Massachusetts Department of Public Health Annual Language Needs Assessment Template

(To be submitted annually, with updates to Comprehensive report)

In order to meet federal and state legal requirements, Massachusetts hospitals are required to submit a Comprehensive LNA every three years, and annual LNA reports

highlighting relevant updates in consecutive years. Use annual reports.		,
Name of Hospital:		
Fiscal Year:		
DEMOGRAPHIC PROFILE		
Hospital Overview		
(Language services offered, status of interpreter seinitiatives)	ervices, cultural	competence
Service Area		
(List towns/cities/ zip codes included in your ser	rvice area)	
What racial, ethnic and language group lines service area?	are found in t	the hospital
(Document notable changes observed in the cours	se of the fiscal ye	ear)
Race/Ethnicity	Number of Residents	% of Total Residents

Primary languages other than English	Number of	% of Total
	Residents	Residents

Sources of Data Consulted

(List the data sources used to develop this report)

PROFILE OF HOSPITAL CONSTITUENTS AND POPULATIONS IN THE SERVICE AREA

Which populations in the service area frequent the hospital?

(*Highlight only updates* by submitting relevant: hospital utilization data, registration data, encounter monitoring data, interpreter services' language and ethnicity data.)

Are you aware of any new populations in the service area that are not accessing services in the hospital?

(Highlight notable changes observed since the Comprehensive LNA)

CURRENT PROGRAMS / AREAS FOR IMPROVEMENT

Interpreter Services Programs

(*Highlight progress* in hospital initiatives to: meet gaps in services, meet needs of emerging LEP groups, and improve training/knowledge of staff to serve those needs.)

Outreach Activities

(Detail how your hospital is achieving goals set in the Comprehensive LNA to ensure that LEP groups are aware that interpreter services are available at no cost.)

Areas for Improvement

(Specify how, over the past year, your hospital has addressed gaps in services to underserved LEP groups identified in the Comprehensive LNA.)

Submit **every year** to:

Office of Health Equity Massachusetts Department of Public Health 250 Washington St., 5th Floor Boston, MA 02108