



Robert Wood Johnson Foundation

# Speaking Together: National Language Services Network



**2006 Call for Proposals**

**Proposal Deadline**

April 26, 2006

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## Program Overview

(Please refer to specific sections for complete detail.)

### Purpose

*Speaking Together: National Language Services Network*, a new Robert Wood Johnson Foundation national program, will support hospitals to improve the quality and availability of health care language services for patients with limited English proficiency (LEP). *Speaking Together: National Language Services Network* has four goals:

1. To improve communication between patients with LEP and their health care providers.
2. To work in partnership with hospitals to develop models of high-quality language services.
3. To enable hospitals to develop ongoing useful measures of effectiveness and create language services performance benchmarks.
4. To encourage grantees to share successful strategies to increase effective language services within and across hospitals and health systems.

### Eligibility Criteria (page 7)

Non-federal, general acute-care hospitals with a minimum of 10,000 discharges per year are eligible to apply to be part of the hospital learning collaborative. Participating hospitals must serve a substantial number of patients with LEP and currently operate a language services program that involves an on-site professional interpreter(s). The program is not limited to any specific language(s) spoken by the patients.

### Selection Criteria (page 7)

Complete selection criteria can be found on page 7.

### Total Awards

- Up to 10 sites will be selected to participate in the 16-month collaborative learning network.
- Each site will receive a grant of up to \$60,000 and technical assistance and training.

### Key Dates and Deadlines

- **March 30, 2006 (1 p.m.–3 p.m. EST)**—Optional conference call for interested applicants. You will find information on how to participate in the teleconference on the program Web site, [www.speakingtogether.org](http://www.speakingtogether.org).
- **April 26, 2006 (3 p.m. EST)**—Deadline for receipt of full proposals.
- **June 23, 2006**—Applicants will be notified if they have been selected for a site visit.

### How to Apply (page 9)

*This program only accepts proposals submitted online.*

- Beginning March 15, 2006, applicants may submit proposals. All applicants must submit a full proposal through the RWJF Grantmaking Online system, no later than April 26, 2006 by 3 p.m. EST.

For questions and information please contact [info@speakingtogether.org](mailto:info@speakingtogether.org).

[www.speakingtogether.org](http://www.speakingtogether.org)

cover photo: Janet Jarman

## Background

As non-English speaking populations continue to grow in communities across the United States, health care providers need to learn how to communicate better with non-English speaking patients. Persons with limited English proficiency (LEP) are not only less likely to receive primary care and preventive services, but are also less likely to receive the same quality of care as English proficient patients. Health care providers need to learn how to improve communication with their non-English speaking patients, or the quality of care for these patients will continue to suffer.

Language interpretation errors between health care providers and their patients with LEP—which can bring dangerous results—are well documented. In contrast, little is known about the best approaches to improving language services. The Robert Wood Johnson Foundation supports another national program, *Hablamos Juntos* (Spanish for “We Speak Together”) that pioneered demonstration projects to learn more about what constitutes high-quality language services in different health care settings.

Under the Foundation’s more explicit goal to reduce racial and ethnic disparities in health care, Speaking Together and *Hablamos Juntos* will collaborate to further improve the quality and availability of health care language services for patients in real-world hospital settings across the country. Using quality improvement tools and techniques familiar to the hospital world (like performance measurement and rapid-cycle change strategies), Speaking Together will establish and manage a learning collaborative of hospitals to design and pilot interventions to improve language services.

## The Program

This call for proposals describes the core component of Speaking Together's work—a learning collaborative for hospitals.

Up to 10 hospitals will participate in a 16-month learning collaborative that will foster shared learning and innovation on how to improve language services for patients. Hospitals selected to participate in the collaborative will receive grants of up to \$60,000, as well as technical assistance and training in measures developed by the national program office (NPO).

Selected hospitals will address three specific areas: 1) improving the quality and accessibility of language services for patients with LEP; 2) adopting effective use of language services and quality of care performance measures; and 3) focusing on quality improvement in at least one of the following disease areas: cardiovascular disease, depression or diabetes mellitus, to demonstrate how these diseases may be affected by improvements in language services and communication. The collaborative will focus on mechanisms to improve the day-to-day operations of a language services program.

Eligible sites are non-federal, general acute-care hospitals that have a minimum of 10,000 discharges per year and serve a substantial number of patients with LEP. Hospitals must currently operate a language services program for non-English-speaking patients that involves on-site professional interpreter(s).

Each participating hospital will share its collected data among the sites. Using a combination of electronic and manual systems, hospitals must be able to collect and report data by race, ethnicity, preferred language, and other demographics according to criteria defined by the NPO.

### *Scope of the Project*

Grantees will propose two clinical measures they hope to impact during the course of the project through

improvement in language services. One of these measures must address quality of care for persons with cardiovascular disease, depression or diabetes mellitus. The second measure may address one of these conditions or another clinical condition of the applicant's choosing. For example, a hospital might consider measuring whether improved language services might affect the rate at which patients with congestive heart failure receive smoking cessation instructions, or whether such services have an impact on the self-management goals of diabetes patients.

Grantees will also choose two types of care within the hospital on which to focus their activities to improve language services. One area must involve an inpatient service and the second area of focus can be elsewhere within the hospital or an outpatient setting owned by the hospital. For example, a grantee hospital may choose to focus its efforts on inpatient medical and surgical services and outpatient cancer care. Another hospital might focus on inpatient cardiac services and its outpatient family medicine clinic. All patients receiving care in these settings will be included in the collaborative's improvement data.

This rigorous program will require substantial commitment and attention from participants over the course of the project. The program will not limit participation based on any specific language(s) spoken by the patients served by a particular hospital.

### *The Hospital Learning Collaborative*

The hospital learning collaborative will use technical assistance and group learning to develop tools to improve language services. Technical assistance will consist of meetings, consultant services and learning sessions taught by a national faculty. The NPO, based at George Washington University will direct the collaborative. The NPO will assemble a faculty of experts in quality improvement, language services and other areas to work with a team from each grantee hospital. This team will blend quality improvement

methodologies and focus on improving care for LEP patients. The grantee hospitals' quality improvement staff must be involved throughout the project.

The NPO will provide a common set of tools and benchmarks that sites will use to conduct an initial four-month assessment of their current language services capacity. At the outset of the collaborative, grantees will create a language services improvement plan to guide their activities.

Sites will gauge improvements using new measures developed by the NPO. For example, program participants may focus on teaching patients appropriate medication use at discharge to measure and improve patient safety, or a grantee hospital may address productivity of its interpreter workforce to measure and improve efficiency. Sites will provide monthly data reports to chart their progress and will work collaboratively to share potential quality-improvement models, implementation strategies and lessons learned.

### *Other Expectations*

We will expect relevant staff at the selected hospitals to communicate clearly to other members of the hospital's community—the medical staff, professional staff and other relevant audiences. We will also encourage selected hospitals to help disseminate the program lessons to local and national audiences. The Speaking Together NPO and RWJF will provide targeted communications support for these activities.

The hospital learning collaborative will require each site to assemble interdisciplinary leadership from relevant hospital departments and interpreter services staff. Each team should designate an *executive sponsor* who reports directly to senior hospital staff, as well as a *physician champion*. Site teams will be expected to participate in a kickoff meeting and must attend three additional meetings during the project period. We expect chief executive officers from the grantee

hospitals to attend two of these meetings. The hospital grants may be used to support travel and related costs for up to four team members per site to attend project meetings. Sites must participate in monthly Speaking Together conference calls, host visits from project staff and consultants, and provide periodic updates, reports and other information in addition to the data reporting outlined above.

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**Eligibility Criteria**

Non-federal, general acute-care hospitals with a minimum of 10,000 patient discharges per year are eligible to apply. Hospitals must serve a substantial number of patients with LEP and currently operate a language services program that involves an on-site professional interpreter(s).

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**Selection Criteria**

For all sites, the following factors will be reviewed in the selection process:

- Volume of patients with LEP.
- Strength of existing language services program.
- Track record showing a commitment to using quality-improvement techniques.
- Organizational commitment to improving care for patients with LEP.
- Demonstrated involvement and support of medical staff and senior leadership.
- Ability to collect and record patient-level data by languages spoken.
- Ability and willingness to provide monthly data on a selected set of measures on schedule.
- Likelihood of long-term sustainability of proposed initiatives.

## Use of Grant Funds

Grant funds may be used for consultant fees, data collection and analysis, meetings, supplies, project-related non-luxury travel, and other direct project expenses, including a limited amount of equipment deemed essential to the project. Funds also may be used for limited purchases of information technology, such as decision support software to assist in managing the project's data and information flows. Funds should not be used to hire additional interpreters or to support interpreter salaries.

In keeping with RWJF policy, grant funds may not be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities. Hospitals are expected to contribute substantial in-kind resources and to fully support their team's participation in this collaborative.

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## How to Apply

If interested in the Speaking Together: National Language Services Network program, you must submit a full proposal through the RWJF Grantmaking Online system. Details on the submission process and program information is available at <http://grantmaking.rwjf.org/dcc>.

### ■ ***Inquiries***

We will answer your questions regarding the proposal process during an optional conference call on March 30, 2006 from 1 p.m.–3 p.m. EST. To learn how to participate in the teleconference please go to the program Web site ([www.speakingtogether.org](http://www.speakingtogether.org)).

### ■ ***Submitting Your Proposal***

You must submit full proposals starting March 15, 2006 and no later than April 26, 2006 by 3 p.m. EST.

### ■ ***Site Visits***

During the proposal review process, we will select hospitals for site visits. During the proposal stage, applicants will be asked to indicate their date preferences for a site visit. Those selected for site visits will be notified by June 23, 2006. Site visits will be completed by August 4, 2006.

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## Program Direction

The George Washington University Medical Center will serve as the national program office and provide direction and technical assistance for this program:

Speaking Together: National Language  
Services Network

Department of Health Policy

School of Public Health and Health Services

The George Washington University Medical Center

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[www.speakingtogether.org](http://www.speakingtogether.org)

Please direct all questions about the program, selection criteria or inquiries to the NPO. We prefer you use e-mail to contact us.

Responsible staff members at the NPO are:

- Marsha Regenstein, Ph.D., *Program Director*
- Jennifer Huang, M.S., *Deputy Director*
- Jennifer Trott, *Research Assistant*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Pamela Dickson, *Deputy Director, Health Care Group*
- John Lumpkin, M.D., M.P.H., *Senior Vice President and Director, Health Care Group*
- Debra Joy Pérez, *Program Officer*
- Michael Painter, J.D., M.D., *Senior Program Officer*
- Minna Jung, *Senior Communications Officer*
- Betty Dixon, *Grants Administrator*

A National Advisory Committee (NAC) will assist in program oversight, the evaluation of proposals and site visit participation; it will also provide advice to the NPO and RWJF. Neither RWJF nor the NAC will provide individual critiques of proposals submitted.

## Timetable

### **March 15, 2006**

RWJF Grantmaking Online system (<http://grantmaking.rwjf.org/dcc>) is available to applicants.\*

### **March 30, 2006 (1 p.m.–3 p.m. EST)**

Optional conference call for interested applicants. Details can be found on the program Web site at [www.speakingtogether.org](http://www.speakingtogether.org)

### **April 26, 2006 (3 p.m. EST)**

Deadline for receipt of full proposals.

### **June 23, 2006**

Applicants will be notified if they have been selected for a site visit.

### **June 26–August 4, 2006**

Site visits to selected applicants.

### **October 31, 2006**

Notification of awards.

### **Winter 2007**

Grantee kickoff meeting.

- \* All proposals must be submitted through the RWJF Grantmaking Online system. All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Program staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late applications.

## About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. The Foundation seeks to:

- assure that all Americans have access to quality health care at reasonable cost.
- improve the quality of care and support for people with chronic health conditions.
- promote healthy communities and lifestyles.
- reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol and illicit drugs.

For more than 30 years the Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

For more information, visit [www.rwjf.org](http://www.rwjf.org).

Sign up to receive e-mail alerts on upcoming calls for proposals at:  
<http://subscribe.rwjf.org>



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