

Lessons Learned for Language and Culturally Responsive Nutrition & Lifestyle Care

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DISCLOSURE

No relevant financial disclosures.

LEARNING OBJECTIVES

Understand Your Patient Population

Recognize your community demographics and learn about the culture and patient presentation, beyond just translation.

Build Pathways to Ensure Best Practice Care for All

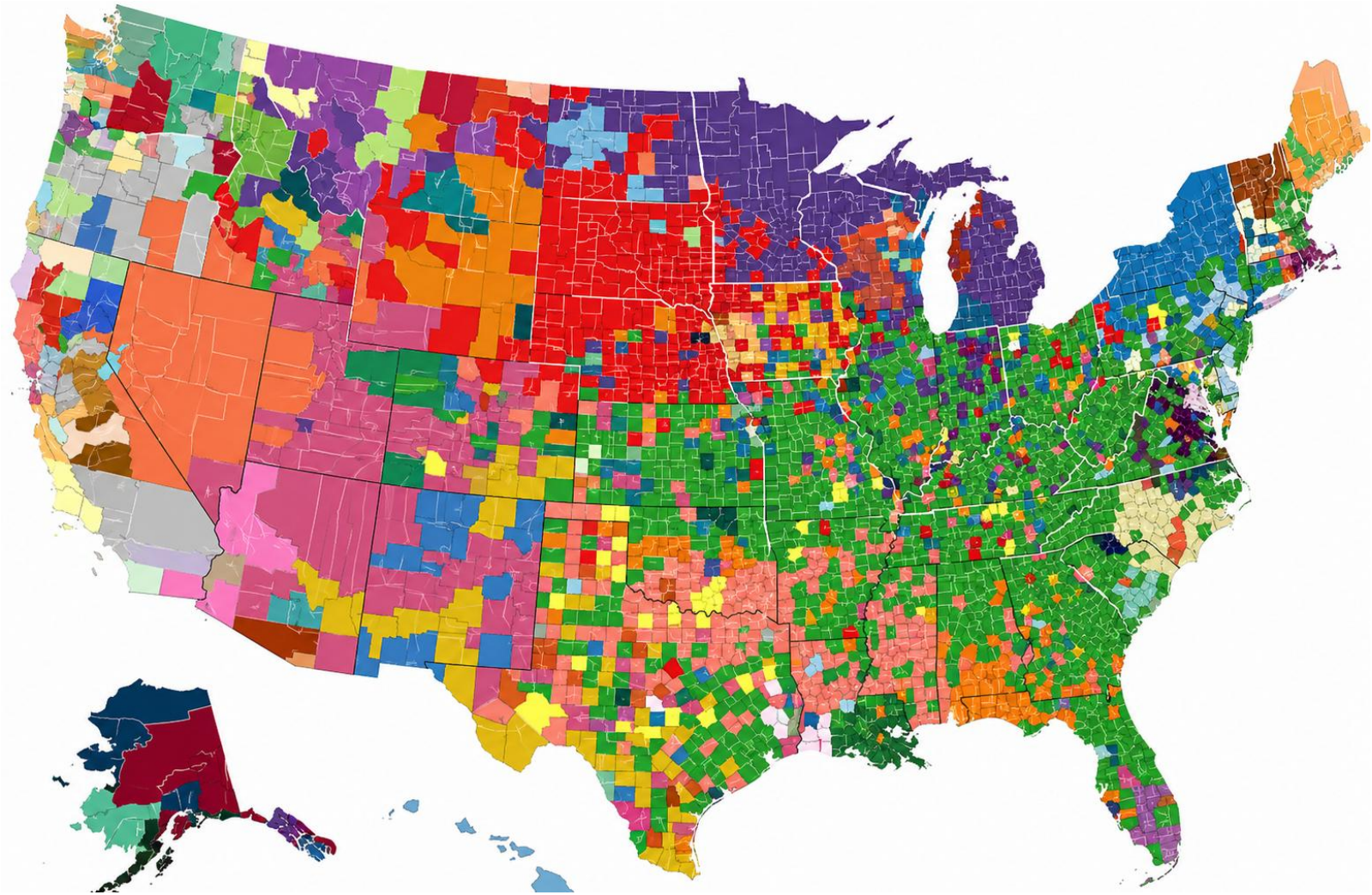
Describe practical approaches to preparing your practice or bariatric program for clinically and culturally appropriate equitable, best-practice care.

Align Recommendations with Nutrition & Cultural Sensitivity

Apply practical strategies to align weight, nutrition, lifestyle, and behavior recommendations with patients' cultural values and expectations.

Understand Your Patient Population

KNOW YOUR DEMOGRAPHICS



KNOW YOUR REFERRING PROVIDERS







TOP U.S. LANGUAGES IN HEALTH CARE SETTINGS



Spanish
Chinese
Tagalog/ Sub-Saharan African Languages
Vietnamese
Arabic
French/Haitian Creole
Korean
Russian
Portuguese
Hindi/Urdu

Language access is not just communication; it is a core safety issue and can represent risk.

Joint Commission's new National Performance Goals in effect in January 2026

Build Care Pathways to Ensure Best Practice Care for All Patients

SECURING TRANSLATION SERVICES

OPTION 1: LANGUAGE SERVICE

Professional interpretation services with transparent pricing

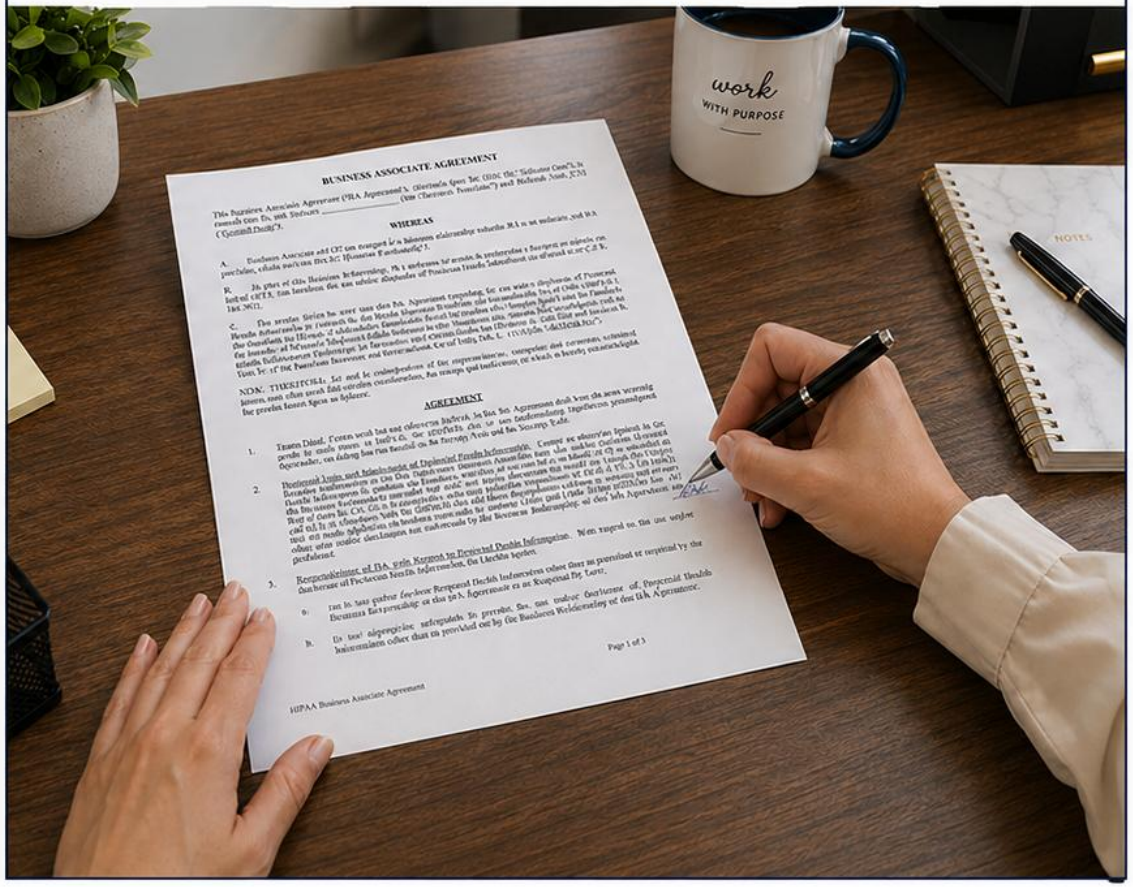
Language	Location	Rates in US$	Minimum	Industry
All Spoken	Video Interpreting - On-Demand (without	$1.29/Minute for Phone, $1.49/Minu	5-Minute Minimum for On-Demand	Medical, Specialized, Non-Legal
Spanish	Phone/Video Interpreting Sc	$69/Hour for Phone/Video [Inquire for simultane s* interpretat	1-Hour Minimum for Scheduled	Medical, Specialized, Non-Legal

LANGUAGERS.COM

Quote requested 4/28/26

OPTION 2: HIRE YOUR OWN STAFF

Business Associate Agreement (BAA) required



DUOLINGO


duolingo
I want to learn...
Spanish
French
German
Italian
Japanese
Korean
Chinese
Portuguese
Russian
Arabic
Turkish
Dutch
Swedish
Polish
Vietnamese
Norwegian
Danish
Irish
Greek
Hebrew

OFFICE SIGNAGE



WEBSITE SERVICES



FORMS


VIP Nutrition Coach
Registered Dietitian
Licensed Nutritionist
Personalized Nutrition Guidance
Support for your journey
Vegetables
Fruit
Protein Foods

SESSION


VIP Nutrition Coach
Strategy 6: Stay hydrated
Estrategia 6: Mantente hidratado
WATCH OUT!
¡CUIDADO!
Dizziness or light-headedness Mareos o aturdimiento
Headache Dolor de cabeza
Tiredness Cansancio
Dry mouth, lips and eyes Sequedad de boca, labios y ojos
Passing small amounts of urine infrequently [less than 3–4 times/day]
Orinar con frecuencia en pequeñas cantidades [menos de 3 a 4 veces al día]
Nausea Náuseas
Dark urine Orina oscura
1 2 3 4 5 6 7 8
Leave
VIP
Nutrition Coach

PATIENT MATERIALS



meta de líquidos

64 - 80 onzas cada día

Los primeros días después de la cirugía, comenzarás con una meta mínima de 48 onzas y luego la aumentarás a partir de ahí. Recuerda, debemos evitar la deshidratación.

Lleva un registro a medida que avanzas para asegurarte de alcanzar tu meta.

horario de las bebidas

No bebas mientras estés comiendo. Espera 30 minutos después de comer para retomar la ingesta de líquidos.

Esta es una habilidad para el éxito a lo largo de toda la vida para aprovechar al máximo la herramienta quirúrgica bariátrica. De lo contrario, los alimentos y las bebidas pueden mezclarse y salir de tu estómago bariátrico más rápido. Además, en los primeros días después de la cirugía, si bebes demasiado pronto, es posible que vomites la bebida y los alimentos. Comuníquese con el consultorio si tiene algún problema con los vómitos.

idea para el café

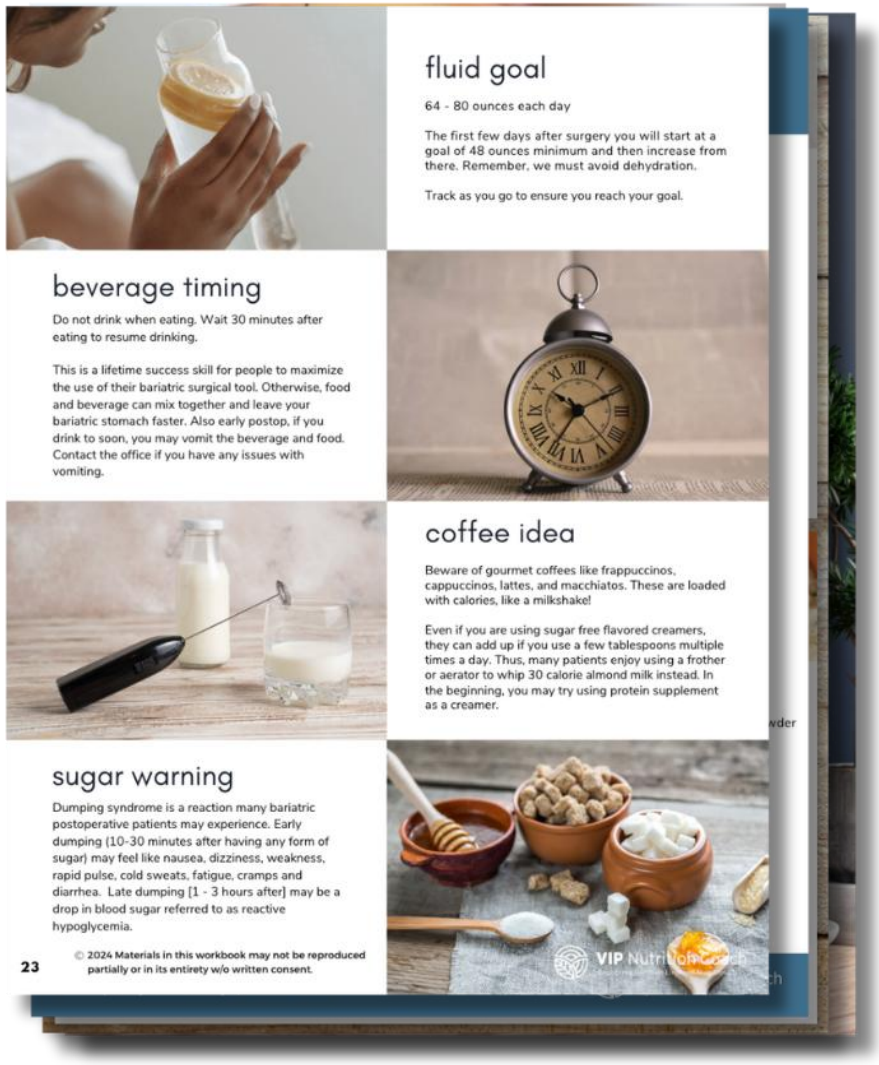
Ten cuidado con los cafés gourmet como frappuccinos, cappuccinos, lattes y macchiatos. Están cargados de calorías, ¡como un batido!

Incluso si estás usando cremas saborizantes sin azúcar, pueden acumularse si usas unas cucharadas varias veces al día. Por lo tanto, muchos pacientes disfrutan usando un batidor de leche o un aerador para batir leche de almendras de 30 calorías en su lugar. Al principio, puedes probar usando un suplemento de proteico como crema para el café.

advertencia sobre el azúcar

El síndrome de dumping es una reacción que muchos pacientes posoperatorios bariátricos pueden experimentar. El dumping temprano (10-30 minutos después de consumir cualquier forma de azúcar) puede provocar náuseas, mareos, debilidad, pulso acelerado, sudor frío, fatiga, calambres y diarrea. El dumping tardío (1-3 horas después) puede ser una disminución del azúcar en la sangre conocida como hipoglucemia reactiva.

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fluid goal

64 - 80 ounces each day

The first few days after surgery you will start at a goal of 48 ounces minimum and then increase from there. Remember, we must avoid dehydration.

Track as you go to ensure you reach your goal.

beverage timing

Do not drink when eating. Wait 30 minutes after eating to resume drinking.

This is a lifetime success skill for people to maximize the use of their bariatric surgical tool. Otherwise, food and beverage can mix together and leave your bariatric stomach faster. Also early postop, if you drink to soon, you may vomit the beverage and food. Contact the office if you have any issues with vomiting.

coffee idea

Beware of gourmet coffees like frappuccinos, cappuccinos, lattes, and macchiatos. These are loaded with calories, like a milkshake!

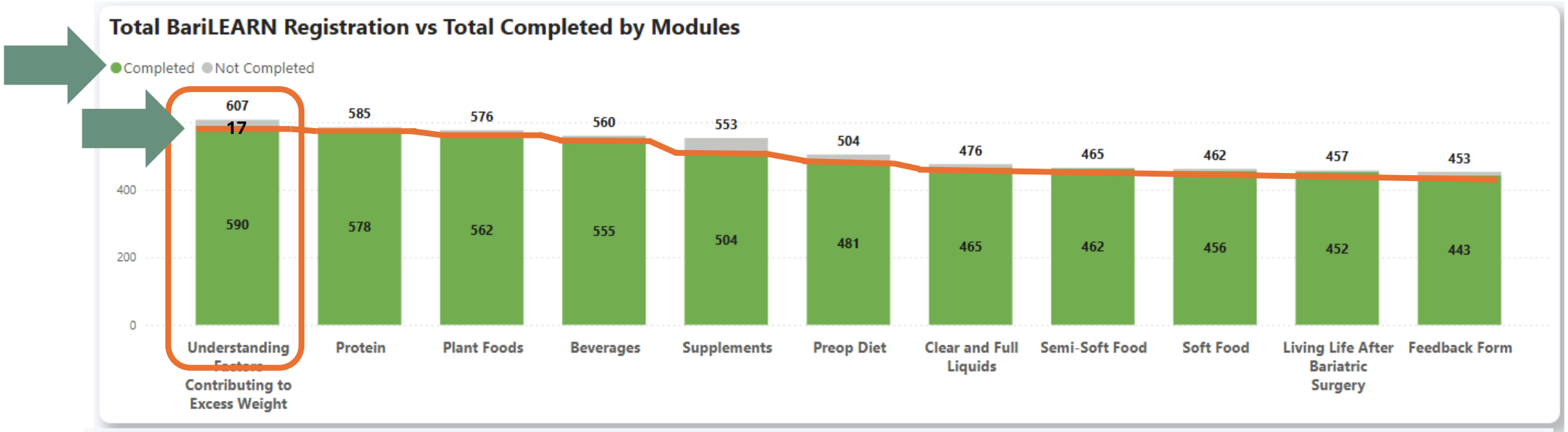
Even if you are using sugar free flavored creamers, they can add up if you use a few tablespoons multiple times a day. Thus, many patients enjoy using a frother or aerator to whip 30 calorie almond milk instead. In the beginning, you may try using protein supplement as a creamer.

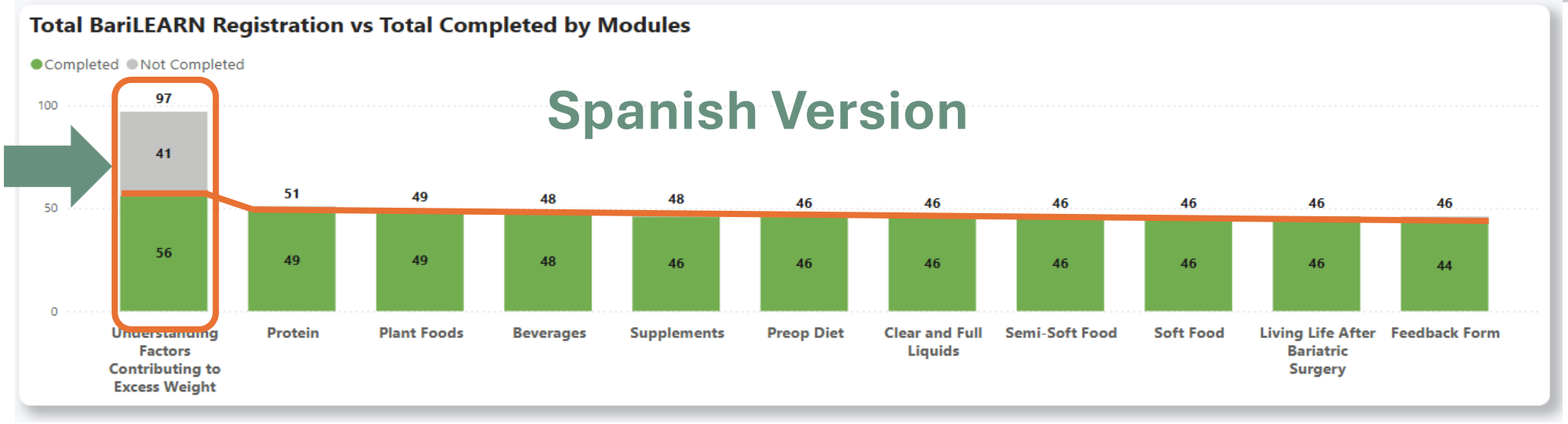
sugar warning

Dumping syndrome is a reaction many bariatric postoperative patients may experience. Early dumping (10-30 minutes after having any form of sugar) may feel like nausea, dizziness, weakness, rapid pulse, cold sweats, fatigue, cramps and diarrhea. Late dumping (1 - 3 hours after) may be a drop in blood sugar referred to as reactive hypoglycemia.

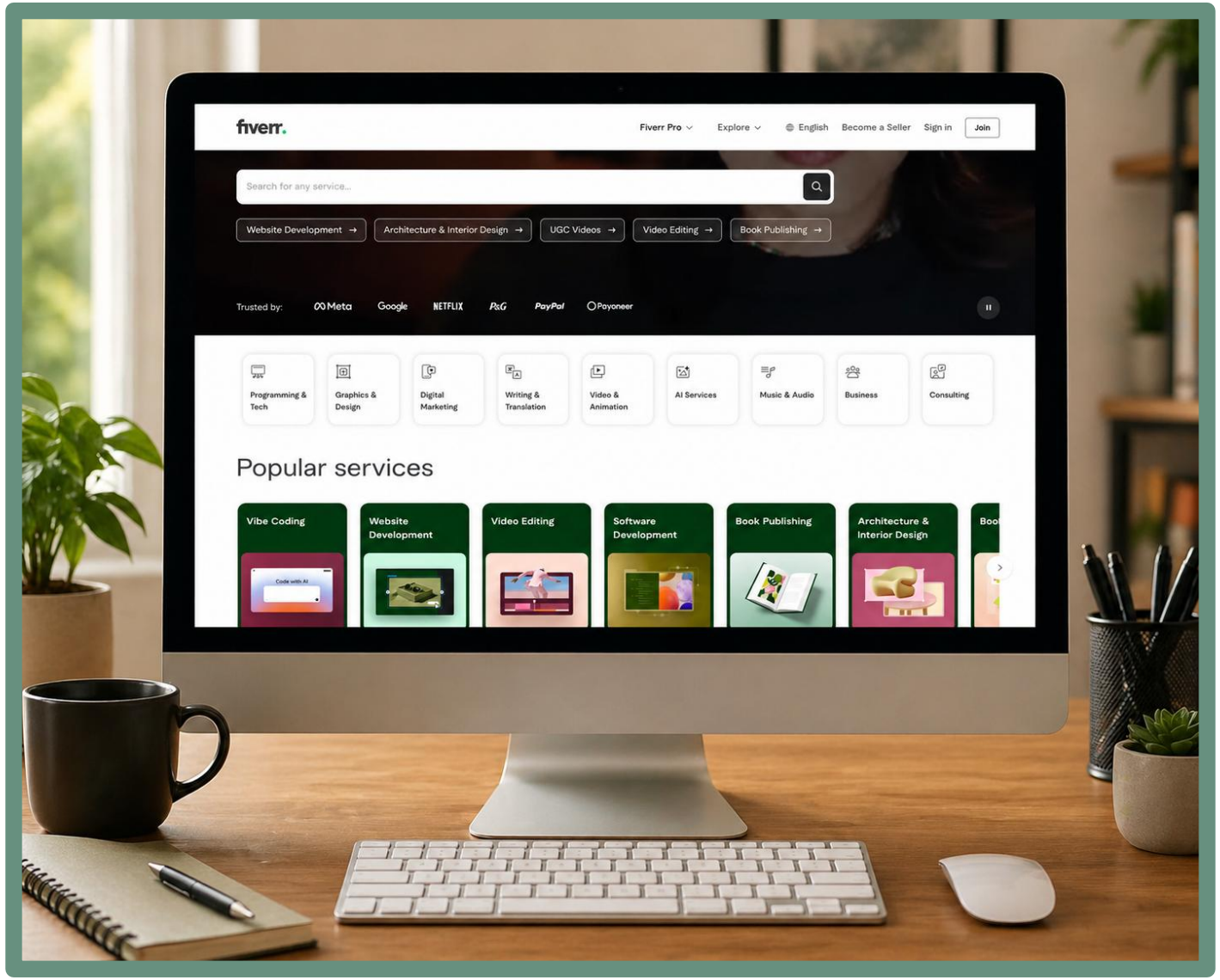
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ANALYSIS & FEEDBACK = QUALITY IMPROVEMENT

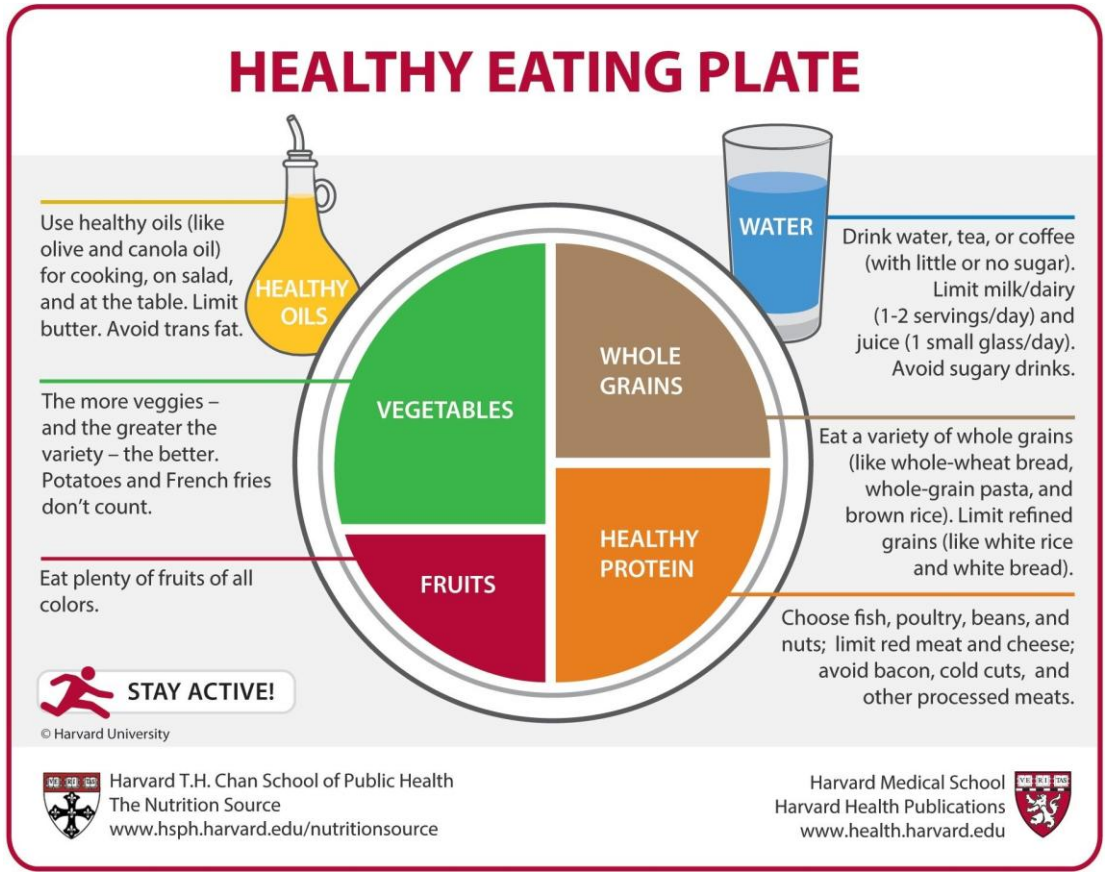


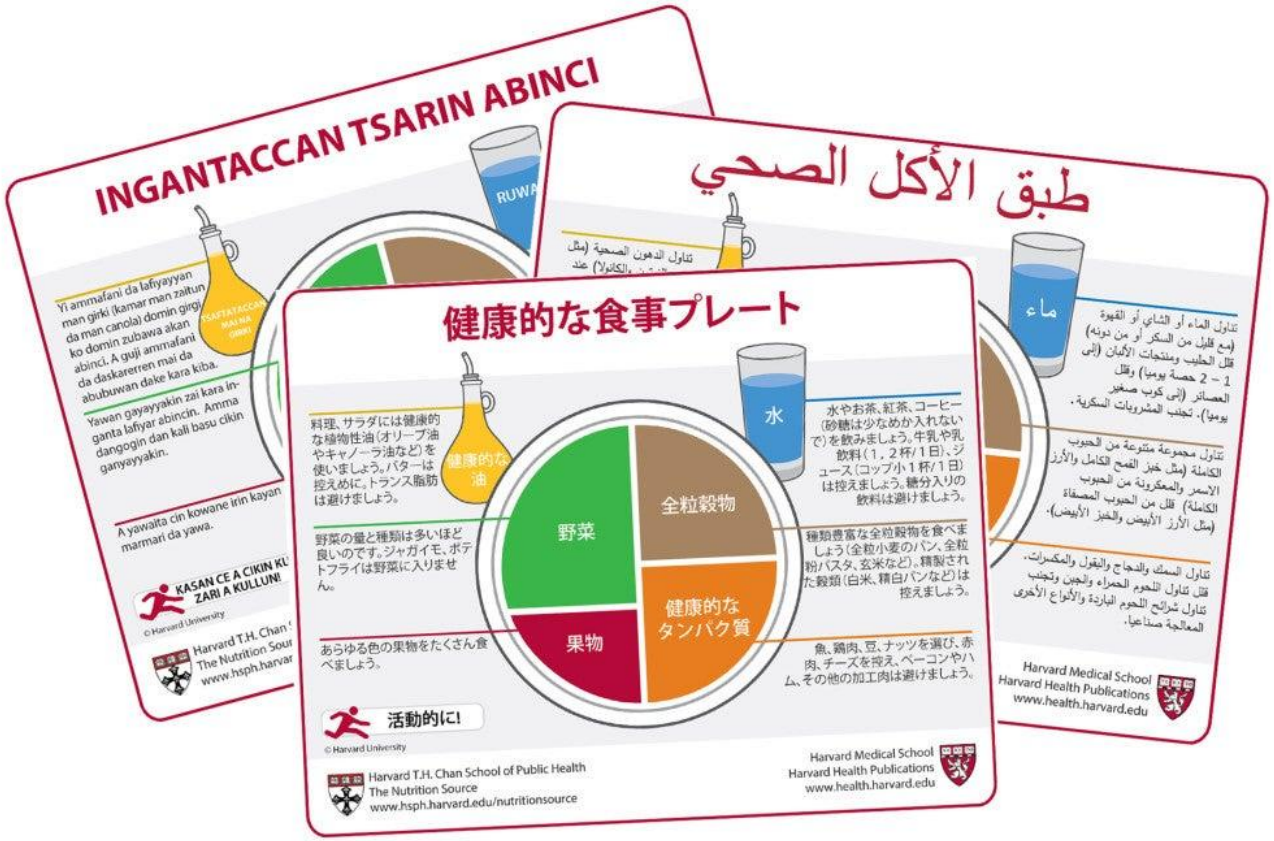


RESOURCES AVAILABLE: FIVERR



RESOURCES AVAILABLE: DIFFERENT LANGUAGES





Copyright © 2008. For more information about The Healthy Eating Pyramid, please see The Nutrition Source, Department of Nutrition, Harvard T.H. Chan School of Public Health, www.thenutritionsource.org, and Eat, Drink, and Be Healthy, by Walter C. Willett, M.D., and Patrick J. Skerrett (2005), Free Press/Simon & Schuster Inc."

Every patient should feel
welcomed and embraced on the entire continuum of care
from first touch to surgery and aftercare.

Provide Care based on Nutrition & Cultural Differences Beyond Translation

When patients say they eat *crackers*, what does that mean?





When patients say they eat *salad*, what does that mean?







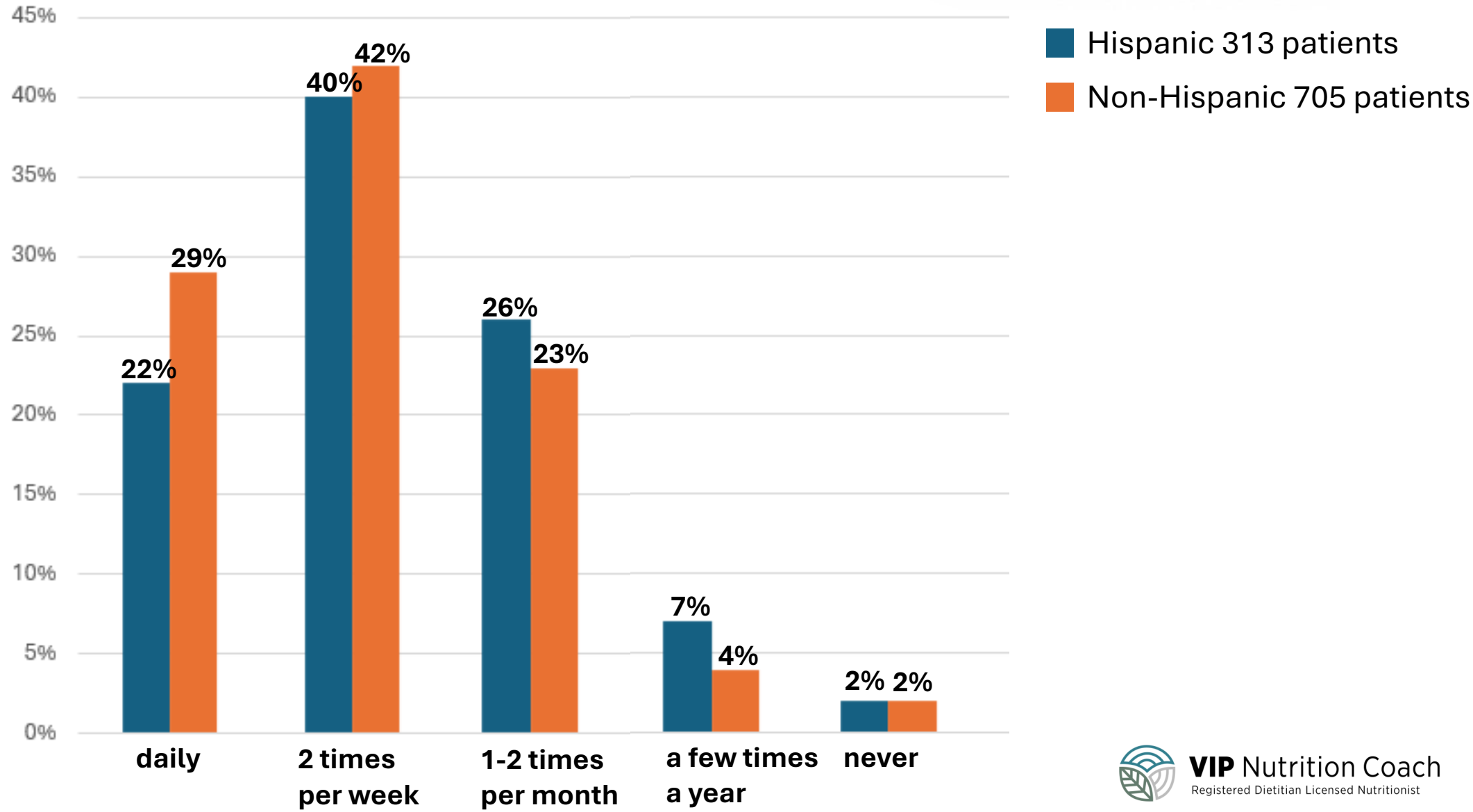


When patients say they eat *cookies*, what does that mean?



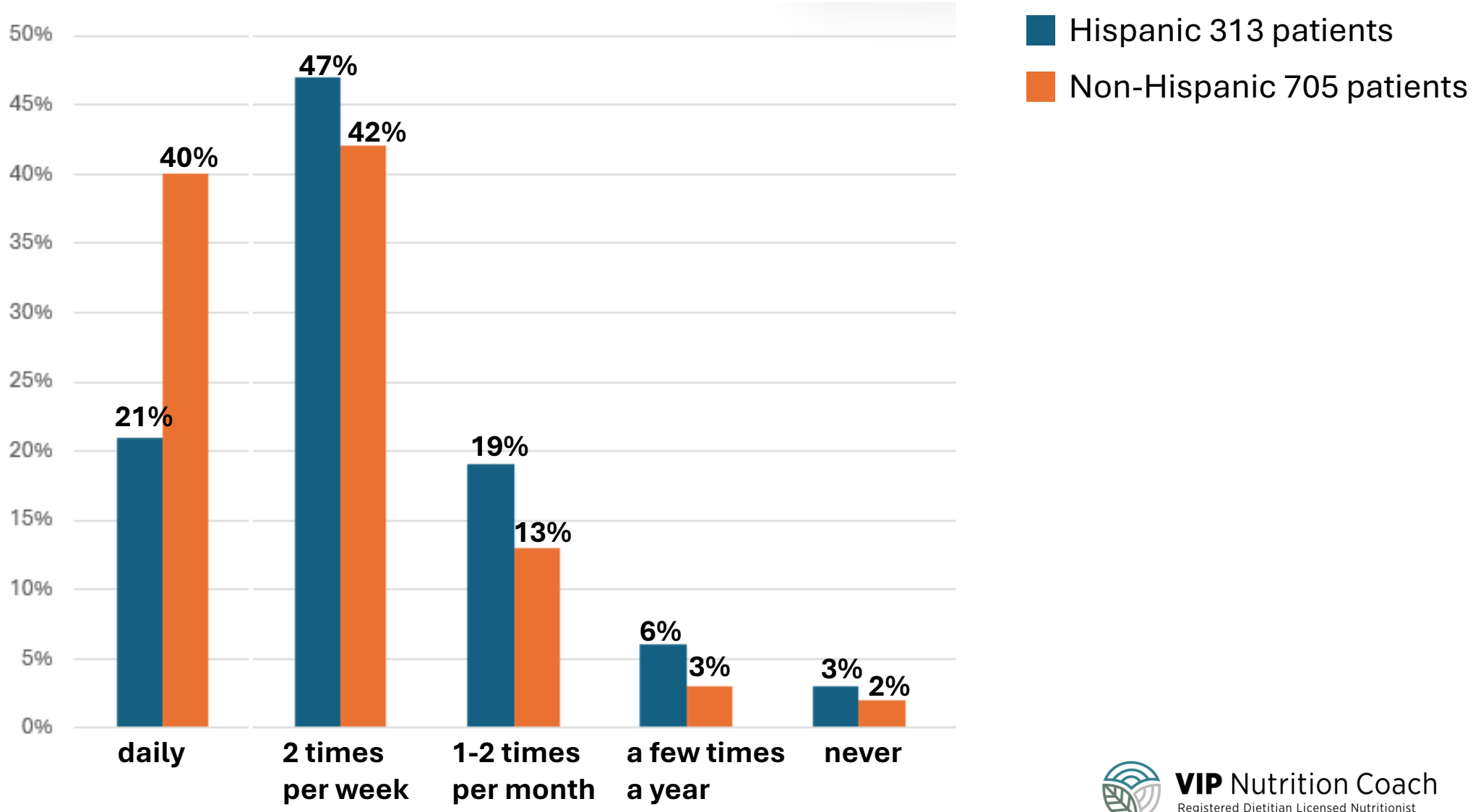


How often do you eat fruit?



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How often do you eat vegetables?



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How many plant foods do we need in a week?

AMERICAN GUT PROJECT































BariLEARN
by VIP Nutrition Coach

JUICE VS SMOOTHIE





CULTURAL DIFFERENCES





NO ASSUMPTIONS





KNOW WHAT YOU ARE RECOMMENDING





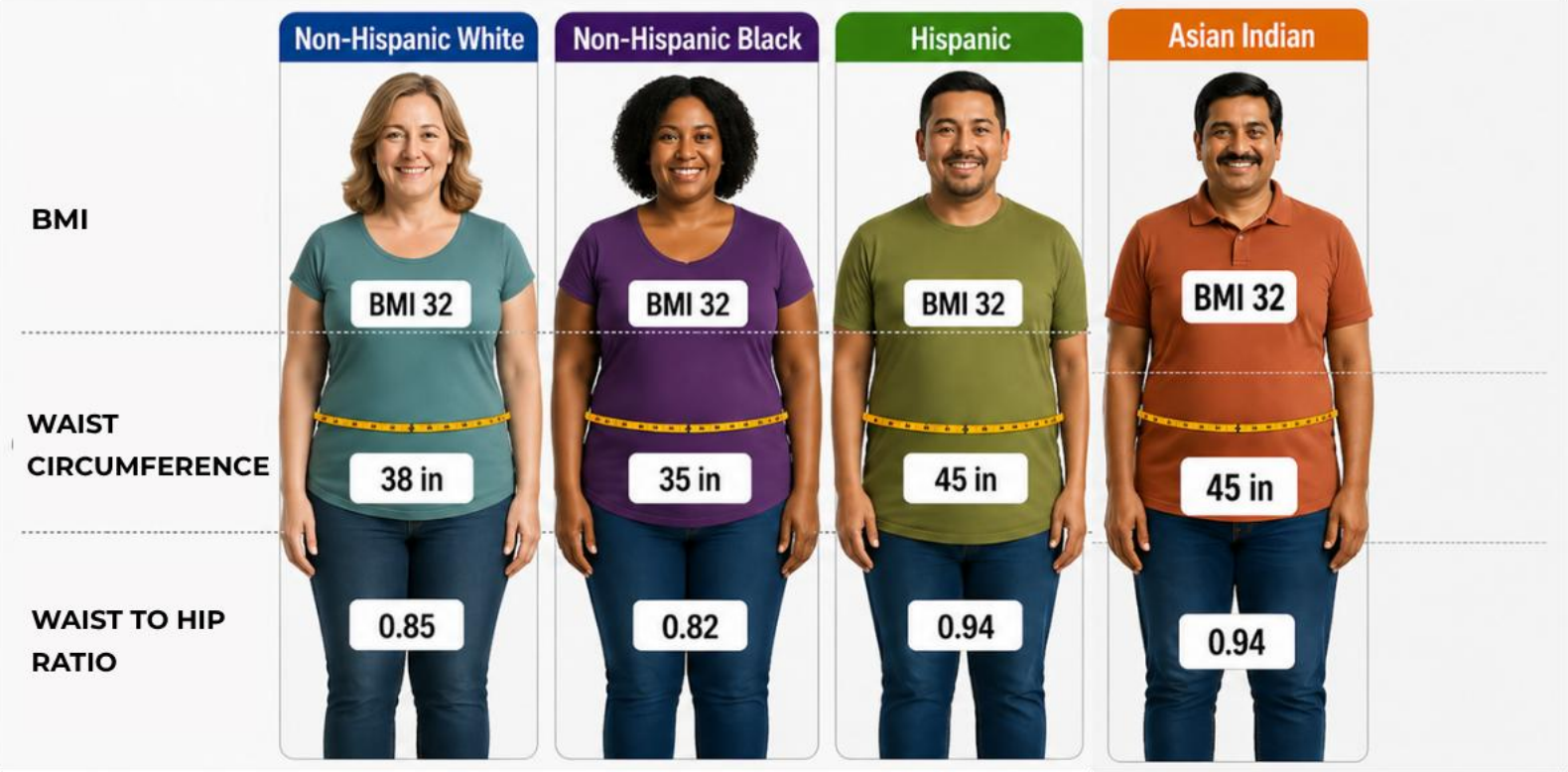
“FIBER” – 2 DIFFERENT MEANINGS



TARGET WEIGHT - DISPARATIES



FURTHER RESEARCH:
DIFFERENCES IN FAT DISTRIBUTION & HEALTH RISK



Karnes JH, Arora A, Feng J, et al. Racial, ethnic, and gender differences in obesity and body fat distribution: An All of Us Research Program demonstration project. PLoSOne. 2021;16(8):e0255583. Published 2021 Aug 6. doi:10.1371/journal.pone.0255583

Gonzales R, et al. Exploring the relationship between academic resilience and student well-being in higher education. Journal of Applied Research in Higher Education. 2023;15(4):—. doi:10.1016/j.heliyon.2023.e1355

KEY TAKEAWAYS

Understand Your Patient Population

Build Care Pathways to Ensure Best Practice Care for All

Align Recommendations with Nutrition & Cultural Sensitivity



THANK YOU!

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