

Massachusetts Department of Public Health
Guide to Language Needs Assessments

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Introduction

All hospitals in Massachusetts, guided by the requirements of State regulation 105 – CMR 30.1103, are required to complete a language needs assessment (LNA) in order to provide competent interpreter services and meaningful access for limited English proficient (LEP) patients.

Beyond meeting legal mandates, LNAs play a key role in the Massachusetts Department Public Health's (MDPH) commitment to identifying and eliminating health disparities in the Commonwealth. Through the information collected in LNAs, we can gain greater understanding of the diverse populations in our communities and tailor services to meet their needs in culturally relevant ways.

The information gathered in LNAs is of great utility, both at the community and state level. For MDPH, LNA data is utilized for emergency preparedness, to identify and address health disparities and for reporting purposes. For hospitals, the LNA can offer a wealth of information that is inextricably linked to market share and delivering quality health care.

In developing this guide, MDPH conducted an extensive review of existing literature and held a discussion with directors of Interpreter Services representing six Massachusetts regions. This guide is informed with findings from current literature and key insights from the field.

To help streamline the process of completing a LNA, this guide offers a number of tools, resources and templates.

Use the following tools as a starting point for LNAs:

- **LNA at-a-Glance** (p. 4)
- **Quick Guide to LNAs** (p. 12)
- **MDPH LNA Templates** (pp. 14-18), also available electronically
- **Recommended Data Sources** (p. 20)
- **Resources** (p. 21)

Language Needs Assessments at-a-Glance

What

A LNA is an analysis, in writing, of the languages and cultures present in the hospital's service area, as well as a summary of hospital initiatives to meet the needs of Limited English Proficient (LEP) persons in that area.

Why

A LNA allows hospitals to strengthen their knowledge of and improve the services offered to LEP persons. Federal and state laws mandate that hospitals offer relevant access and competent interpreter services to LEP clients. According to these laws, hospitals are held accountable for offering services based on linguistic needs in their area – to do so, they must be aware of what populations are present. *See Purpose and Benefits of Language Needs Assessments, p. 6.*

How

Using a variety of sources, including internal hospital and external community data, develop a report detailing commonly encountered languages, emerging populations in the hospital's area and services offered to each group. Three key steps in completing a LNA are:

1. Create a demographic profile of the hospital service area.
2. Create an internal profile of who uses the hospital.
3. Describe services offered and set benchmarks for improvement in LEP services and toward the elimination of health disparities.

See *A Quick Guide to Developing Language Needs Assessments, p. 12.*

When

State laws require that hospitals submit a LNA annually to the MDPH. Because demographic changes are generally reflected in data sources every two to three years, an annual comprehensive report may not reflect significant population changes. In light of this and to simplify the process, MDPH has adapted LNA reporting requirements as follows:

- **Every three (3) years** hospitals must conduct and submit a **Comprehensive LNA**, offering a detailed demographic profile of the hospital's service area (based on internal *and* external data sources). This report should also include a plan to engage, serve and meet the needs of diverse populations in the area.
- **Annually** hospitals must submit the **Annual LNA**, updating the Comprehensive LNA and providing a summary of information, with highlights of any demographic and language changes observed over the course of the year. In the Annual LNA, hospitals should also highlight progress made in the outreach plans outlined in the Comprehensive LNA.

Templates are provided for both the **Comprehensive LNA** and the **Annual LNA** report (see pp. 14-18).

Applications

- Target new populations.
- Increase market share.
- Include data in reports and presentations to management and board members.
- Justify and quantify requests for funding.
- Prioritize programs and allocate resources.
- Link LNA data to quality measures.
- Identify and eliminate health disparities.
- Prepare for emergency responses.
- Disseminate information to hospital departments and community leaders.
- Develop strategies to improve the quality of services for diverse populations.

See *Purpose and Benefits of LNA* (p. 6).

Purpose and Benefits of Language Needs Assessments

Language Needs Assessments are federally and state-mandated for all Massachusetts hospitals. But they are valuable for more than meeting mandates. Beyond proving compliance with legal requirements, a LNA can offer essential benefits and applications, both to hospitals preparing the report and to the Massachusetts Department of Public Health (MDPH).

The following set of frequently asked questions emerged from a recent conversation between MDPH and directors of Interpreter Services from across Massachusetts. The answers to these questions speak to the purpose and benefits of LNAs.

Why are hospitals asked to develop and submit LNAs?

LNAs are required by law.

Hospitals are required to submit LNAs by federal and state laws. In Massachusetts, in fact, LNAs are not just mandated by one law, they are justified by as many as 33!

Underlying all laws pertaining to LNA is the need to obtain data about the languages spoken in a hospital's service area. The obligation to provide *competent interpreter services* and offer *meaningful access*, according to the U.S. Department of Health and Human Services, is fact-dependentⁱ. In other words, the language services a hospital is mandated to provide are based on the number of individuals with Limited English Proficiency (LEP) in its service area. To obtain information about these populations, hospitals must conduct an assessment of language needs.

When hospitals complete and submit a LNA, they ensure compliance with Massachusetts state regulation 105 CMR 130.1103 (ERIL) (July 2001), which requires that acute care hospitals ensure access to critical medical services to patients with LEP, and explicitly requires that each hospital complete a LNA.

Furthermore, Massachusetts' "Emergency Room Interpreter Law" (Massachusetts General Law Ann. Ch. 111, 24 (a) - (3); ch. 123, 23 A (b)), stipulates that: "all acute care hospitals are required to provide competent interpreter services... to every non-English speaker who is a patient or who seeks appropriate emergency care or treatment."

Foremost among laws governing language services is Title VI of the Civil Rights Act of 1964, stating that: "all recipients of federal financial assistance must provide *meaningful access* to services for individuals with limited English proficiency."ⁱⁱ

The U.S. Department of Health and Human Services' Culturally and Linguistically Appropriate Services (CLAS) standards delineate a number of recommendations that also pertain to LNAs. Specifically, Standard 11 states that: "health care organizations should maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area."

LNAs provide hospitals with critical data required for the provision of meaningful access to all LEP clients.

To provide optimal services, hospitals must regularly assess the language needs of populations in their service area. LNAs allow hospitals to identify different language groups, which in turn enables hospitals to determine what services they must provide for those groups, allows them to anticipate forthcoming interpreting needs and helps providers engage new populations. LNAs also provide "hard data" that interpreter services departments need to support requests for additional funding and resources for interpreter services.

Assessments are an essential step in competent language access services.

Language needs assessments are not only required by law, they are vouched for in a vast majority of current literature. A wealth of research-based guides and articles recommend assessment as an essential step in developing an effective language access program. The benefits of assessments are numerous, and include:

- Identifying Limited English Proficiency (LEP) personsⁱⁱⁱ
- Ensuring language access for persons with LEP^{iv}
- Discovering resources that exist to meet needs^v
- Developing language assistance measures^{vi}
- Monitoring and updating services for LEP persons^{vii}
- Linking assessment data to quality^{viii}
- Setting priorities and tracking progress toward defined goals^{ix}

What does the Massachusetts Department of Public Health do with Language Needs Assessments?

Once a hospital submits a LNA to MDPH, personnel at the Office of Health Equity review the report and enter the data into a database. This data is then applied and utilized for a variety of purposes, including:

- Informing state emergency preparedness efforts
- Complying with broader federal and state requirements
- Addressing health disparities at the state level
- Preparing issue reports

What are the uses for the data compiled in LNAs?

For each hospital, uses of LNA data will vary. Some applications include:

- Providing crucial data for increasing market share.
- Targeting language access efforts to priority services and locations.^x
- Promoting hospital services among underserved populations.
- Developing cost-benefit analyses of interpreter services.
- Negotiating with purchasers and educating management on the true costs of interpreter services. For example, using data about the number of LEP clients, the projected number of interpreted encounters, and the average cost of interpreter services to illustrate “true costs.”^{xi}
- Supporting requests for interpreter services resources (including hiring of bilingual personnel, obtaining funding for interpretation and translation resources) with “hard data.”^{xii}
- Updating reports for hospital management and board members.
- Planning and determining resource distribution.
- Anticipating and responding to the needs of hospital constituents.
- Comparing LNA data against hospital utilization data to determine if certain populations are not using the hospital’s services.
- Assessing the nature and importance of programs and the possible consequences of the contact with those programs to LEP persons.^{xiii}
- Identifying and addressing health disparities by comparing specific health indicators across racial, ethnic and language groups.
- Developing quality improvement projects focusing on racial, ethnic and linguistic health disparities with specific indicators to measure progress.
- Assessing progress and planning for emergent public health issues.
- Informing other departments of emerging population trends.

How has conducting LNAs benefitted local hospitals?

For a number of Massachusetts's hospitals, conducting a LNA has resulted in many benefits. The data identified in the LNA has helped put some hospital departments "on the map" and allowed them to identify and better serve populations they may not have been aware of. In a recent discussion with MDPH, directors of Interpreter Services from hospitals across Massachusetts described the following benefits, among others:

Increasing Market Share

Language needs assessments can provide the data needed to help hospitals identify new markets and patients as well as expand services. One director of Interpreter Services shared how valuable data from her hospital's LNA informed strategic marketing projects and helped determine how the hospital could expand its role. "The LNA provided information for our hospital that was really important for us in determining where we could expand. It was certainly useful at the internal level," she said.

Identifying Diversity of Languages

"The LNA allowed us to identify a diversity of languages of which we were previously unaware."

Reflecting True Diversity

"The LNA has helped me show the system how diverse we really are. When we simply show census data, they don't reflect the diversity we have in our community. Compiling a variety of other data into the LNA has helped us reflect a closer picture of the diversity in our service area."

Raising Awareness of Interpreter Services at the Management Level

"The data we obtained when preparing the LNA has helped put our department on the map."

Getting on the Map: Gaining Departmental and Management Buy-in

Though the Interpreter Services Department is generally at the helm of Language Needs Assessments, completing a LNA should be a hospital-wide effort. Successful language needs assessments require active commitment and involvement from a number of departments, and should begin with management.

Field data and best practice recommendations indicate that involving providers from different sectors of the health care organization in decisions regarding Language Services is vital. The more senior leadership pays attention to the performance of language services, studies have found, the greater the likelihood that services will improve. For example, when chief executives were on board and on record supporting language access activities and linking them directly with enhancements in patient care, teams reported more success negotiating changes to IT systems, requesting equipment upgrades, or promoting greater integration with clinical staffs.^{xiv}

This is likely no surprise to directors of Interpreter Services across the Commonwealth who, in a recent discussion with MDPH, expressed the crucial importance of seeking support from management and other departments in completing a LNA. How can Interpreter Services Departments get the attention of colleagues and executives? A few suggestions follow.

Link Language Access to Quality

Language access is inextricably linked to quality, and significantly enhances the experience of hospital clients. In a recent cultural competence conference, panelists agreed that health care quality could only address disparities if race, language and ethnicity data are collected and outcome measures stratified.^{xv}

Current studies have found that providing interpreter services is a financially viable method for enhancing health care delivery to patients with limited English proficiency.^{xvi}

In brief, the data obtained from language needs is crucial to delivering high quality care to patients.

Use Data to Make Your Case

Data about the diversity of patients and potential clients has put some directors of Interpreter Services (DIS) “on the map.” Whether presenting departmental accomplishments or pursuing funding, data can be an ally to DIS. Reports that compare hospital utilization data against service area demographics may offer compelling proof of effective services, or may serve as a powerful way to secure funds for needed improvements.

Seek Support from Relevant Hospital Departments

Directors of Interpreter Services experienced in conducting LNAs agree that the most successful outcomes result from collaborative efforts. To ensure successful LNAs, participants in a recent discussion group about LNA reported working with: Information Systems, Community Benefits Relations, Registration, Patient Access Services, Diversity and Statistics departments.

One DIS at a Massachusetts hospital noted, “Recently, we started going back to our cultural task force, got participation from Information Systems, the Statistics Department, the nursing units, and developed several methods to get participation. The first two years were challenging, but now I can assure you the process [*of completing a LNA*] is very precise.”

Another DIS at a local hospital added, “We need to explain why this is a priority and why it should be a multidisciplinary approach. Departments like Community Benefits Relations, Registration, the Diversity Department, and the Vice President need to work together to get the LNA done.”

The *Quick Guide* offers a simple way to quickly explain the basics of a LNA when seeking support from other departments.

Disseminate Key Information, Educate Stakeholders

Collecting and reporting the data used in LNAs is essential, disseminating that information is also crucial, and can generate support in the future. In “Crossing the Language Chasm,” Brach et al (2005) note that: “for language data to help at the clinical level, the data must also be transmitted to physicians and their staff – a step that most plans omit.”^{xvii} Interpreter Services staff can share information with key stakeholders, patients and physicians through newsletters, manuals, handbooks, regular trainings and orientations.

Sharing information with other hospital departments can also have tremendous benefits. Hospital marketing departments, for example, have used data about underserved populations in the area for market share planning.

A Quick Guide to Language Needs Assessments

Steps in Completing a Language Needs Assessment:

A LNA is an analysis, in writing, of the languages and cultures present in the hospital's service area. When developing a LNA:

1. Create a demographic profile of the hospital service area.
 - Identify commonly encountered languages, country of origin, and emerging populations.
 - Consult a variety of federal, state and community sources (*See Recommended Data Sources, p. 20*).
2. Create an internal profile of who uses the hospital.
 - Identify which populations in the service area are using the hospital and their frequency of use.
 - Compare hospital patient data with community demographics to see if the populations "match."
 - Assess the importance of determined programs for each population.
3. Detail existing interpreter services and use data to set benchmarks for improvement in LEP services and toward eliminating health disparities.
 - Use data to prioritize objectives, outreach, and programs and to allocate resources.
 - Assess progress, anticipate and respond to the needs of constituents.
 - Link LNA data to quality indicators and initiatives.
 - Share data with MDPH, community leaders, management, and boards.

A LNA should answer the following questions:

1. What language groups are found in the hospital's service area?
 - What cultures do they represent?
 - Are new linguistic groups entering the communities?
2. Which populations in the service area frequent the hospital?

3. Which populations most often request interpreter services? Are there populations in need of interpreter services but not requesting those services?
4. Which populations in the service area are not accessing services in the hospital?
5. How does the Interpreter Services Department best meet the needs of each linguistic group?
 - Is there a gap between the needs of identified populations and services offered by the hospital?
 - Will emerging LEP groups require interpreter services in the future? Will interpreters be available to meet this need?
 - What knowledge does medical staff need to acquire to better serve these groups?
6. What is needed to improve the overall level of Interpreter Services system functioning?
 - What are the priority needs?
 - What changes would have the greatest positive impact in meeting the needs of the target population?
 - What resources are available to meet these needs?
7. What outreach activities need to occur to ensure that these groups know that interpreter services are available at no cost?

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

Primary languages other than English	Number of Residents	% of Total 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

Recommended Data Sources

- **Local hospital utilization data** of the primary/preferred languages of patients
- **Community input** from a community advisory board, consultants and key informants from community-based organizations and/or community meetings
- **American Community Survey** (<http://www.census.gov/acs>)
- **Massachusetts Community Health Information Profile (MassCHIP)**
<http://www.masschip.state.ma.us>
- **Massachusetts Office for Refugees and Immigrants (MORI)**
<http://www.mass.gov/ori>
- **Massachusetts Mutual Assistance Associations**, self-help agencies for newcomer communities, can provide useful information on the most recently arrived populations. A PDF directory of Massachusetts MAAs is available from <http://www.masslegalservices.org/docs/MutualAidAssociations.pdf>
- General information from the **Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA)**, a statewide coalition of grassroots immigrant organizations
<http://www.miracoalition.org>
- **“First Language is Not English” (FLNE) and Limited English Proficiency (LEP) surveys** include information on the first language spoken at home by students in their system. Whereas the FLNE reports highlight a few of these languages, the local school district is able to provide information on more rarely encountered languages. For school district profiles, visit: <http://profiles.doe.mass.edu>
- **Municipal Boards of Health, Police Departments and Chambers of Commerce**
- **Community organizations** (Ethnic and faith-based organizations)
- **Massachusetts Division of Medical Assistance** data on self-reported, preferred, spoken and written language preferences of MassHealth Benefit Request/Children’s Medical Security Plan applicants
- **MDPH’s Division of Research and Epidemiology** offers links to Mass. population health statistics including birth and death data, Healthy People 2010 Leading Health Indicators, race and ethnicity reports, Regional Health Status Indicators Reports, Smoking Reports and Women’s Health <http://www.mass.gov/dph/resep>
- **U.S. Census data** of your service area
<http://quickfacts.census.gov/qfd/states/25000.html>
- **Local and regional population surveys**
- **Local translation and interpretation associations** (list of frequently requested languages)

Resources

1. Making CLAS Happen, Chapters 3 and 6. Available online at:
<http://www.mass.gov/dph/healthequity>
2. **www.hablamosjuntos.org/resources**
3. Kaiser Foundation, Race, Ethnicity, and Health Care: The Basics: Key Data
http://www.kaiseredu.org/topics_reflib.asp?id=329&parentid=67&rID=1
Compilation of research, key data, policy research, fact sheets, tutorials, webcasts/presentations, key organizations

Works Cited

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- ⁱⁱ Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq., emphasis added
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- ^{iv} Massachusetts Department of Public Health. 2009. *Making CLAS Happen*. Massachusetts Department of Public Health, Office of Health Equity.
- ^v Robert Wood Johnson Foundation. *Hablamos Juntos*. Robert Wood Johnson Foundation. Viewed May 25, 2010 (<http://www.hablamosjuntos.org>).
- ^{vi} See iii.
- ^{vii} Ibid.
- ^{viii} Brach, Cindy, Irene Fraser and Kathy Paez. 2005. Crossing the Language Chasm. *Health Affairs*, Volume 24, Number 2, pp. 424-434.
- ^{ix} See v.
- ^x The Interagency Working Group on LEP. 2008. Top Tips from Responses to the Survey of Language Access Strategies Used by Federal Government Agencies. The Interagency Working Group on LEP. Viewed June 22, 2010 (www.LEP.gov/resources).
- ^{xi} See viii.
- ^{xii} Ibid.
- ^{xiii} Ibid.
- ^{xiv} Regenstein, Marsha, PhD MCP. 2007. Measuring and Improving the Quality of Hospital Language Services: Insights from the *Speaking Together* Collaborative. *Journal of General Internal Medicine*. November 2007; Vol. 22(Suppl2): 356-359.
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- ^{xvi} Jacobs, Elizabeth, Donald S. Shepard, Jose A. Suaya, and Esta-Lee Stone. 2004. Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services. *American Journal of Public Health*. May 2004, Vol 94, No. 5.
- ^{xvii} See viii.