



Top 15 Languages

IN DAVIS COUNTY

This report uses the most current language data available

October 2016

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Introduction

Overview

Utah's linguistic demographics are rapidly evolving, with approximately one in seven Utah residents older than age five speaking a language other than English at home, and at least 36% of this population speaks English "less than very well."¹ The Utah Department of Health (UDOH) Office of Health Disparities (OHD) is committed to making clinical services and health care, as well as departmental services and resources, accessible to all members of the public. Effective and meaningful communication is essential to the success of Utah's public health initiative and medical services. The information contained in this report is intended to assist all UDOH and local health department (LHD) facilities and programs, as well as Utah's health providers, in serving limited English proficient (LEP) patients and clients.

Background

Title VI of the Civil Rights Act of 1964 is a national law prohibiting discrimination on the grounds of race, color, and national origin by any federally-funded program. Subsequent clarification on Title VI and limited-English proficiency (LEP) from the U.S. Department of Health and Human Services' (US HHS) Office of Civil Rights (OCR) recommends that federally-funded health care agencies and providers create plans to provide written materials in non-English languages "when a significant number or percentage of the population eligible to be served, or likely to be directly affected by the program/activity, needs services or information in a language other than English to communicate effectively."² "Eligible LEP language [groups constitute] five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered."³ All UDOH/LHD programs and health providers receiving federal funding should be aware of this guideline and appropriately plan and provide services for LEP populations and areas.

This statute, as well as professional best practices and industry trends, have created interest in the Culturally and Linguistically Appropriate Services (CLAS) standards created by the US HHS's Office of Minority Health. The CLAS standards aim to systematically advance health equity and ensure the delivery of culturally respectful and linguistically responsive health care and services. CLAS guidelines were developed for use by all federally-funded health programs and are highly encouraged to be adopted by all health organizations regardless of funding sources. Given Utah's shifting sociocultural, racial/ethnic, and linguistic demographics, increased compliance with CLAS standards in state and local

¹ U.S. Census Bureau, 2009-2013 American Community Survey.

² U.S. Department of Justice, Federal Coordination and Compliance Section. (2015). Commonly Asked Questions And Answers Regarding Executive Order 13166: Providing Meaningful Access to Individuals Who Are Limited English Proficient to Federally Assisted and Federally Conducted Programs and Activities. <https://www.justice.gov/crt/federal-coordination-and-compliance-section-167>

³ US HHS OHR (2003). Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. Federal Register, 68(153): 47318-19.

health agencies can be highly beneficial to Utah’s health organizations, health care workforce, and residents.

Purpose

The following data are intended to guide state, county, and local public health and health care professionals in planning and providing services for LEP patients and clients. The report aims to assist providers in:

- Increasing understanding of patient or client populations and service areas;
- Anticipating and planning for needed language services;
- Assessing the appropriateness of current language services;
- Advancing culturally and linguistically appropriate patient or client interactions; and
- Improving institutional compliance with CLAS standards related to communication and language assistance.

Overall, the information in this report is for general reference and cannot account for all of the cultural, regional, and linguistic diversity found within LEP or non-English speaking populations in Utah.

Comment on Language Diversity

The languages outlined in the following tables are defined by the U.S. Census Bureau. Some languages may be categories themselves or grouped into broader language categories. Regardless, organizations and providers should be aware that many languages have distinct dialects and/or regional differences. Thus, speakers of a common language may actually be unintelligible to one another. Therefore, when arranging for appropriate language services, details such as dialect and region should be considered.

Methodology

Data was sourced from the U.S. Census Bureau’s 2010-2014 American Community Survey. This is the most current and detailed language data available for Davis County. For further information on the survey’s sample size and data quality measures visit: <http://www.census.gov/programs-surveys/acs/methodology.html>.

The table for the Top 15 Languages Spoken in Davis County was constructed using the Language Spoken at Home by Ability to Speak English for the Population 5 years and Over dataset. The full dataset is available at <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Counts for total population 5 years and over, the number of speakers, those who only speak English, and those who speak English less than “very well” were taken directly from the dataset. Languages were ordered from highest to lowest by absolute number of speakers and then by those who speak English less than “very

well.” The top 15 languages were selected by order. When encountered, grouped language categories (e.g., Scandinavian Languages) were excluded.

Margin of Error

The numbers in the following tables are calculated from a sample of people and not the entire population. Because of this, the numbers are solid estimates, but prone to sampling error or some inaccuracy. The margin of error column in each table is an indicator of how different the numbers might be if everyone was included in the survey instead of a sample. The margin of error is used to create a range of numbers that should include the exact number. This is done by subtracting the margin of error from the estimate and adding the margin of error to the estimate. For example, in the state of Utah, the number of Korean speakers is estimated to be 4,614. However, the margin of error is 659, so the real number of Korean speakers could be any number between 3,955 and 5,273. A 90 percent margin of error is used for these tables, meaning there is a high probability that the range contains the exact number.

Resources

The Office of Health Disparities (OHD) has developed a number of resources to assist organizations and providers in providing culturally and linguistically appropriate services. [A Class About CLAS](#), accompanying [Discussion Guide](#), [CLAS Toolkit](#), and [CLAS for Mental/Behavioral Health](#) are tools to learn about, discuss, and implement CLAS Standards. The [Workforce Diversity Fact Sheet](#) acts as guide for diversifying a workforce. The [Translation Toolkit](#) and [Manual](#) explain how to ensure high quality translations for written materials. For help identifying the 35 most commonly encountered languages in Utah, the [Language Identification Booklet](#) is available. OHD has also compiled an easy to navigate [Multilingual Library](#) of health resources and topics in over 30 different languages and dialects. One can search by language, health topic, or target population. The most recent tool created by OHD is the [Language Services Guide](#) that assists UDOH employees in locating translation and interpretation vendors. Audio resources are also available through [EthnoMed](#) for visually impaired or low literacy patients. Other resources available include [Think Cultural Health](#) by the Office of Minority Health and [Utah Medicaid, CHIP and PCN Interpreter Services](#).

Top 15 Languages Spoken in Davis County

#	Language	Number of Speakers	Margin of Error	Speak English Less Than "Very Well"	Margin of Error
	Total	287,425	*****	-	-
1	English	261,540	+/-1,267	0	n/a
2	Spanish*	16,409	+/-852	4,570	+/-573
3	Chinese*	980	+/-328	360	+/-148
4	Other Pacific Island Languages*	929	+/-408	114	+/-86
5	German	895	+/-206	152	+/-100
6	Portuguese*	846	+/-232	114	+/-74
7	Tagalog	846	+/-249	356	+/-178
8	French*	804	+/-289	125	+/-106
9	Korean	505	+/-204	278	+/-132
10	Vietnamese	475	+/-305	181	+/-142
11	Japanese	441	+/-154	75	+/-47
12	Thai	345	+/-193	226	+/-134
13	Navajo	285	+/-229	0	+/-27
14	Russian	214	+/-94	39	+/-38
15	Arabic	209	+/-158	66	+/-74

An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.

'-' indicates numbers not provided in the dataset.

* 2: Also includes speakers of Spanish Creole.

* 3: The Chinese language is written primarily in two forms: traditional and simplified characters. Providing text in both forms will cater to a wider audience of Chinese speakers.

* 4: 2010-2014 Census Data⁴ indicates Samoans as the largest subgroups of Native Hawaiian/Pacific Islanders in Davis County. Extrapolation of group ratios place Samoans (344) at 12.

* 6: Also includes speakers of Portuguese Creole.

* 8: Also includes speakers of Patois and Cajun.

⁴ U.S. Census Bureau, 2010-2014 American Community Survey.

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