

Massachusetts Department of Public Health
Comprehensive Language Needs Assessment Template
(To be submitted every 3 years)

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 the template below as a guide to the Comprehensive LNA.

Name of Hospital:

Fiscal Year:

DEMOGRAPHIC PROFILE

Hospital Overview

(Please provide a brief history of the hospital, number of hospital beds, specialties; language services offered; status of interpreter services; cultural competence initiatives.)

Service Area

(List the towns/cities / zip codes included in your service area)

What racial, ethnic and language group lines are found in the hospital service area?

Race/Ethnicity	Number of Residents	% of Total Residents

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

Patients with limited English proficiency	Number of Patients	% of Total Patients

Sources of Data Consulted

(List the sources of data used in preparing this assessment.)

PROFILE OF HOSPITAL CONSTITUENTS

How often do diverse populations in the service area visit the hospital?

(Please provide, in a table format: hospital utilization data, registration data, encounter monitoring data, interpreter services’ language and ethnicity data, or other supporting data.)

POPULATIONS IN THE SERVICE AREA

Which populations in the area are not accessing services in the hospital?

(Include data compiled from: Census reports, information from other hospitals, information obtained from discussions with community leaders, MDPH sources, Department of Education FLNE reports, MassCHIP, CHNA data, and others)

List potential reasons why these populations may not be using the hospital.

CURRENT PROGRAMS / AREAS FOR IMPROVEMENT

Interpreter Services Programs

(Briefly describe current hospital initiatives to: meet any existing gaps in services, meet needs of emerging LEP groups, and improve training/knowledge of medical staff to better serve the needs of these groups.)

Outreach Activities

(Detail current/future outreach activities designed to ensure that LEP groups are aware that interpreter services are available at no cost. Please provide a timeline for these activities.)

Promising Practices

(Highlight, from the hospital's interpreter services program and outreach activities, promising practices that have yielded positive results).

Areas for Improvement

(List needs, in order of priority, describe changes that would have positive impact in meeting the needs of target populations, list available and desired resources to meet needs.)

PROGRESS

Compare the hospital's current demographic profile with the demographic profile recorded in the last Comprehensive LNA report.

Submit every 3 years to:

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