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Review

The role of medical social workers in promoting nutrition and health within multidisciplinary care teams

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Abstract: Medical social workers are key to promoting nutrition and health within multidisciplinary care teams. This paper focuses on their vital role in addressing the social determinants of health that significantly impact patient nutrition and overall well-being. Their role extends beyond traditional healthcare settings by tackling barriers such as food insecurity, socioeconomic status, and limited access to education, which can hinder patients' nutritional outcomes. By collaborating with dietitians, physicians, nurses, and other healthcare providers, medical social workers help create holistic, patient-centered care plans that address medical and nutritional needs, ultimately improving overall health outcomes. In addition to providing direct support to patients, medical social workers advocate for equitable access to nutritious food and sustainable food practices, which align with the United Nations' Sustainable Development Goals (SDGs) related to food security, reducing inequalities, and fostering sustainable systems. They engage in community education, encourage sustainable consumption, and push for systemic policy changes to ensure all populations, especially vulnerable groups, access affordable and nutritious food. Through these efforts, they contribute to reducing health disparities and promoting public health. Integrating medical social workers into healthcare teams is essential for addressing the complex and interrelated factors influencing health, including psychosocial and emotional factors. Their expertise in cultural competence, advocacy, and patient engagement positions them as invaluable members of multidisciplinary teams, ensuring that health equity is prioritized. As healthcare systems continue to evolve, the recognition and support of medical social workers will be crucial for improving health outcomes, fostering sustainable development, and building healthier, more resilient communities.

Keywords: medical social workers; nutrition; health promotion; multidisciplinary care; sustainable development; health equity; food insecurity; public health

1. Introduction

The role of medical social workers in promoting nutrition and health within multidisciplinary care teams is increasingly recognized as essential for improving patient outcomes. Medical social workers are trained to address the psychosocial aspects of health care, which includes understanding the nutritional needs of patients and facilitating access to appropriate resources [1–4]. Their involvement in multidisciplinary teams allows for a holistic approach to patient care, where nutrition is integrated into the overall health management plan. This integration is crucial, especially in settings where patients face chronic illnesses or complex health challenges that require coordinated efforts from various health professionals,

including dietitians, nurses, and physicians [5].

Medical social workers utilize various strategies to promote nutrition among patients. One practical approach is motivational interviewing, which has been shown to enhance patient engagement in healthcare decisions, including dietary choices [6]. By employing this technique, social workers can help patients articulate their health goals and identify barriers to achieving them. This process empowers patients and fosters a collaborative environment where healthcare providers can work together to address the multifaceted nature of health and nutrition. Furthermore, social workers often liaise between patients and other health professionals, ensuring that nutritional advice is culturally sensitive and tailored to individual needs [7].

In addition to direct patient interaction, medical social workers play a critical role in educating other healthcare professionals about the importance of nutrition in patient care. They advocate for including nutrition training in medical education and clinical practice, highlighting the need for health professionals to be equipped with the skills necessary to provide adequate nutritional counseling [8,9]. This advocacy is critical in settings where healthcare providers may have limited nutrition training, leading to patient care gaps. By promoting interdisciplinary education and collaboration, social workers help to create a more informed healthcare team that can better address the nutritional needs of patients [9].

Moreover, social workers can be instrumental in addressing health disparities that affect nutritional access and education. They are often at the forefront of initiatives to reduce healthcare inequities, particularly for marginalized populations who may experience barriers to accessing nutritious food and health services [10]. By understanding the social determinants of health, medical social workers can implement targeted interventions that improve individual health outcomes and contribute to broader community health initiatives. This role is vital in ensuring all patients receive equitable care, regardless of their socioeconomic status or background [10].

The impact of medical social workers on nutritional health is also evident in their involvement in community health programs. For instance, community health workers, often supported by social workers, have been shown to effectively improve dietary practices among low-income populations through education and support [11,12]. These programs often focus on lifestyle modifications, such as dietary changes and medication adherence, which are crucial for managing chronic conditions. By facilitating these community-based interventions, social workers help bridge the gap between clinical care and community health, ensuring that patients receive complete support [11,12].

Furthermore, medical social workers can assist patients in coping with the emotional challenges associated with dietary changes, chronic illness, and health-related stress [7,13]. This support is essential, as emotional well-being is closely linked to physical health outcomes. By addressing the psychological aspects of health, social workers contribute to a more holistic approach to patient care, which is particularly important in multidisciplinary teams where collaboration is key to success [7,13].

Medical social workers are vital to multidisciplinary care teams, particularly in promoting nutrition and health. Their training in psychosocial care, advocacy for

equitable health access, and ability to facilitate communication among health professionals enhance the overall effectiveness of patient care. By integrating nutrition into the broader health management framework, social workers improve individual health outcomes and contribute to advancing public health initiatives to reduce health disparities. Their multifaceted role stresses the importance of a collaborative approach to health care, where nutrition is a fundamental component of overall well-being [2,8,10].

This paper focuses on the vital role of medical social workers in promoting nutrition and health within multidisciplinary care teams. It explores how their unique expertise in addressing social determinants of health, such as food insecurity, enhances patient outcomes and supports equitable access to nutritional care. Additionally, the paper highlights their contributions to sustainable development by advocating for systemic changes that integrate nutrition, health, and sustainability goals.

2. Understanding the role of medical social workers

Medical social workers play a crucial role in addressing the multifaceted challenges faced by vulnerable populations, particularly in the framework of social determinants of health such as food insecurity, housing instability, and access to healthcare. These professionals are trained to navigate complex social systems and support individuals and families grappling with various socioeconomic challenges. Their core responsibilities involve direct support, advocacy, and resource mobilization to ensure patients receive broad care that addresses their unique needs. For instance, individuals experiencing homelessness often rely on emergency departments (EDs) for healthcare, yet they frequently return to unstable living conditions post-discharge. Medical social workers can intervene at this critical juncture to facilitate access to housing resources and ongoing healthcare, thereby addressing the root causes of their health issues [14].

A significant aspect of the work of medical social workers involves conducting psychosocial assessments to understand patients' needs holistically. These assessments are essential for identifying the underlying factors contributing to a patient's health status, including their social, economic, and psychological circumstances. Research indicates practical psychosocial assessments can lead to better health outcomes, particularly for vulnerable populations such as childhood obesity, where lifestyle and psychosocial factors are essential [15]. By employing an all-inclusive assessment approach, social workers can tailor interventions that address immediate health concerns and promote long-term well-being through lifestyle changes and social support [15]. This holistic perspective is particularly vital in integrated care settings, where collaboration among healthcare providers is necessary to address the complex needs of patients [16].

Advocacy is another core responsibility of medical social workers, particularly for vulnerable populations facing systemic barriers to healthcare access. These professionals often liaise between patients and healthcare systems, ensuring that individuals receive the necessary resources and support. For example, impoverished individuals often encounter significant barriers to healthcare access, including

financial constraints and a lack of information about available services [17]. Medical social workers can advocate for policy changes that improve access to care, such as expanding insurance coverage or increasing funding for community health programs. Their efforts can enhance healthcare access and reduce disparities in health outcomes for marginalized groups [18].

Cultural competence is essential for medical social workers, enabling them to meet their patients' diverse needs effectively. The understanding of the patients' cultural backgrounds and experiences is critical for providing appropriate care and support. For instance, research has shown that ethnic minority women may face unique barriers to accessing maternal healthcare due to systemic racism and cultural misunderstandings within healthcare systems [19]. By fostering cultural competence, medical social workers can build trust with patients and ensure that care is respectful and responsive to their cultural needs. This approach improves patient satisfaction and enhances interventions' effectiveness [20].

Moreover, the impact of social determinants of health on healthcare access should be balanced. Housing instability and food insecurity significantly affect an individual's ability to seek and receive healthcare. Studies have demonstrated that individuals experiencing food insecurity are more likely to report poor health and have limited access to healthcare services [21]. Medical social workers are uniquely positioned to address these issues by connecting patients with community resources, such as food banks and housing assistance programs. Their role in identifying and mitigating the effects of social determinants is vital for promoting health equity and improving overall health outcomes [22].

In addition to addressing immediate needs, medical social workers also play a critical role in long-term health planning for vulnerable populations. By conducting thorough assessments and understanding the unique challenges faced by their patients, social workers can help develop broad care plans that include medical treatment, social support, and resource access. This holistic approach is particularly important for individuals with chronic conditions, who often require ongoing support to manage their health effectively [16]. The integration of social work into healthcare teams has been shown to improve patient outcomes, reduce hospital readmissions, and enhance the overall quality of care [23].

Medical social workers often work alongside physicians, nurses, and other healthcare professionals to ensure patients receive coordinated care that addresses medical and social needs. This interprofessional approach is essential for effectively managing the complex health issues faced by vulnerable populations, as it allows for sharing of information and resources across disciplines [24]. By fostering collaboration, medical social workers can help create a more integrated healthcare system that prioritizes the needs of all patients, particularly those from marginalized backgrounds.

Furthermore, the role of medical social workers extends beyond individual patient care to involve community-level interventions to address systemic issues related to health disparities. By engaging in community outreach and education, social workers can raise awareness about the social determinants of health and advocate for policies that promote health equity. For example, initiatives to improve public transportation access to healthcare services can significantly impact

vulnerable populations struggling to reach medical facilities [23]. Through these efforts, medical social workers contribute to broader public health goals and work towards creating a more equitable healthcare system.

3. The importance of nutrition in healthcare

Nutrition plays a critical role in the prevention, management, and treatment of chronic diseases such as diabetes, heart disease, obesity, and malnutrition. Integrated nutritional strategies are essential for improving health outcomes, enhancing recovery, and reducing healthcare costs.

3.1. Nutrition in chronic disease management

Nutrition is foundational in managing chronic diseases, especially diabetes, cardiovascular disease, and obesity (**Figure 1**). The study by Franz [25] emphasizes that diabetes nutrition therapy should be individualized. There is no universal model; rather, eating patterns, macronutrient composition, and weight-loss strategies should align with the patient's health status and preferences. Clinical evidence suggests a 1%–2% reduction in hemoglobin A1c and other health improvements depending on diabetes type, glycemic control, and intervention duration. In diabetes care, balanced diets help control blood sugar levels and prevent complications like neuropathy and retinopathy. Dietary interventions such as carbohydrate counting and portion control are effective for glycemic control [8]. Medical social workers contribute by helping low-income families access diabetic-friendly food, addressing both nutrition and food insecurity [26]. Petroni et al. [27] further emphasize that long-term adherence to individualized dietary plans and moderate supplement use can significantly reduce obesity and diabetes-related complications. Shin et al. [28] demonstrated that higher atherogenic index of plasma levels, which were significantly associated with poor dietary intake and obesity indicators, can serve as a predictor of coronary artery disease risk in Korean men. **Figure 1** illustrates the role of nutrition in mitigating chronic disease progression by influencing factors such as glucose levels, lipid profiles, and inflammatory markers, thereby reducing the risk of diabetes, cardiovascular disease, and obesity. Similarly, Nurkolis et al. [29] showed that personalized dietary strategies (including plant-based and Mediterranean diets) could reduce T2DM risk by up to 30% and improve metabolic markers through gut microbiota modulation. **Table 1** provides an overview of research on diet-related risk factors for heart disease, obesity, and diabetes.

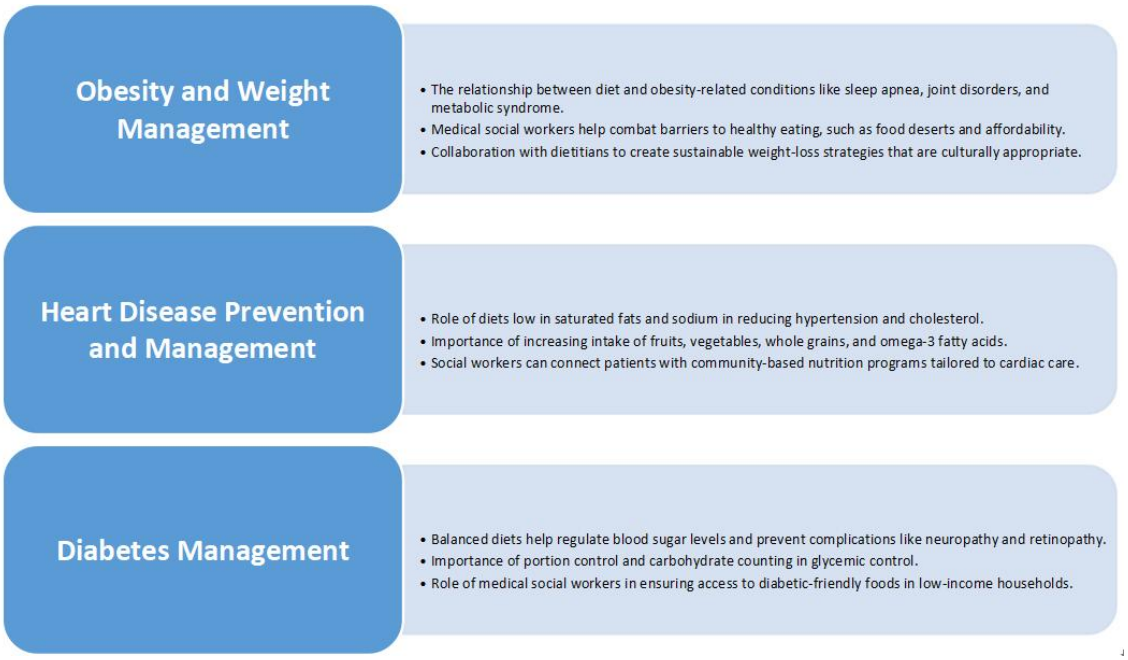

Figure 1. Role of nutrition in managing chronic diseases such as diabetes, heart disease, and obesity.

Table 1. Overview of research on diet-related risk factors for heart disease, obesity, and diabetes.

The study investigated the dietary patterns of 240 patients hospitalized for heart failure (HF) decompensation in Sergipe, Brazil, and their association with demographic, economic, and clinical factors. The cross-sectional study, part of the VICTIM-CHF registry, collected data from April 2018 to February 2021 using a semiquantitative food frequency questionnaire and applied exploratory factor analysis to identify dietary patterns. Three patterns were found: "traditional" (northeastern Brazilian foods plus ultra-processed items), "Mediterranean" (heart-healthy foods), and "dual" (a mix of healthy and convenient processed foods). The "traditional" pattern was more common among men and non-diabetics, while the "Mediterranean" pattern was significantly associated with older age, lower income, absence of hypertension, and use of public healthcare. The "dual" pattern was linked to higher income, private care, and better functional capacity. Obesity and diabetes status influenced adherence, with diabetics showing less tendency toward traditional diets, and older women showing lower scores for traditional pattern adherence.	[30]
The study assessed the relationship between adherence to the Mediterranean diet and all-cause and cardiovascular mortality in patients with heart failure. Using data from 832 participants in the NHANES (1999–2010), dietary adherence was measured via the alternate Mediterranean Diet Index (aMED), with a median score of 3. Cox regression models showed that higher adherence to the Mediterranean diet (aMED ≥ 3) was not significantly associated with reduced risk of all-cause mortality (HR 0.797, $p = 0.116$) or cardiovascular mortality (HR 0.911, $p = 0.724$). Notably, a lower intake of red/processed meat was paradoxically linked to a higher risk of mortality (HR 1.406, $p = 0.043$), suggesting a complex role of diet components. These findings imply that while overall Mediterranean diet adherence may not significantly reduce mortality in heart failure patients, specific dietary elements like red meat intake do.	[31]
The study is a prospective observational study involving 93 premenopausal women to evaluate whether the relationship between breast volume and body mass index (BMI) could serve as a predictor of cardiovascular risk in individuals with overweight and mild obesity. The study assessed various anthropometric parameters, including BMI (mean 27.3 kg/m^2), waist-to-hip ratio (0.8), breast volume (1045 cm^3), body fat mass (30.6%), and visceral fat (6.6%). Cardiovascular risk was determined using the Framingham score, triglycerides/HDL ratio (mean 1.7), and waist-hip ratio. Results showed that increased breast volume relative to BMI was associated with higher indicators of cardiovascular risk. This suggests that breast volume, when considered alongside BMI, may be a useful anthropometric marker for early identification of risk factors related to heart disease, obesity, etc. in overweight and mildly obese women.	[32]
The study investigated regional differences in the relationship between dietary factors and metabolic abnormalities (obesity, hypertension, and diabetes) among single-person households in Korea. The study analyzed data from 685,327 adults (aged ≥ 19) from the 2015–2017 Korea Community Health Survey, categorizing regions into rural, mid-sized cities, and metropolitan areas. Using multivariable logistic regression, the study found that single-person households in cities were more likely to skip breakfast, rely on nutrition labels, and face food insecurity compared to those in rural areas. Notably, food insecurity had the strongest association with diabetes in metropolitan residents, while use of nutrition labels was linked to obesity and hypertension among rural dwellers.	[33]
The study explored current nutritional strategies in managing type 2 diabetes (T2D), focusing on diet, patient adherence, and the role of supplements. The study emphasizes that while reducing energy intake is crucial to combat obesity (a major risk factor for heart disease and T2D), it often leads to sarcopenic obesity, which worsens metabolic and cardiovascular outcomes. Among various diets studied, the Mediterranean diet emerges as the most preferred, with long-term adherence being more critical than the specific diet type. Although supplements like inositols, vitamin D, magnesium, zinc, and probiotics show modest benefits in insulin sensitivity, they are not routinely recommended. Key findings highlight that personalized meal planning and regular physical activity, tailored through patient collaboration, are essential for effective weight management and prevention of diabetes-related complications such as heart disease, etc.	[27]

Table 1. (*Continued*).

The study reviewed dietary strategies aimed at improving insulin sensitivity and lowering the risk of type 2 diabetes (T2D), with a focus on data from recent meta-analyses. The study assessed various diets (including Mediterranean, low-carbohydrate, high-fiber, and plant-based diets) and their mechanisms, such as GLP-1 receptor activation and PPAR regulation, in enhancing glucose metabolism. Probiotics and synbiotics were emphasized for their role in reducing inflammation and oxidative stress, thereby improving insulin sensitivity through gut microbiota modulation. Notably, the review reported a 15%–30% reduction in T2D incidence and significant improvements in body mass index (BMI), lipid profiles, and inflammatory markers, directly impacting heart disease, obesity, and metabolic syndrome risk.	[29]
This study examined the role of machine learning in predicting and managing obesity by conducting a systematic literature review of research published between 2010 and 2020. Using a rigorous selection process, 93 primary studies were identified from an initial pool of over 700 papers focused on obesity-related issues. The methodology emphasized identifying key risk factors and diseases linked to obesity (such as diabetes, cardiovascular conditions, and metabolic syndrome) while highlighting machine learning's ability to accurately and efficiently predict obesity outcomes.	[34]
This review aims to clarify the evolving science and policy surrounding nutrition, with a focus on preventing cardiovascular diseases, obesity, and diabetes mellitus. It uses a broad methodological approach, reviewing historical context, emerging research, and policy trends to evaluate whole dietary patterns rather than isolated nutrients. Major findings highlight that higher intake of fruits, non-starchy vegetables, legumes, fish, nuts, whole grains, and healthy oils is associated with improved cardiometabolic health, while processed meats, refined grains, added sugars, salt, and trans fats increase risk.	[35]
This review aimed to examine the role of dietary factors in the development and management of hypertension, focusing on their impact on cardiovascular health. The methodology involved a comprehensive review of existing literature on nutritional components such as sodium, potassium, fats, sugars, alcohol, and caffeine, as well as dietary patterns like the Mediterranean diet. Key findings highlight that excessive sodium, saturated fats, and sugars contribute significantly to elevated blood pressure, while increased intake of potassium-rich foods and adherence to diets like the Mediterranean diet help lower blood pressure levels. For instance, studies show that reducing sodium intake by 1,000 mg/day can lower systolic blood pressure by 5–6 mmHg and diastolic by 2–3 mmHg, underscoring the importance of dietary interventions in hypertension control.	[36]
This study aimed to evaluate the effectiveness of dietary interventions in preventing and managing type 2 diabetes mellitus (T2DM) and cardiovascular disease (CVD), with a focus on strategies beyond weight loss, including improvements in cardiorespiratory fitness. The methodology involved a synthesis of current literature and clinical findings related to diet quality, caloric restriction, and metabolic health outcomes. Results indicate that while weight loss improves glycemic control in T2DM, diet quality alone (irrespective of weight loss) provides significant benefits for CVD prevention and risk reduction. Additionally, dietary strategies that enhance cardiorespiratory fitness, even without weight loss, are beneficial and should be promoted in individuals with obesity.	[37]

In diabetes care, balanced diets help control blood sugar levels and prevent complications like neuropathy and retinopathy. Dietary interventions such as carbohydrate counting and portion control are effective for glycemic control [8]. Medical social workers contribute by helping low-income families access diabetic-friendly food, addressing both nutrition and food insecurity [26]. Petroni et al. [27] further emphasize that long-term adherence to individualized dietary plans and moderate supplement use can significantly reduce obesity and diabetes-related complications.

Shin et al. [28] demonstrated that higher atherogenic index of plasma levels, which were significantly associated with poor dietary intake and obesity indicators, can serve as a predictor of coronary artery disease risk in Korean men. Similarly, Nurkolis et al. [29] showed that personalized dietary strategies (including plant-based and Mediterranean diets) could reduce T2DM risk by up to 30% and improve metabolic markers through gut microbiota modulation. Billingsley et al. [37] also found that improvements in cardiorespiratory fitness through dietary strategies yielded cardiovascular benefits even in the absence of weight loss.

3.2. Nutrition in recovery and treatment settings

Malnutrition impedes recovery, particularly post-surgery and during treatments like chemotherapy (**Figure 2**). Poor nutrition increases infection risks, delays wound healing, and prolongs hospitalization, making nutrient-rich, high-protein diets essential for tissue repair and immune support [38]. As shown in **Figure 2**,

malnutrition significantly affects treatment outcomes by increasing susceptibility to complications and slowing recovery processes. Social workers are instrumental in ensuring patients have access to nutritional support after discharge, including meal plans and caregiver assistance [39]. During chemotherapy, patients often struggle with appetite, nausea, and taste changes, and proper nutrition is vital to avoid muscle wasting and fatigue [40]. Oncology dietitians and social workers collaborate to ensure patients maintain adequate nutrition despite these challenges [41].

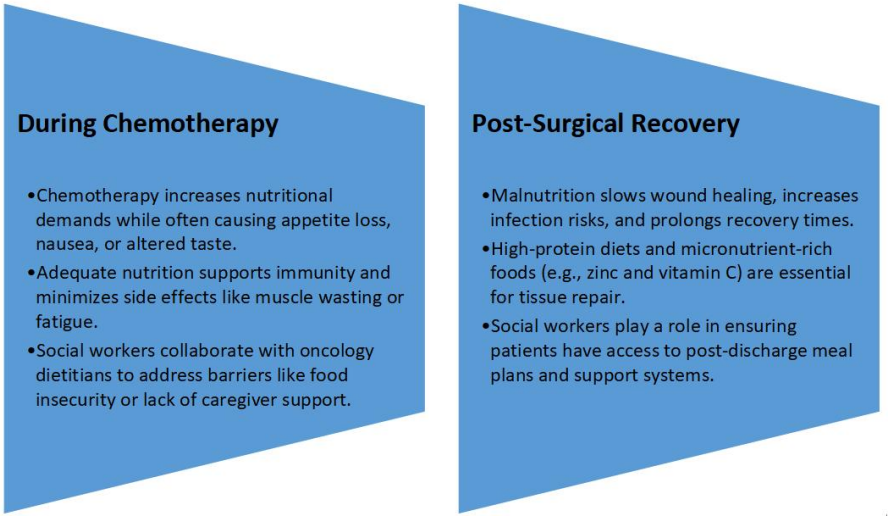

Figure 2. Impact of malnutrition on patient recovery, especially post-surgery or during chemotherapy.

3.3. Nutrition as a preventive healthcare strategy

Balanced diets play a preventive role in reducing hospital admissions due to chronic illnesses like heart failure and diabetes (**Figure 3**). Preventive dietary strategies, such as low-sodium intake, can minimize complications and enhance overall health [42]. As illustrated in **Figure 3**, nutrition acts as a proactive measure in lowering the burden of chronic disease by supporting cardiovascular and metabolic health, thereby decreasing the risk of readmissions and complications. Costa et al. [30] found that Mediterranean dietary patterns were associated with better heart failure outcomes in Brazil, especially among older, lower-income patients, suggesting socioeconomic and clinical factors influence adherence. Chang et al. [31], however, reported no significant reduction in mortality from heart failure with overall Mediterranean diet adherence, though reduced red/processed meat intake was linked to higher mortality, indicating the complex interplay of dietary components. Castro et al. [32] identified breast volume relative to BMI as a potential anthropometric marker for cardiovascular risk in overweight women. Vignesh et al. [36] also emphasized the importance of limiting sodium and saturated fat intake to manage hypertension, a major driver of cardiovascular disease. Mozaffarian [35] reinforced the need for holistic dietary patterns rich in legumes, fish, and whole grains, moving beyond single-nutrient interventions to address chronic disease prevention effectively.

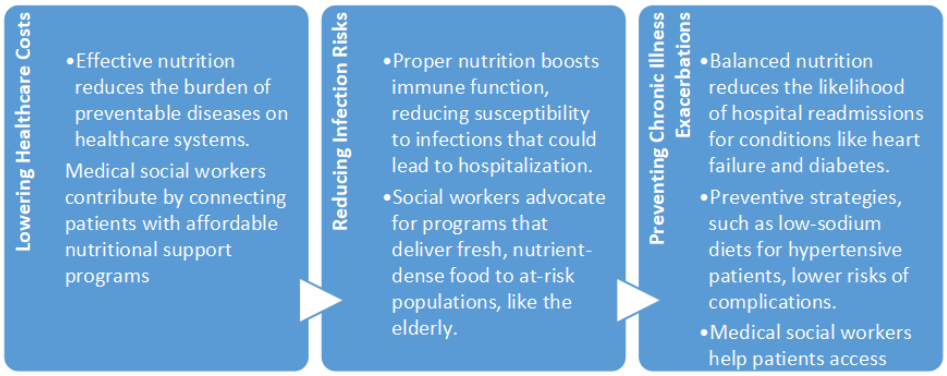

Figure 3. Nutrition as a preventive tool to reduce hospital admissions and complications.

3.4. Addressing food insecurity and health disparities

Food insecurity has been linked to malnutrition, obesity, and chronic disease [42,43]. Populations relying on inexpensive, calorie-dense foods often suffer from poor health outcomes [44], which are further exacerbated by stress-related eating patterns and limited nutrient intake [45]. As illustrated in **Figure 4**, food insecurity contributes to both physical and mental health challenges, particularly in underserved populations, due to poor diet quality and chronic stress. Social workers address these barriers by connecting individuals to food banks, community kitchens, and policy advocacy initiatives that expand access to nutritious foods [46]. They also provide emotional support to mitigate the psychological burden of food insecurity, recognizing the close link between mental well-being and diet [47,48]. Lee and Shin [33] reported that food insecurity in single-person urban households in Korea was strongly associated with increased rates of diabetes, underscoring the urgent need for region-specific strategies to address social and dietary disparities.

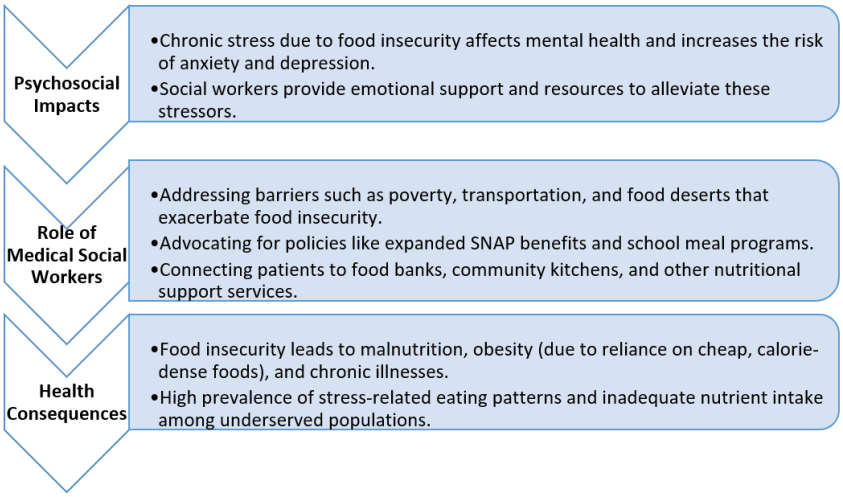

Figure 4. Link between food insecurity and poor health outcomes in underserved populations.

3.5. Patient education for sustainable health change

Patient education on nutrition is key to fostering long-term behavior change. Teaching about macronutrients, portion sizes, and label reading empowers patients to

make healthier dietary choices [49], while social workers ensure that this education is tailored to cultural and economic contexts [50]. **Figure 5** illustrates how effective nutrition education promotes sustained health behavior change by equipping individuals with knowledge and practical skills, such as understanding food labels and meal planning, to support healthy eating habits. Therefore, promoting small, sustainable changes (like meal prepping or adding more vegetables) can significantly improve outcomes over time, while dispelling myths, such as the belief that healthy food is unaffordable, encourages better decision-making. Safaei et al. [34] highlight how machine learning can enhance personalized education by predicting obesity risks early. In addition, technology and community resources (such as nutrition apps and cooking workshops) can strengthen educational outreach and empower patients. Social workers also play a pivotal role in integrating nutrition education into broader wellness initiatives across schools and workplaces. Thus, embedding nutrition education into public health policies through intersectoral collaboration fosters a culture of wellness and health equity.

Figure 5. The importance of patient education on nutrition to foster long-term health behavior change.

4. Multidisciplinary teams and collaborative care

Multidisciplinary teams (MDTs) in healthcare are composed of professionals from various disciplines who collaborate to address the complex needs of patients. These teams typically include physicians, nurses, dietitians, social workers, and specialists, each bringing unique expertise. This diversity allows for a complete approach to patient care, where different perspectives and skills can be leveraged to improve health outcomes. For instance, physicians focus on medical diagnoses and treatment plans, dietitians address nutritional needs, nurses provide ongoing patient care, and social workers assist with psychosocial aspects and resource navigation [51,52]. Integrating these roles is crucial, as it fosters a holistic understanding of patient needs and promotes effective communication among team members, essential for coordinated care [53,54].

The benefits of collaboration within MDTs are particularly evident when

addressing complex patient needs that involve physical, emotional, and nutritional health. Collaborative care models have been shown to enhance patient satisfaction, improve health outcomes, and reduce healthcare costs [55,56]. By working together, team members can create personalized care plans that address the multifaceted nature of health issues, such as chronic diseases that require medical treatment, lifestyle modifications, and emotional support [52,57]. For example, a patient with diabetes may benefit from a coordinated approach that includes medical management from a physician, dietary guidance from a dietitian, emotional support from a social worker, and regular monitoring by nursing staff [58,59]. This integrated care model ensures that all aspects of a patient's health are considered, leading to more effective interventions and improved quality of life.

Each member of an MDT plays a distinct and vital role in the collaborative process. Physicians are primarily responsible for diagnosing conditions and prescribing treatments, while nurses provide direct patient care and monitor health status. Dietitians focus on nutritional assessments and planning, ensuring patients receive the necessary nutrients to support their recovery and overall health [58,59]. On the other hand, social workers address the psychosocial factors that may impact a patient's health, such as financial barriers, family dynamics, and access to community resources [60]. This delineation of roles enhances the efficiency of care delivery and ensures that patients receive full support tailored to their individual needs [52,54].

Medical social workers serve a critical function as liaisons between patients, families, and other team members. They facilitate communication and understanding among all parties involved in the patient's care, ensuring everyone is on the same page regarding treatment goals and expectations [61,62]. By addressing the social determinants of health, social workers can help identify barriers to care and advocate for resources that support patients' needs [53,54]. For instance, they may assist families in navigating healthcare systems, accessing financial assistance, or connecting with community services, thereby enhancing the overall effectiveness of the MDT [60,61]. This role is vital in complex cases where patients may face multiple challenges that require coordinated efforts from various healthcare providers.

Studies have illustrated the success of collaboration in improving patient outcomes through nutrition-focused care. One notable instance involved a geriatric resource team implementing a comprehensive care model for older adults with complex needs, including nutritional deficiencies [57]. By integrating the expertise of dietitians, physicians, and social workers, the team could develop individualized care plans that address medical and nutritional requirements. This collaborative approach significantly improved patients' nutritional status, overall health, and quality of life [52,57]. Another example can be found in a community health initiative that focused on diabetes management, where MDTs worked together to provide education, support, and resources to patients, leading to better adherence to dietary recommendations and improved glycemic control [58,59]. These cases highlight the effectiveness of multidisciplinary collaboration in achieving positive health outcomes through a focus on nutrition and holistic care.

Furthermore, establishing shared mental models among team members is

essential for effective collaboration. Shared mental models refer to the common understanding of team roles, responsibilities, and goals, which facilitate coordination and communication within the team [51,62]. When team members clearly understand each other's roles and how they contribute to patient care, it reduces the likelihood of misunderstandings and enhances teamwork [62,63]. Research has shown that teams with well-developed shared mental models are more effective in delivering care, as they can anticipate each other's needs and work together more seamlessly [51,62]. This is particularly important in complex healthcare settings where timely and accurate communication can significantly impact patient outcomes.

The role of interprofessional education in fostering collaboration among healthcare professionals cannot be overstated. Training programs emphasizing the importance of teamwork and communication skills help prepare future healthcare providers to work effectively in MDTs [53,55]. By learning about each other's roles and responsibilities, students can develop a greater appreciation for the contributions of their colleagues, which can lead to improved collaboration in practice [53,55]. Additionally, interprofessional education initiatives have enhanced students' attitudes toward teamwork and their ability to communicate effectively with other professionals, ultimately benefiting patient care [53,55,56].

5. The role of the medical social worker in promoting nutrition and health in the multidisciplinary care team

Medical social workers can conduct broad social and nutritional assessments to detect individuals vulnerable to malnutrition or related health issues. This process often involves utilizing various screening tools, including questionnaires and patient interviews, alongside analyzing community health data. Such assessments are essential for pinpointing at-risk populations due to socioeconomic factors, health literacy, or access to resources. For instance, studies have shown that social determinants significantly influence dietary behaviors and health outcomes, highlighting the necessity for targeted interventions by medical social workers to address these disparities [8,64]. T**able 2** shows the role of medical social workers in promoting nutrition and health.

Table 2. The role of medical social workers in promoting nutrition and health.

Major role/activity	Narrative	Public health outcome
Identification of at-risk patients	Conducting social and nutritional assessments to detect malnutrition or related risks.	Early intervention reduces malnutrition prevalence and associated health complications.
Addressing food insecurity	Facilitating access to community food resources, SNAP, and WIC benefits.	Improved food security enhances nutritional status and lowers hunger-related health disparities.
Educational initiatives on nutrition	Teaching affordable, culturally appropriate dietary habits through workshops and one-on-one sessions.	Increased public awareness and adoption of healthier eating practices reduce diet-related diseases.
Collaboration with dietitians and healthcare teams	Creating personalized, sustainable nutritional plans and ensuring holistic, multidisciplinary care.	Enhanced patient adherence to nutritional plans improves long-term health outcomes like reduced obesity or diabetes rates.
Overcoming barriers to healthy eating	Addressing financial, logistical, and educational barriers through community resources and targeted interventions.	Greater access to nutritious foods leads to equitable health improvements across socio-economic groups.
Emotional support for nutrition-related challenges	Providing counseling for patients with stress, eating disorders, or chronic illnesses related to poor nutrition.	Strengthened mental health and better management of nutrition-related conditions contribute to overall public health.

In addition to identifying at-risk patients, medical social workers actively address food insecurity, a significant barrier to healthy eating. They establish connections with community food resources, such as food banks, meal delivery programs, and local farmers' markets, to ensure that patients can access nutritious food. Furthermore, they guide patients through the application processes for government benefits like the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC). Advocacy for systemic changes is also critical to their role as they work to improve access to affordable, nutritious food for underserved populations. Research indicates that food insecurity is linked to poor health outcomes [65], making the social worker's role in facilitating access to food resources vital for promoting overall health [66,67].

Educational initiatives on nutrition form another significant aspect of the medical social worker's responsibilities. They can design and implement patient-focused educational programs emphasizing affordable, healthy eating habits. These programs are tailored to meet patients' cultural and religious preferences, ensuring that dietary guidance is relevant and respectful. Workshops and one-on-one sessions are often conducted to demystify nutrition labels, meal planning, and cost-effective shopping strategies. Studies have shown that culturally appropriate education can significantly enhance dietary behaviors and health literacy among diverse populations, underscoring the importance of this educational component [68,69].

Collaboration with registered dietitians and other healthcare team members is essential for medical social workers in delivering holistic care. By partnering with dietitians, they can create personalized nutritional plans that cater to each patient's unique needs and available resources. Acting as a liaison between dietitians and other multidisciplinary team members ensures that patients receive wide-ranging care that addresses their medical and social needs. Continuous monitoring of patients' progress allows for adjustments to be made to nutritional plans as necessary, which is crucial for adapting to changing health conditions or challenges faced by patients [70,71].

Overcoming barriers to healthy eating is a significant challenge that medical social workers address in their practice. They can identify and tackle financial, logistical, and educational obstacles patients may encounter when adopting healthy eating practices. For instance, they may assist with transportation to food resources or arrange home-delivered meal programs for patients with mobility issues. Additionally, they support literacy and skill-building efforts to enhance patients' understanding of nutrition and food preparation. Research indicates that addressing these barriers is critical for promoting healthy eating behaviors, particularly among low-income populations [44,72,73].

Emotional support is another vital aspect of the medical social worker's role, particularly for patients facing nutrition-related challenges. They offer counseling and emotional support to individuals dealing with stress or stigma associated with their nutritional struggles, including those coping with eating disorders, obesity, or chronic illnesses linked to poor nutrition. By building resilience and fostering a positive relationship with food through psychosocial interventions, medical social workers can significantly impact patients' mental and emotional well-being. Studies have shown that emotional support can enhance patients' motivation to engage in

healthier eating behaviors, improving overall health outcomes [74,75].

The role of medical social workers in promoting nutrition and health extends beyond individual patient interactions; they also engage in community-level initiatives. By advocating for policy changes and community programs promoting healthy eating, they create an environment that supports better dietary choices. This includes improving access to nutritious food options in underserved areas and encouraging community gardens and local food initiatives. Research has demonstrated that community engagement in health promotion efforts can lead to more sustainable improvements in dietary intake and overall health [76,77].

Furthermore, medical social workers are instrumental in researching and collecting data on nutrition and health outcomes within their communities. They can advocate for necessary resources and interventions by analyzing trends and identifying service gaps [78]. Their research involvement helps inform evidence-based practices and policies that can enhance the effectiveness of nutrition programs. Studies have highlighted the importance of data-driven approaches in addressing public health challenges related to nutrition and food security [79].

6. Implications for sustainable development

The role of medical social workers in promoting nutrition and health is crucial in advancing sustainable development, particularly in alignment with the United Nations' Sustainable Development Goals (SDGs). These professionals are uniquely positioned to address critical food security, health equity, and community resilience issues. Their initiatives enhance individual health outcomes and contribute to broader societal goals, such as reducing inequalities and fostering sustainable food systems. By integrating social work with health and nutrition, medical social workers can significantly impact the well-being of vulnerable populations, thereby supporting the overarching objectives of the SDGs. **Table 3** shows the contributions of medical social workers to public health and sustainable development.

Table 3. Contributions of medical social workers to public health and sustainable development.

Focus area	Connection to Sustainable Development Goals (SDGs)	Public health implications
Promoting food security	SDG 2—Zero Hunger	• Enhances community access to nutritious food. • Reduces malnutrition and diet-related illnesses.
Reducing inequalities	SDG 10—Reduced Inequalities	• Improves equitable access to health and nutrition resources. • Addresses social determinants of health.
Supporting sustainable food systems	SDG 12—Responsible Consumption and Production	• Encourages reduction of food waste. • Promotes education on sustainable dietary practices.
Advocacy for systemic policies	Cross-cutting impact on SDGs 2, 3 (Good Health), and 10	• Drives policy changes to improve affordability and access to nutritious food.
Building resilient communities	SDG 3—Good Health and Well-being	• Strengthens integrated care systems. • Enhances community resilience against public health challenges.
Reducing healthcare burden	SDG 3—Good Health and Well-being	• Focuses on preventive measures like nutrition education. • Decreases prevalence of chronic diseases.

One of the primary SDGs that medical social workers contribute to is SDG 2, which aims for Zero Hunger. This goal emphasizes the importance of food security and nutrition, particularly for marginalized groups. Medical social workers play a crucial role in enhancing access to nutritious food by advocating for policies that improve food availability and affordability. They often engage in community initiatives that address malnutrition and food insecurity, working at the individual and systemic levels to ensure that vulnerable populations receive the support they need. For instance, interventions that reduce price barriers to healthy food options can significantly impact food security, as highlighted by Phibbs et al. [80]. Such structural interventions are essential in mitigating inequalities and ensuring all community members can access the nutrition necessary for optimal health.

In addition to promoting food security, medical social workers are instrumental in addressing inequalities, as outlined in SDG 10. They advocate for equitable access to health and nutrition resources across various socio-economic groups, ensuring that marginalized communities are not left behind. By integrating nutrition education and social work into multidisciplinary care models, medical social workers can bridge healthcare access and outcomes gaps. This approach aligns with the findings of Yamanis et al. [81], which emphasized the importance of addressing social determinants of health to reduce disparities. By fostering collaboration among healthcare providers, social workers, and policymakers, medical social workers can create a more equitable healthcare landscape that prioritizes the needs of disadvantaged populations.

Moreover, promoting sustainable food systems is a critical aspect of SDG 12, which focuses on responsible consumption and production. Medical social workers can encourage education on minimizing food waste and fostering sustainable community consumption habits. Collaborating with local organizations to promote locally sourced and sustainably produced food supports community health and contributes to environmental sustainability. This aligns with the work of Cohen et al. [82], which highlighted the importance of community engagement in building resilience and promoting health. By advocating for sustainable practices, medical social workers can help communities develop food systems that are both healthy and environmentally responsible.

Advocacy for systemic policies is another vital area where medical social workers can have a significantly impact. They can push for policies that improve the affordability and availability of nutritious food for marginalized communities, thereby addressing the root causes of food insecurity. By influencing decision-makers to prioritize social determinants of health in policy frameworks, medical social workers can help create an environment where health equity is achievable. This aligns with the insights from Allmark et al. [83], who argued that community resilience can be enhanced through supportive public health policies. By advocating for systemic changes, medical social workers can ensure that health and nutrition are prioritized in public health agendas.

Building resilient communities is essential for sustainable development, and medical social workers are at the forefront of this effort. They develop integrated care models that combine health, nutrition, and social support to foster community resilience. By encouraging collaborative efforts among healthcare providers, social

workers, and policymakers, they can address the root causes of health disparities and promote a holistic approach to community well-being. This is supported by the findings of Mccann et al. [84], which suggest that high-quality healthcare services can enhance community resilience. By focusing on integrated care, medical social workers can help communities withstand and recover from health challenges more effectively.

Preventive measures are crucial in reducing the healthcare burden associated with diet-related illnesses. Medical social workers emphasize nutrition education and preventive healthcare strategies to minimize long-term costs and improve health outcomes. Promoting early interventions that prevent chronic diseases can significantly reduce the strain on healthcare systems. This preventive approach is consistent with the recommendations of Mccann et al. [84], who highlighted the importance of resilience in health professions. Medical social workers can contribute to healthier communities and more sustainable healthcare systems by prioritizing prevention.

7. Conclusion

Medical social workers are vital in promoting nutrition and health within multidisciplinary care teams, playing an essential role in addressing the social determinants of health that impact patient outcomes. Their expertise in psychosocial assessments, advocacy, and cultural competence allows them to navigate the complexities of healthcare systems and ensure that vulnerable populations receive the care they need. By collaborating with healthcare professionals such as dietitians, nurses, and physicians, medical social workers help create broad care plans that prioritize not only medical treatment but also the nutritional needs of patients. This holistic approach enhances overall well-being by considering health's physical, emotional, and social aspects, ultimately improving patient outcomes and reducing health disparities.

Furthermore, the work of medical social workers aligns with key Sustainable Development Goals (SDGs), such as food security, reducing inequalities, and fostering sustainable practices. By advocating for equitable access to nutritious food, supporting sustainable food systems, and addressing food insecurity, they contribute to broader public health and sustainability objectives. Their efforts to promote nutrition education, build resilient communities, and implement preventive health measures are crucial in advancing social equity and improving health outcomes for all individuals, particularly marginalized communities. As healthcare continues to evolve, policies must recognize the integral role of medical social workers, ensuring they have the resources and recognition needed to continue their vital work in promoting health, nutrition, and sustainable development.

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