied and feel stressed with living in sub-standard apartments or in low-income, high-crime neighborhoods. According to providers, many Bosnians have moved out of San Francisco, either to other parts of the Bay Area, other parts of California, or to different states where the cost of housing and living is lower.

As stated previously, employment is another challenging area for Bosnians as they are typically placed in minimum-wage jobs, often without benefits. Providers cite that a lack of English and the proper certification or training keep most older Bosnians from obtaining higher paying jobs.

Culture shock and issues around crime and safety are responsible for keeping some older Bosnians or stay-at-home mothers isolated, thereby limiting their potential for assimilation or economic success.

Childcare, or lack thereof, is a big concern for many parents with young children. Bosnians repeatedly voice a desire for culturally appropriate childcare provided by Bosnians to be made available. In addition, providers believe that some parents are afraid to leave older children alone after school due to high rates of crime in their neighborhoods. Often, one parent may opt not to work outside the home, thereby eliminating needed extra income.

B. Recommendations

The list below of suggested recommendations was developed based on the information gathered in this assessment. We believe that these actions could significantly and positively impact the health and resettlement outcomes of Bosnian refugees in San Francisco.

1. Increase the availability of interpreter services throughout the health and social services arena. Provide for more translated written materials in Bosnian covering a wide range of health and resettlement topics.
2. Increase the number of vocational training and job placement programs that serve Bosnian refugees with limited English skills. Develop programs or resources to assist with licensing and certification needs.
3. Increase access to ESL programs for working people, parents, and older refugees.
4. Translate materials on health care and social services systems to help make information more accessible to refugees (see number 2, above).
5. Assist the Bosnian community in developing a comprehensive and inclusive Bosnian community center that can offer programs and resources such as English and Bosnian classes, legal aid, health education activities, job placement services, housing information, and daycare, and can organize social events.
6. Develop and implement a standardized mental health screening tool for use with Bosnian refugees, and create a mental health referral protocol for the Refugee Medical Clinic. Develop more culturally and linguistically appropriate mental health services.

C. Lessons Learned by Newcomers Health Program from this Assessment

As noted in earlier discussions (e.g. methodology and findings), there were a number of challenges we encountered implementing this community assessment. In this section, we would like to outline some of our thoughts for other agencies or programs thinking of conducting their own community assessment activities with Bosnians or other new refugee communities.

First of all, for any newcomer community, even after several years of resettlement, finding/compiling data and statistics, such as basic demographics, socioeconomic or health status, can be a major challenge. Limited information may be available from primary or secondary sources, provided their ethnicity or country of origin is recorded by public or private agencies.

Funding and staff resources were very limited to conduct this assessment. We did not have direct funding to support the majority of this project and thus had limited dedicated staff time. Through collaborations with the Masters in Public Health programs at the University of California at Berkeley and San Francisco State University, the Newcomers Health Program conducted many of the assessment activities in stages through the efforts of graduate student interns. We also tapped into the professional expertise of staff from the San Francisco Department of Public Health for consultation on planning, epidemiology, etc.

Furthermore, we found invaluable advice and feedback from staff at community-based agencies serving Bosnians. Key to implementing the activities was the involvement of our Bosnian-speaking staff, since they have had prior personal contacts as well as working relationships with the Bosnian community through resettlement and health services.

Other general and vital concepts helpful to us in conducting this assessment include:

1. *Being aware of cultural issues, listening and asking clarifying questions:* for example, identifying appropriate terms to use in asking about ethnicity brought up discussions about the sensitive politics of how Bosnians self-identify since the war. Also, many Bosnians are children of mixed marriages. Furthermore, identity politics play a major role in language, which could be called Serbian, Croatian, Bosnian, or Serbo-Croatian (a more traditional term) -- all fundamentally the same language, with differences in vocabulary usage, pronunciation or spelling.
2. *Expanding the search for “community”:* initially, we were told most Bosnian Muslims are “Muslims” primarily in cultural identity, rather than in religious practice. However we later found out that in San Francisco, there are a number of families who have turned to the faith community to aid in their resettlement, increasing their involvement with the local mosques.
3. *Discovering other leaders/gatekeepers:* it is always important to keep in mind that who one person (whether a provider or community member) would cite as a “leader” may not be regarded as such by another. Because of the diversity of the Bosnian community, there were a variety of individuals who have taken the initiative in efforts to aid Bosnians, as well as a variety of opinions about those efforts.
4. *Being somewhat flexible with the timeline of assessment activities:* depending on your resources, a planned timeline may be underestimated. The pace of the assessment activities will be dependent upon staffing resources from your own or other agencies -- this may include delays such as asking for feedback on revising assessment tools, waiting for data from other agencies, being able to meet with stakeholders or consultants, etc.
5. *Earning trust:* lack of familiarity with formal research, past negative experiences with public agencies (both here and abroad), and other issues will affect community participation in assessment activities, this may be especially true with newcomer populations.

The above issues are just a few concepts that we, as outsiders working in a service agency, must be aware of in order to conduct meaningful and culturally appropriate activities to eventually benefit the communities with whom we work.

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Appendix A

**Newcomers Health Program - Refugee Medical Clinic
Patient Health Education Assessment Survey**

Thank you for taking the time to fill out the survey. The purpose of this survey is to gather information about health education needs of the patients at the Refugee Medical Clinic (RMC). The information you provided here will help us design health education programs for the RMC patients.

Today's date: _____

Please tell us about yourself

1. What is your gender?

Female Male

2. How old are you?

Under 18 18-35 36-65 Over 65

3. What is your marital status?

Single Married Divorced or Separated Other: _____

4. What is your country of birth?

Former USSR Bosnia Vietnam
 Iraq Other: _____

5. How well do you read in your native language?

Very well Somewhat Not at all

6. How well do you read in English?

Very well Somewhat Not at all

(Please turn over)

7. How well do you understand English?

Very well Somewhat Not at all

Please tell us about your interest in health education

8. Are you interested in learning more about taking care of your health?

Yes (Please go to #10) No (Please go to #9)

9. If no, please briefly explain why below: (Then please go to #12)

10. If yes, which of the following common health issues are you interested in learning more about? (Please check all that apply)

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma/breathing problem	<input type="checkbox"/> Blood pressure
<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Immunization
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Pregnancy care	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Managed care	<input type="checkbox"/> Smoking Cessation	
<input type="checkbox"/> Family planning/birth control	<input type="checkbox"/> Women's health (Pap smear, breast exams)	
<input type="checkbox"/> Other: _____		

11. Which of the following ways of learning do you prefer?
(Please check all that apply)

Brochure/pamphlet in your native language
 Brochure/pamphlet in English
 One-on-one education from your health care provider or interpreter
 Watching a video in your native language
 Watching a video in English
 A small group discussion or class on specific topics in your native language
 A small group discussion or class on specific topics in English
 Other: _____

12. Is there anything you would like to tell us about your experience at Refugee Medical Clinic?

Thank You!

Appendix B

Newcomers Health Program -- Bosnian Community Assessment Health Provider Interview Tool

Interviewee Name: _____		Title: _____	
Agency/Address: _____			
Length of time working w/Bosnians in current job: _____			
Ethnicity: _____		Sex: Male	Female
Date: _____	Time started interview: _____	Time ended: _____	
Interviewer Name: _____		Via Phone	In-person

GENERAL HEALTH

1. What do you perceive to be the major health needs of Bosnian refugees initially arriving in the U.S. during their 1st few months, and later in their resettlement (after one year or more)? (e.g. TB treatment, war-related physical injuries, orientation to the health care system, preventive health, dental care, family planning, maternal/child health, nutrition, mental health care of chronic conditions, etc.)
2. To the best of your knowledge, what are some of the barriers to Bosnians receiving medical care and health education?
3. What do you suggest as a way to address these barriers?
4. Do Bosnians with chronic health problems regard their conditions as "serious"?
- If not, what are their major health and other concerns?

MENTAL HEALTH/SOCIAL SUPPORT

1. Do RMC providers typically screen for mental health needs?
2. What, in your opinion, are the major mental health problems among Bosnian refugees in the U.S.?
3. Which mental health services offering support to Bosnian refugees are you familiar with?
4. Do you, or anyone else you work with (e.g. interpreters), refer Bosnians to any of these services?
5. If Bosnians with mental health needs are not seeking help, why do you think this is? (cultural/religious barriers, lack of information, fear, stigma, poor access, etc.)
6. Can you suggest ways of overcoming these barriers and dealing with mental health problems of Bosnians?

7. Based on your knowledge of Bosnians, what could you identify as their primary means of social/psychological support? (e.g. What are some of the ways they are coping with their new lives here? Any mutual support groups or assistance groups? Tight neighborhoods, extended families, a helping network to find jobs, child care, shopping needs, language needs?)

FAMILY PLANNING

1. What methods of prescription and OTC contraception do Bosnians commonly use (back in home country vs. U.S.)?
2. Are Bosnians informed about how these methods prevent a pregnancy? (how they work, how they are used, do they think they work well, do they think they are safe?)
3. Which person(s) do you think would influence their decisions to use contraceptives and a particular method? (e.g. spouse, parent, sibling, friend, health professional, etc.)
4. If Bosnian women in the U.S. do not use reliable family planning methods, why do you think this is?
5. What kind of help do you think Bosnians would like with family planning in the U.S.?
6. What do Bosnians feel is the ideal family size?

PREVENTIVE CARE

1. Do Bosnians appear to be knowledgeable about preventive health strategies available in the U.S.? (e.g. BSEs, mammograms, pap smears, childhood immunizations, prenatal care, dental check-ups, avoiding substance abuse, including tobacco, alcohol, caffeine)
2. Do they seem aware of how these work to maintain good health, what is involved and the importance of these services?
3. Do many Bosnians utilize preventive services here in the U.S.?
 - if so, who uses which services?
4. What are their attitudes/beliefs about smoking?
5. What are some helpful strategies to address smoking (e.g. cultural, family issues)?

HEALTH EDUCATION ISSUES

1. What do you think Bosnians would like information on (or have expressed interest in)?

- prenatal care
- tests offered during pregnancy
- nutrition
- infant and child care
- family planning and women's reproductive health
- care for the elderly
- care for specific chronic complaints (specify):

-
- mental health/social support
 - psychosomatic health issues
 - substance abuse
 - smoking cessation
 - infectious diseases (specify):

-
- other (specify):
-

2. How do you think Bosnians would most like to receive health education information?

Phone consultation or phone information line

Through the media (please specify): _____

One-to-one consultation

Have written materials in Bosnian in the clinic/doctor's office

or other agencies (please specify where): _____

Provide a class or support group (please specify topics): _____

Hold community meetings

Other (please explain): _____

OTHER ISSUES

1. Have you experienced any particular challenges working with Bosnian refugees? (e.g. Cultural, social, political or health-related beliefs or practices, including health care seeking practices)
2. What other groups do you think we could work with to develop programs for Bosnians (e.g. existing Bosnian/Yugoslavian community, community agencies, health programs)?
3. Referrals/Other health providers in the community you can recommend to talk with us, other follow-up issues?
4. Other personal observations/notes about the interviewee and/or the process:

Appendix C

Newcomers Health Program -- Bosnian Community Assessment
Community Organization/ Interview Tool

Interviewee Name: _____ Title: _____

Ethnicity: _____ Sex: Male Female

Name of organization or agency: _____

Address: _____ Phone/Fax: _____

Date: _____ Time started interview: _____ Time ended: _____

Interviewer Name: _____ Via Phone In-person

1. What programs or services does your agency provide?

- monetary food housing job-related
- orientation to U.S. recreation mental health/counseling/support groups
- citizenship classes ESL religious
- other: _____

2. What geographic areas/neighborhoods do you serve?

SF County: _____ Bay Area: _____

3. What other refugee groups does your agency serve?

- Middle East: _____
- Africa: _____
- Europe: _____
- East Asia: _____
- The Americas & the Caribbean: _____
- South & Central Asia: _____

4. What do you think are the top 3 health/psychosocial/resettlement issues for Bosnian refugees?

- affordable housing employment learning English mental health
- health care day care crime/safety transportation
- education culture shock intergenerational gap
- other: _____

5. What are the obstacles and barriers to addressing these issues?

6. What do you think are the strengths and assets of the Bosnian community in the SF Bay Area? (e.g. What are some of the ways they are coping with their new lives here? Any mutual support groups or assistance groups? Tight neighborhoods, extended families, a helping network to find jobs, child care, shopping needs, language needs?)

7. In which neighborhoods do many of them first settle? To where do they later move?

8. What are the expectations of newly arriving refugees concerning the assistance your agency provides?

9. Have you experienced any particular challenges working with Bosnian refugees? (e.g. health-related beliefs or practices, including health care seeking practices)

10. What are some cultural, social or political considerations in working with them?

11. What programs or resources in the community have been effective, or ineffective, in helping them resettle, or hindered them, and why?

12. Are they successful in becoming part of the community? Why or why not?

13. What other groups do you think we could work with to develop programs for Bosnians (i.e. existing Bosnian/Yugoslavian community)?

14. Any suggested needed services, collaborations or interventions? (What specifics would make them successful to reach Bosnians in particular?)

15. What are your perceptions of the RMC or Newcomers Program (Do you know of the RMC/N.P.? Any realistic/new ideas for N.P.'s role in the community and other services that could be provided? Other agencies that could work in coalition w/N.P.?):

16. Referrals/Other contacts you can recommend to us (what other agencies work w/Bosnians or individuals/ key informants should we contact), can help in distributing surveys to Bosnians, and follow-up issues:

17. Other observations/notes:

Appendix D

Newcomers Health Program -- Bosnian Community Assessment Individual Refugee Interview Tool

Interviewee Name: _____			
Address: _____	Phone: _____		
Nationality:			
Bosnian-Muslim	Bosnian-Serbian	Bosnian-Croatian	Other: _____
City or region of origin in Bosnia: _____			
Sex: Male	Female	Age: _____	Length of time in U.S. (years/months): _____
Current Occupation: _____		part-time	full-time
unemployed	student	other: _____	
Occupation in Bosnia: _____			
Date of Interview : _____	Time started interview: _____	Time ended: _____	
Interviewer Name: _____	By Phone	In Person	

5. In general, how would you rate your adjustment to the U.S.?
very easy easy O.K. hard very hard

Comments: _____

6. Do you feel you are part of a neighborhood or community? (Do you feel isolated or alone? Do you socialize with mostly Bosnians? Do you have good friendships with non-Bosnians where you live or work?)
7. In what neighborhoods in San Francisco or the Bay Area do most of your friends or relatives live?
8. Do you go to religious services? Where do you go?
9. What are the most important concerns about being in the U.S. for you and your family?

affordable housing	employment	services/job training
family reunification	finding appropriate work using my skills	
learning English	dealing with the memories of war and the effects of war	
health insurance	quality of health care	
crime/safety	transportation	
education	culture shock/adjusting to a new country	
affordable day care		
intergenerational gap between children and parents, parenting issues		
loneliness (finding friends, getting to know neighbors, coworkers)		
other: _____		

10. What are some challenges you have faced when dealing with these issues?
11. What are some challenges you have faced dealing with local agencies? Why?
12. What programs or resources in the community have been helpful for your family during resettlement?
13. What are some of the ways you are building a new life here? (for example, joining a club or support group, taking English or vocational classes, active in religious community, etc.)
14. What other health, education, social services, or other community services or resources would be helpful for you and your family? (specific vocational training, community resource directory, counseling services, etc.)
15. What specifics would make them successful to reach the Bosnian community? How could they be successfully targeted to reach them?
16. Are there any particular health issues you are concerned about and would like more information on? (different types of diseases and associated health risks, preventing health problems, types of health services & providers, health insurance available and how to access them, social/emotional support services, etc.)
17. How would you like to get information about health and community resources?
 - Phone consultation or phone information line in my language
 - Through the media -- TV, radio, or newspaper (please specify): _____
 - One-to-one consultation in person with a staff person
 - Have written materials in my language in the clinic/doctor's office or other agencies (please specify where): _____
 - Provide a class or support group (please specify topics): _____
 - Hold informal workshops/presentations in my neighborhood (local agency, neighbor's home, etc.)
 - Other (please explain): _____
18. What groups do you think the Newcomers Program could work with to develop resources or programs for the Bosnian community (for example, with existing Bosnian/Yugoslavian community groups, other local community groups and agencies)?
19. Are there other members of the Bosnian community we could also talk with or give a written survey to?
20. Other observations/notes:

Hvala -- Thank you very much!

Appendix E

Newcomers Health Program - Bosnian Community Assessment Focus Group Instrument, Phase 1

OBJECTIVE

The objective of these focus groups is to assess the needs of the Bosnian community **as perceived by** Bosnian community members. During the course of the discussion, we hope to learn:

- what are the most important issues to Bosnians (health, employment, education, etc.),
- what are the strengths and needs of the Bosnian community,
- what actions could be taken by Bosnians, service providers or both to help meet these needs.

We will explore these issues by asking a series of questions which we hope will encourage discussion around these topics.

1. Why don't we go around the room and have everybody say first name and why you decided to join this focus group.
2. How do you feel about your life in San Francisco?
 - 2a) **(If positive)** What are some of the things you like about your life here?
 - 2b) **(If negative)** What are some of the ways you are adjusting to your new life here?
3. Who do you look to when you need help, support, or advice?
 - 3a) How many of you have friends who are not Bosnians?
4. Where do you spend your time when you are not at work or in school?
5. What are the three most important needs for you and your family? (health, employment, insurance, mental health, etc.)
 - 5a) Why?
 - 5b) How are you meeting those needs right now?
6. What do you think about the agencies that provide services for Bosnians (IRC, JVS, RMC)?
 - 6a) Were you able to get help from agencies when you needed it?
(If yes) What type of help? From which agency?
 - 6b) What other services would you like them to provide?
7. Tell me three things you like about the health care system in San Francisco?
 - 7a) Tell me three things you dislike about the health care system in San Francisco?
 - 7b) Could anything be improved to make it better for you?
8. What advice you would give to Bosnians new to San Francisco?
9. Does anybody have anything else they would like to talk about that we have not already discussed?

Appendix F

Newcomers Health Program – Bosnian Community Assessment Adult Focus Group Instrument, Phase 2 Agenda and Questions

OBJECTIVE:

The objectives of these focus groups are to:

1. assess the issues related to the health and well-being of the Bosnian community in San Francisco, and
2. discuss possible efforts that Bosnian community members and the Newcomers Health Program can collaborate on to address those issues.

AGENDA:

Greet participants: sign in, consent forms, refreshments
Welcome: introduction of NHP, moderators, participants, ice breaker
Part 1: Health and Well-Being Issues
Break
Part 2: Community Health Efforts
Part 3: Closing Questions

Welcome

Introduction of NHP staff
RCHOP goals and activities
Purpose of focus group
Review agenda for the day
Review groundrules & introduce “parking lot.”
Thank participants for coming.
Ice Breaker Questions: State your name, how long you have been in the U.S., favorite places you have visited in San Francisco (or what you like to do in free time)

Part 1: Health and Well-Being Issues

1. How do you feel about your life in San Francisco?

If generally positive – what are some of the things you like about your life here?

If generally negative – what are some of the challenges you face adjusting to your life here?

2. What are the three most important issues for you and your family right now? [write out issues as they take turns answering]

How are you addressing those issues right now?

What would help you with those needs?

3. What are some health concerns of people your age?

What would help them with these concerns?

What would be the best ways to get information to Bosnians on these issues? (for example, brochures, workshops, etc.)

Would Bosnians be willing to attend workshops on different health issues?

4. Who do you go to when you need help, support, or advice?

How many of you have friends who are NOT Bosnians? Where did you meet them?

How is your relationship with your family?

Part 2: Community Health Efforts

1. What do you think you or other Bosnians would be willing or able to do for themselves to address these issues? [if no one has ideas, you can suggest, for example, a community newsletter, community health fair, etc.]

2. What suggestions do you have for possible community projects?

3. How can Newcomers Health Program or other agencies help?

Part 3: Closing Questions

1. What did you think about this focus group?

2. Are there other Bosnians we should talk to about these issues?

3. Does anyone have anything else they would like to talk about that we have not already discussed? If there's time, we can go over some parking lot questions.

Appendix F

Newcomers Health Program – Bosnian Community Assessment Youth Focus Group Instrument, Phase 2

OBJECTIVE

Convene 6 to 8 Bosnian youth from San Francisco, ages 11 to 18, to discuss the challenges and needs they face both now and during their resettlement process.

During the course of the focus group, we hope to answer these questions:

- What were the biggest challenges for Bosnian youth during the process of resettlement?
- How could Bosnian youth have been better prepared for these challenges prior to departure for the U.S.?
- What are the major challenges to San Francisco's Bosnian youth population today?
- What major health issues do Bosnian youth face in San Francisco today?
- How can we better serve the needs of San Francisco's Bosnian youth community today?

We will explore these issues with directed questions and open discussion. When appropriate, critical incidents will be elicited.

AGENDA

Convene at IISF. Coffee, tea, pastries, fruit. Sign-in, make name tags, collect consent forms

Explain purpose of focus group, review the day's agenda

Review ground rules, "parking lot"

Introductions: your first name, how long you've been in the U.S.

Icebreakers: Cultural Bingo

Session 1: The Resettlement Experience

Break. Complete Health Survey.

Session 2: Life in America (Senad)

Break

Session 3: Youth Health Issues

Wrap up. Closing questions.

End with lunch, give out stipends

Bosnian Youth Focus Group Questions

Session 1: The Resettlement Process

Explain to group that in this session we'd like to focus on their experience of the resettlement process: just before they came, and their initial experiences upon arrival. For different people, this period lasts a different amount of time.

1. Describe in one or two words the emotion you felt at each of the following times:
 - i. 1 week before you left for the U.S.
 - ii. The day you arrived in the U.S.
 - iii. 1 month after you arrived in the U.S.
 - iv. 6 months after you arrived in the U.S.
 - v. Today

2. Did you attend a Cultural Orientation class before you came to the U.S.? How was it? Did it prepare you for the U.S.? How could it have prepared you better?

3. Brainstorm: What were the 3 biggest challenges for you when you first arrived?
*As a group, prioritize the responses in terms of biggest challenges.
Then select the 3 biggest or most common challenges.
Ask someone to share a specific story about each of these.*

4. What or who helped you the most during this time?

5. How did you balance education and employment when you arrived? Were you successful? What advice would you give?

Time Permitting:

- What is your first memory or impression of the U.S.? Was it what you expected? Why or why not?
- Complete this sentence: I wish someone had told me _____ before I came to the U.S.
- What message would you give to new Bosnian youth coming to the U.S.?
Ask respondents to speak directly to the camera (in Bosnian).

****Before break, pass out survey to be completed and returned before Session 2.**

Bosnian Youth Focus Group Questions

Session 2: Life in America

Explain to the group that now we'd like to discuss what their life is like in America, and compare it to how it was in Bosnia. Ask each participant to say how long they've been here in the U.S. before answering each question.

1. What is the main way that life in the U.S. is different from life in Bosnia?
2. How are Bosnian youth different from American youth?
3. Are your friends here mostly Bosnian, mostly American-born, or both?
4. How is dating (or meeting the opposite sex) different here than in Bosnia?

5. *Facilitator passes out Responsibilities Matrix.*

- a. Individually, list the household tasks people do in your home. (For example: cleaning, cooking, dishes, taking care of brothers or sisters, earning money, translating for family, answering the phone, dealing with the mail, paying the bills, repairs, etc.)
- b. Now, put an X next to the person currently responsible for this task. If someone else used to be responsible for this task in Bosnia, put a circle next to that person.
- c. Discuss: How has your role at home changed in general? Has this changed your relationships with family members?

6. *Facilitator passes out Activity Chart.*

- a. Individually, list the major activities that you do each week: school, work, family time, studying, recreation (sports, TV, computers/Internet, etc.), religion.
- b. Circle the ones that you also did in Bosnia.
- c. Now ask participants to each make a pie chart that estimates how much time is spent on each activity.

Time permitting:

- Do you have personal spending money? About how much per week? What types of things do you usually spend your money on?
- How have you changed since coming to the U.S.?
- What is the biggest challenge you face today?
- What do you see yourself doing 5 years from now?

Bosnian Youth Focus Group Questions

Session 3: Health Issues

After we do a quick review of the results of the survey after the break, the facilitators will address issues selected as the most common and discuss how Bosnian youth would like to get information on them

1. Why is _____ (ask about each of the top 3 or 4 topics) a concern to Bosnian youth?
2. For your Bosnian friends, what is access to _____ (e.g. certain services or information) like? Has it been a challenge or has it been readily available?
3. For certain health concerns, like _____, what are the best ways for Bosnian youth to get services or information? Why?
4. What would Bosnian youth be interested in doing to improve their lives here?

Closing Questions

1. Did this discussion meet your expectations?
2. What was helpful about this meeting and what would you improve for future ones?
3. Would you recommend others to come to a discussion like this? Why or why not?
4. Would you be interested in getting together again with people your age to discuss these issues more?

****Review “parking lot” issues/questions if there’s time.**

Resettlement Issues:

9. Currently, in the U.S., how satisfied are you with your life?

- very satisfied satisfied somewhat satisfied unsatisfied very unsatisfied

Comments: _____

10. Which of the following are of the most concern for you? **Please choose 5.**

- affordable housing employment services/job training
- family reunification finding appropriate work using my skills
- learning English dealing with the memories of war and the effects of war
- obtaining health insurance quality of health care
- crime/safety transportation
- education affordable day care
- culture shock/adjusting to a new country
- intergenerational gap between children and parents, parenting issues
- loneliness (finding friends, getting to know neighbors, coworkers)
- other: _____

Health Issues:

11. Check the places that members of your household go to see the doctor or nurse: (check all that apply)

- Refugee Medical Clinic San Francisco General Hospital private doctor/clinic
- other public health center or community health clinic (please specify): _____

12. About how many times have you gone to see the doctor or nurse in the last 12 months? _____

13. Please list any health concerns or topics you or your family would like to know more about: (examples: family planning, chronic disease management, dealing with the memories or effects of war, children's health, etc.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

14. Do you smoke cigarettes? Yes No

If yes, do you want to stop smoking? Yes No

15. Does anyone else in your household smoke cigarettes? Yes No

16. When you get sick, what do you do? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> take prescription medicine | <input type="checkbox"/> take non-prescription medicine |
| <input type="checkbox"/> use herbs & natural remedies | <input type="checkbox"/> pray/chant |
| <input type="checkbox"/> massage | <input type="checkbox"/> do nothing until very sick |
| <input type="checkbox"/> use medicine from my home country or another non-U.S. country | |
| <input type="checkbox"/> follow a special diet, avoid certain foods (please specify): _____ | |
| <input type="checkbox"/> other (please specify): _____ | |

17. Was there any time when you or someone in your household needed medical care or surgery, but did not get what they needed?

- No, my family is usually able to see a doctor or nurse for our health concerns and are satisfied with the quality of care.
- Don't know

Yes

If yes, what were the reasons why someone did not get the care needed? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> no health insurance | <input type="checkbox"/> no way to get there/no transportation |
| <input type="checkbox"/> health insurance did not cover a health problem | <input type="checkbox"/> difficulty getting an appointment |
| <input type="checkbox"/> doctor did not accept MediCal or other insurance plan | <input type="checkbox"/> did not know where to go |
| <input type="checkbox"/> not serious enough | <input type="checkbox"/> hours not convenient |
| <input type="checkbox"/> wait was too long in the clinic/office | <input type="checkbox"/> did not like or trust doctors/nurses |
| <input type="checkbox"/> no interpreter available | <input type="checkbox"/> no child care available |
| <input type="checkbox"/> health of another family member interfered | <input type="checkbox"/> don't know |
| <input type="checkbox"/> other: _____ | |

Community Support and Resources

20. Have you ever, in the past or currently, used any of the following resources in San Francisco? (check all that apply)

	Yes	E. No	Would use if available
a) Bosnian Relatives/Neighbors/Friends			
b) Non-Bosnian Neighbors/Friends			
c) Boss/Coworkers			
d) Library			
e) English Classes			
f) City College			
g) Job Training Classes			
h) Welfare/TANF/CalWORKs			
i) Citizenship Classes			
j) Bosnian social clubs (please specify):			
k) Other social/music/sports club (please specify):			
l) International Institute of San Francisco			
m) International Rescue Committee (IRC)			
n) WIC (Women, Infant, Children Food Program)			
o) Support Group/Counseling Services			
p) Health Center or Doctor			
q) Religious Organization (please specify):			
r) Newspaper or Magazines (please specify titles):			
s) TV or Radio (please specify stations or programs):			
t) Other (please specify):			

21. How would you like to get information about health issues and community resources? (check all that apply)

- One-to-one phone consultation
 - Automated phone information and referral line in my language
 - Have a staff person available to talk to me in person
 - Through the media -- TV, radio, or newspaper (please specify names):
-

- Watch a video
- Have written materials in my language in the clinic/doctor's office
- Have written materials in my language in other agencies
- Provide a class or support group
- Hold informal workshops/presentations in my neighborhood (local agency, neighbor's home, etc.)
- None, not interested
- Other (please explain): _____

Housing and Your Neighborhood:

22. What is your household's total monthly rent? \$ _____/month

23. How many people live in your home, including yourself? _____

24. How many children under 18 years old live in your home? _____

25. Do you share your housing with another family? Yes No

26. How many bedrooms do you have? _____

27. How satisfied are you with your living conditions? (condition of your home, have enough space, affordability, relations with landlord, etc.)

- very satisfied satisfied somewhat satisfied unsatisfied very unsatisfied

Comments: _____

28. How satisfied are you with the neighborhood you live in? (convenience of the location, safety issues, do you feel at home there, relations with neighbors, etc.)

- very satisfied satisfied somewhat satisfied unsatisfied very unsatisfied

Comments: _____

Education and Employment:

29. What is the highest level of formal education you have completed before coming to the U.S.?

- no formal education less than 8 years 8-12 years
- vocational school (field of study): _____
- university (field of study): _____ degree: _____
- Other training (please specify): _____

30. What was your occupation in Bosnia (please specify): _____

31. How many people in your household are working? _____

32. What are your household's sources of income? (please check all that apply)

- employment TANF/Welfare (cash assistance) food stamps SSI/Disability
- voluntary agency religious organization other: _____

33. Are you working now?

- No If no, why? I am... (please check all that apply)
- looking for work on welfare a homemaker
- retired on disability
- a student (specify field of study): _____
- in a job training program (specify type of training): _____
- other: _____

- Yes (occupation): _____ part-time full-time

34. If working, how satisfied are you with your current job? (level of pay, using your skills, interest level, etc.)

- very satisfied satisfied somewhat satisfied unsatisfied very unsatisfied

Comments: _____

35. What kind of work would you like to do? (please specify) _____

36. What would help you get this kind of work? (please check all that apply)

- childcare assistance better English special job training
- college degree or higher better transportation
- Other: _____

37. Please rate your English skills:

	Excellent (Very Fluent)	Very Good (Fluent)	Good/OK (Some Fluency)	Not Good (Limited Fluency)	None at All (No Understanding)
Reading					
Writing					
Listening					
Speaking					

38. If needed, who usually translates information in English for you? (please check all that apply)

- my child [age(s): _____]
- other family member or relative (please specify): _____
- friend neighbor boss or coworker
- staff at a health center or community agency (please specify agencies): _____
- _____
- Other: _____

39. Do you have any specific suggestions for what agencies or organizations, which work with the Bosnian community in San Francisco, should know or do?

40. Do you have any comments about this survey?

OPTIONAL: Do you want to receive the results of this survey? If yes, please fill in below:

Your Name: _____ Address: _____

**If you wish to contact us about this survey or any other concerns, please call the Newcomers Health Program at 415-705-8552 or 415-206-5333 X4.

Hvala -- Thank you very much! ☺

Appendix H

Lokacija broj: _____

Anketa broj: _____

Zavod za zdravstvenu zaštitu San Francisca: Anketa programa za novopristigle izbjeglice iz Bosne i Hercegovine

Cilj ove ankete je da se ustanovi kako teče proces preseljenja BiH izbjeglica u San Francisco. S tim ciljem, voljeli bismo da saznamo više o Vašem zdravlju, problemima, duštvenim uslugama koje koristite, te na koji način i u kojoj mjeri su vam one pomogle. **Vaši odgovori se čuvaju u tajnosti i ne morate odgovoriti na sva pitanja.** Vaši odgovori će nam pomoći da poboljšamo usluge i izvore koji se pružaju BiH izbjeglicama. Popunjavanje ove ankete traje 15 do 30 minuta. Molimo vas da anketu nakon popunjavanja vratite direktno osobi zaposlenoj od strane programa, ili možete zatražiti kovertu da bi nam anketu naknadno poslali poštom. Zahvaljujemo Vam na popunjavanju ove ankete.

Današnji datum: _____

Da li ste izbjeglica iz Bosne i Hercegovine sa trenutnim boravkom ili radom u San Franciscu?

Ne – molimo da anketu vratite zaposleniku Programa.

Da – ako ste nam spremni na ovaj način pomoći, molimo Vas da nastavite sa anketom.

Molimo Vas da nam kažete nešto o sebi:

41. Da li ste: Žena Muškarac

42. Poštanski broj mjesta u kojem živite? _____

43. Koji ulice sijeku Vašu ulicu na mjestu gdje živite? _____

44. Koliko imate godina? _____

45. Bračni status? Samac U braku

Udovac-ica Razveden-a

46. Koji godine ste stigli u SAD? _____

47. Prije rata, koji grad ili regiju ste smatrali svojim domom u Bosni i Hercegovini? _____

48. Kako se izjašnjavate?

Bošnjak

Hrvat

Srbin

Drugo: _____

Pitanja vezana uz preseljenje:

49. Koliko ste zadovoljni s trenutnim životom u U.S.?

vrlo zadovoljan

zadovoljan

donekle
zadovoljan

nezadovoljan

vrlo nezadovoljan

Komentari: _____

50. Koji od slijedećih problema smatrate najvažnijim (**izeberite 5 problema**)?

- | | |
|---|---|
| <input type="checkbox"/> stanovanje po povoljnim cijenama | <input type="checkbox"/> agencije za zaposlenje/trening za posao |
| <input type="checkbox"/> spajanje porodice | <input type="checkbox"/> pronalaženje posla koji odgovara mojim sposobnostima |
| <input type="checkbox"/> učenje engleskog jezika | <input type="checkbox"/> suočavanje sa sjećanjima iz rata i ratnim posljedicama |
| <input type="checkbox"/> dobivanje zdravstvene zaštite | <input type="checkbox"/> kvaliteta zdravstvene zaštite |
| <input type="checkbox"/> kriminal/sigurnost | <input type="checkbox"/> prijevoz |
| <input type="checkbox"/> obrazovanje | <input type="checkbox"/> dnevna briga za djecu |
| <input type="checkbox"/> kulturni šok i privikavanje na novu zemlju | |
| <input type="checkbox"/> generacijska razlika između roditelja i djece i pitanja strateljstva | |
| <input type="checkbox"/> osamljenost (pronalaženje prijatelja, upoznavanje komšija i saradnika) | |
| <input type="checkbox"/> ostalo: _____ | |

Zdravstvena pitanja:

51. Označite sva mjesta gdje članovi Vašeg domaćinstva odlaze u slučaju zdravstvenih problema:

- Klinika za izbjeglice San Francisco General Hospital privatni doktor ili klinika
- drugi javni centar za zdravstvenu zaštitu (molimo navedite): _____

52. Koliko ste puta posjetili doktora ili medicinsku sestru u posljednjih 12 mjeseci? _____

53. Molimo navedite bilo kakva pitanja vezana uz zdravlje o kojima bi Vaša familija željela više da zna: (primjeri: planiranje porodice, liječenje hroničnih bolesti, suočavanje sa posljedicama i sjećanjima iz rata, zdravlje djece, etc.)

- f. _____
- g. _____
- h. _____
- i. _____
- j. _____

54. Da li ste pušač?

- Da Ne

Ako DA, da li želite da prestanete? Da Ne

55. Da li je još neko u vašem domaćinstvu pušač? Da Ne

56. Kada se razbolite, što prvo činite? (označite sve metode koje primjenjujete)

- | | |
|--|---|
| <input type="checkbox"/> uzimam propisane lijekove | <input type="checkbox"/> uzimam nepropisane lijekove |
| <input type="checkbox"/> koristim biljke i prirodne preparate | <input type="checkbox"/> molim se bogu |
| <input type="checkbox"/> masaža | <input type="checkbox"/> ne radim ništa dok se jako ne razbolim |
| <input type="checkbox"/> koristim lijekove iz moje zemlje ili neke druge zemlje izvan SAD-a | |
| <input type="checkbox"/> održavam specijalnu dijetu - izbjegavam određenu hranu (molimo navedite): _____ | |
| <input type="checkbox"/> ostalo (molimo navedite): _____ | |

57. Da li se Vama ili članu Vaše porodice desilo da niste dobili medicinsku njegu ili operaciju u slučaju kada je to bilo potrebno?

Ne, moja porodica i ja smo najčešće bili primljeni od strane doktora ili medicinske sestre i zadovoljni smo sa kvalitetom usluge.

Ne znam

Da

Ako DA, koji su bili razlozi za ne dobivanje potrebne pomoći? (izaberite sve primjenjive razloge)

- | | |
|---|---|
| <input type="checkbox"/> nedostatak zdravstvenog osiguranja | <input type="checkbox"/> nemogućnost da se dođe do bolnice/nedostatak prijevoza |
| <input type="checkbox"/> zdravstveno osiguranje nije pokrivalo taj problem | <input type="checkbox"/> teškoće pri ugovaranju prijema za pregled |
| <input type="checkbox"/> doktor nije prihvatio MediCal ili drugi plan zdravstvene zaštite | <input type="checkbox"/> nisam znao-la gdje treba ići |
| <input type="checkbox"/> problem nije bio dovoljno ozbiljan | <input type="checkbox"/> vrijeme nije bilo odgovarajuće |
| <input type="checkbox"/> čekanje je bilo predugo u klinici/ordinaciji | <input type="checkbox"/> nisam imao-la povjerenja u medicinske sestre ili doktora |
| <input type="checkbox"/> nije bilo prevodioca | <input type="checkbox"/> nije bilo dječje zdravstvene zaštite |
| <input type="checkbox"/> neko drugi je bio bolestan u porodici | <input type="checkbox"/> ne znam |
| <input type="checkbox"/> drugo: _____ | |

58. Da li imate zdravstveno osiguranje?

Da

MediCal (državno)

Medicare (za starije osobe)

Privatno zdravstveno osiguranje (molimo izaberite jedno od ponuđenog):

poslodavac mi plaća cijelo osiguranje

sve plaćam sam

poslodavac i ja dijelimo troškove

Ne: Ako NE, zašto? (izaberite sve razloge koji se na Vas odnose)

Ne mogu si priuštiti

Ja ili nositelj domaćinstva smo ostali bez posla i time sam izgubio-la osiguranje

Osiguranje nije ponuđeno od strane poslodavca

Ne zadovoljavam kriterije za osiguranje jer ne radim puno radno vrijeme

Ne mogu dobiti osiguranje ili sam odbijen-a zbog lošeg zdravlja, postojećeg lošeg stanja, ili godina

Ne znam kako da dođem do informacija o planovima zdravstvenog osiguranja

Smrt nositelja domaćinstva koji je nosilac zdravstvenog osiguranja

Razvod ili odvajanje od nositelja domaćinstva

Ostalo: _____

59. Općenito, kako ocjenjujete Vaše trenutno zdravstveno stanje?

Odlično

Dobro

Prosječno

Nije dobro

Loše

Komentari: _____

Društvena podrška i izvori

60. Da li ste ikada, u prošlosti ili sadašnjosti, koristili ili koristite, bilo koji od navedenih izvora ili organizacija u San Franciscu? (navedite sve koje se odnose na Vas)

	F. D a	Ne	Koristio-la bih kada bi bilo pristupačno
a) BiH Rođaci/Komšije/Prijatelji			
b) Komšije/Prijatelji koji nisu iz BiH			
c) Šef/Ljudi s kojima radim			
d) Biblioteka			
e) Časovi engleskog jezika			
f) City College			
g) Časovi obuke za posao			
h) Welfare/TANF/CalWORKs			
i) Časovi za test državljanstva			
j) Bosanski društveni klubovi (molimo navedite koji i gdje):			
k) Drugi društveni/muzički/sportski klub (molimo navedite koji i gdje):			
l) International Institute of San Francisco			
m) International Rescue Committee (IRC)			
n) WIC (Women, Infant, Children Food Program)			
o) Grupa za podršku/Savjetodavni servisi			
p) Zdravstveni centar ili Doktor			
q) Religiozna organizacija (molimo navedite):			
r) Novine ili magazini (molimo navedite nazive):			
s) TV ili Radio (molimo navedite stanice, mjesto i vrijeme emitiranja programa):			
t) Drugo (molimo navedite):			

61. Na koji način biste željeli da dobijete informacije o zdravstvenim pitanjima i društvenim resursima?
(označite one koje biste željeli)

Razgovor putem telefona uživo

Automatizirana telefonska informacija snimljena na mom jeziku

Razgovor sa osobom koja je zaposlena da mi lično pruža informacije

Koz medije – TV , radio, ili novine (molimo navedite novine):

Video materijal – razne video kasete

Pismeni materijal na mom jeziku bi trebao da bude dostupan u klinici ili doktorskoj ordinaciji

Pismeni materijal na mom jeziku bi trebao da bude dostupan u drugim agencijama

Potrebno je omogućiti časove ili grupe podrške

Održavati neformalne radionice/predstavljanje u mom komšiluku (lokalna agencija, kod komšije, i sl.)

Ne, nisam zainteresovan-a

Ostalo (molimo objasnite): _____

Domaćinstvo i Vaše okruženje:

62. Kolika je ukupna mjesečna renta Vašeg domaćinstva? \$ _____/mjesečno

63. Koliko ljudi živi u Vašem domu, uključujući Vas? _____

64. Koliko djece ispod 18 godina živi u Vašem domu? _____

65. Da li dijelite dom sa nekom drugom porodicom? Da Ne

66. Kolio spavaćih soba imate? _____

67. Koliko ste zadovoljni sa uslovima stanovanja? (stanje Vašeg doma, prostornost, cijena, odnosi sa vlasnikom, itd.)

vrlo zadovoljavajući zadovoljavajući donekle zadovoljavajući nezadovoljavajući vrlo nezadovoljavajući

Komentari: _____

68. Kako ste zadovoljni sa okruženjem u kojem živite? (pogodnost lokacije, sigurnost, da li se osjećate kao kod kuće, odnosi sa komšijama, itd.)

- vrlo zadovoljavajući zadovoljavajući donekle zadovoljavajući nezadovoljavajući vrlo nezadovoljavajući

Komentari: _____

Obrazovanje i zaposlenje:

69. Koji je najviši stepen obrazovanja koji ste završili prije dolaska u U.S.?

- nisam išla-o u školu manje od 8 godina 8-12 godina

stručna škola (koje područje): _____

fakultet (struka): _____ stepen: _____

Drugo usavršavanje (molimo navedite): _____

70. Koje je bilo Vaše zanimanje u BiH (molimo navedite): _____

71. Koliko ljudi u Vašem domaćinstvu radi? _____

72. Koji su izvori prihoda Vašeg domaćinstva? (navedite sve izvore koje koristite)

- zaposlenje TANF/Welfare (gotovinska pomoć) bonovi za hranu SSI/Invalidnost
 dobrovoljna agencija religiozna organizacija ostalo: _____

73. Da li ste trenutno zaposleni?

Ne Ako ne, zašto? Ja (sam) trenutno (označite sve što se odnosi na Vas)

tražim posao na socijalnoj pomoći domaćica

u penziji na invalidnini (SSI)

student (navedite šta studirate): _____

na treningu za posao (navedite vrstu treninga): _____

drugo: _____

Da (zanimanje): _____ na određeno vrijeme puno radno vrijeme

74. Ako radite, kako ste zadovoljni sa Vašim trenutnim poslom? (plaća, upotreba Vaših sposobnosti, zainteresiranost, i td.)

- vrlo zadovoljan-a zadovoljan-a donekle zadovoljan-a nezadovoljan-a vrlo nezadovoljan-a

Komentari: _____

75. Kakvu vrstu posla bi željeli raditi? (molimo navedite) _____

76. Šta bi Vam pomoglo da dobijete taj posao (navedite sve što se na Vas odnosi)

- pomoć oko brige za djecu bolje poznavanje engleskog jezika specijalno obučavanje
 fakultetski stepen ili viši bolji prijevoz
 Ostalo: _____

77. Molimo označite ocjenu Vašeg poznavanja engleskog jezika:

	Odlično	Vrlo dobro	Dobro	Vrlo slabo	Nikako
Čitanje					
Pisanje					
Slušanje					
Govor					

78. Ukoliko je to potrebno, ko Vam pruža usluge prijevoda? (označite sve osobe na koje se to odnosi)

- moje dijete [uzrast djeteta/djece: _____]
 drugi član porodice ili rođak (molimo navedite): _____
 prijatelj komšija šef ili saradnik
 osoblje u zdravstvenoj ustanovi ili u društvenoj agenciji (molimo navedite agencije): _____

 drugi: _____

79. Da li imate nekih posebnih prijedloga za agencije ili organizacije koje rade za ili sa bosanskom zajednicom u San Francisku?

80. Da li imate kakvih komentara u vezi ove ankete?

MOGUCNOST IZBORA - Da li želite primiti rezultate ove ankete? Ako DA, molimo popunite slijedeće:

Vaše ime: _____ Adresa: _____

**Ukoliko nas želite kontaktirati u vezi ove ankete, molimo nazovite zdravstveni program za novopristigle BiH izbeglice, tel. 415-705-8552 ili 415-206-5333 (nakon ovog broja pritisnite broj 4).

Hvala -- Thank you very much! ☺

Appendix I



Appendix J

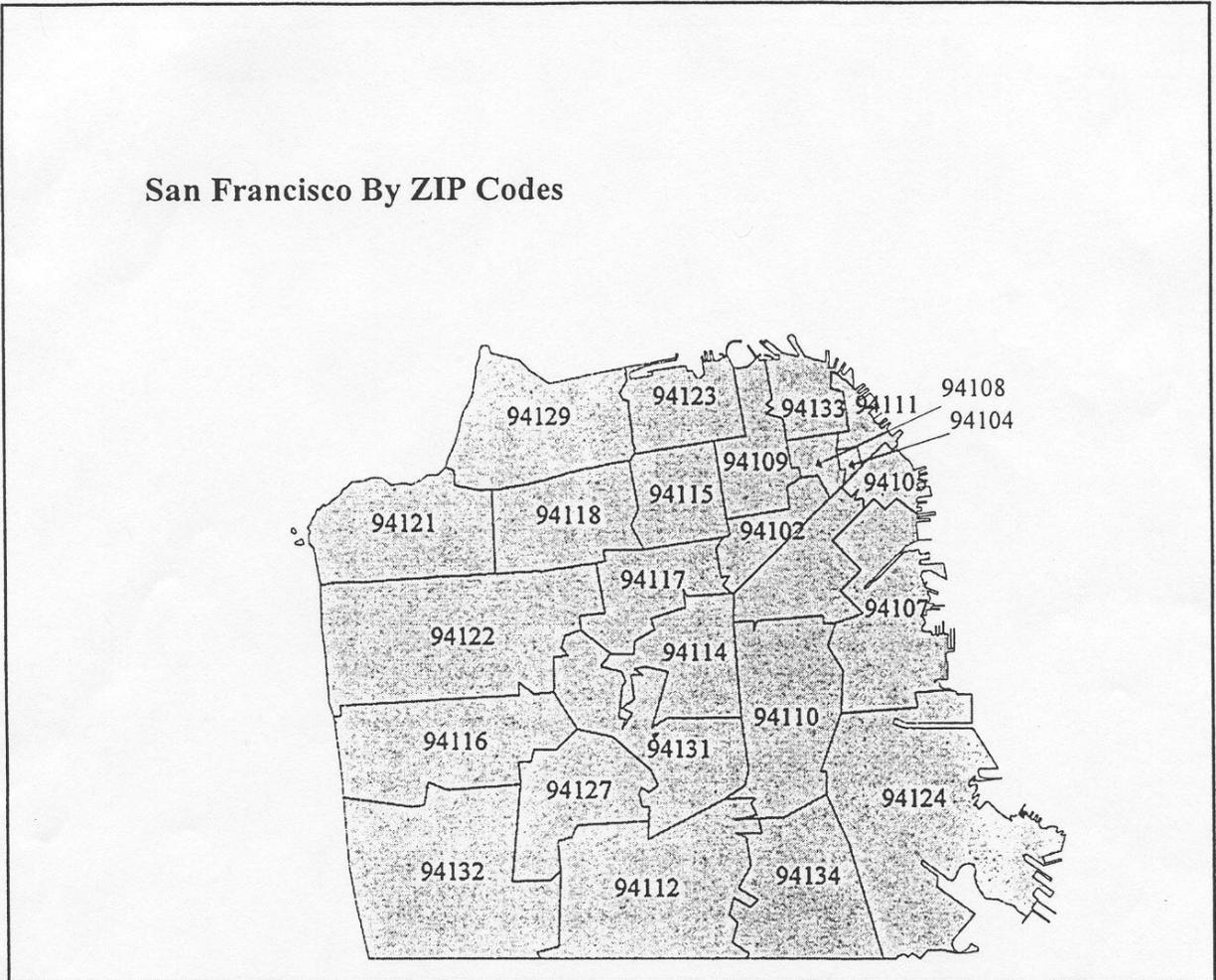


Figure 12

Zip Codes	Place	Zip Codes	Place
94102	North Market/Hayes Valley/ Tenderloin	94116	Parkside/Forest Hill
94103	South of Market	94117	Haight-Ashbury/Hayes Valley
94104	Financial District	94118	Inner Richmond/Presidio
94105	Financial District	94121	Outer Richmond/Sea Cliff
94107	Potrero Hill	94122	Sunset
94108	Chinatown	94123	Marina/Cow Hollow
94109	Nob Hill/Russian Hill/Tenderloin	94124	Bayview/Hunters Point
94110	Mission/Bernal Heights	94127	St. Francis Wood/West Portal/Miraloma Park
94111	Embarcadero	94129	Presidio
94112	Excelsior/Ocean View/Ingleside	94131	Twin Peaks/Diamond Heights/Glen Park
94114	Castro/Noe Valley/Corona Heights	94132	Lake Merced/Merced Manor/Lake Shore
94115	Western Addition/Pacific Heights	94133	North Beach/Telegraph Hill
		94134	Visitacion Valley/Portola

Appendix K

Health and Social Service Providers Key Informant Interviewees

Marcela Adamski, Ph.D. - Clinical Psychologist, International Rescue Committee;
Oct. 16, 1998

Annette Burns, N.P. - Nurse Practitioner, San Francisco General Hospital (SFGH)
Refugee Medical Clinic (RMC); Dec. 2, 1998

Samira Causevic - Bosnian interpreter/health worker, SFGH RMC and
Newcomers Health Program; Dec. 2, 1998

Greg Desnica - Receptionist/Case worker, International Institute of San Francisco;
July 23, 1998

Sasha Dzubur - On-call Bosnian interpreter, SFGH; Nov. 16, 1998

Crystelle Egan - Program coordinator, Jewish Vocational Services; Oct. 23, 1998

Shotsy Faust, N.P. - Nurse Practitioner, SFGH RMC; Dec. 2, 1998

Jim Franicevich, N.P. - Nurse Practitioner, SFGH RMC; Dec. 2, 1998

Ellie Gladstone, M.P.H. - UC Berkeley Human Rights Center; Aug. 5, 1998

Seada Hamidovic - Bosnian interpreter/health worker; SFGH RMC & Newcomers Health
Program; Nov. 20, 1998

Arthur Hayashi - Resident, SFGH RMC; Dec. 2, 1998

Senad Hodzic - Member/Volunteer, Islamic Society of San Francisco; Dec. 12, 1998

Diana B. Hoover, M.A. - Mental health counselor, Richmond Area Multi-Services;
July 27, 1998

Aurene Johnson, R.N. - SFGH RMC; Dec. 2, 1998

Loren Krane, Ph.D. - Clinical psychologist, SFGH RMC; Nov. 13, 1998

Jonathon Lee - Resident, SFGH RMC; Dec. 2, 1998

Inga Mastelic - Mental health coordinator/interpreter, International Rescue Committee;
Oct. 9, 1998

Jean Mellett - Executive director, Refugee Transitions; Dec. 16, 1998

Leslie Peterson - Deputy director; International Rescue Committee; July 23, 1998

Slavko Silic - Director/Founder, Bosnian Refugee Education Center (BOREC);
Nov. 27, 1998

Tenzin N. Tethong - Director of Program and Development, Survivors International; Nov. 17,
1998

Harvey M. Weinstein, M.D., M.P.H. - Associate director, UC Berkeley Human Rights Center;
Aug. 5, 1998