

I am pleased to be considered as a nominee for Member-at-Large for the ASMBS Integrated Health Executive Council. I have been working in the field of bariatric psychology for over a decade, and I am currently the Director of Behavioral Services of the Cleveland Clinic Bariatric and Metabolic Institute. In this role, I serve as the voice of psychology as program-level decisions are made with physician leaders. I believe my experience in advocacy for the role of integrated health in MBS programs positions me well to contribute positively to the IHEC.

Since becoming a member of ASMBS in 2015, I have been fortunate to both learn best practices from this strong professional community, and to give back to the society in a variety of ways. I have attended the annual convention every year, where I contributed as a speaker, MD/IH collaborative course co-director, and Behavioral Health Networking Group director. I have thoroughly enjoyed interacting with MBS professionals across the country to compile shared resources and generate ideas.

As I sought to become more involved in leadership, I was drawn to the IH Clinical Issues Committee (IH CIC) because it provided an opportunity to make a broader impact on the field through compilation and dissemination of best practices. I have been a member of the IH CIC since 2018 and served as Chair from 2021-2023. During that time, I collaborated with the surgeons' CIC to ensure IH involvement in their projects, provided project management for several initiatives, and co-authored the following position statements:

1. ASMBS position statement on weight bias and stigma (2019)
2. ASMBS position statement on preoperative patient optimization before metabolic and bariatric surgery (2021)
3. 2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for metabolic and bariatric surgery
4. Scientific evidence for the updated guidelines on indications for metabolic and bariatric surgery (2024)
5. Cannabis use before and after metabolic and bariatric surgery: Literature review (2024)

During my years in the IH CIC leadership pipeline, I gained a solid understanding of some of the inner workings of ASMBS, which I imagine would lay the groundwork for a smoother transition to the IHEC. If I am selected as Member-at-Large, I would also strive to use some of the lessons learned when our projects encountered roadblocks to generate ideas for committees' process improvement (e.g., updating the ASMBS Process for Statement Dissemination to better reflect current SOARD publication guidelines).

Another goal of mine is to help position IH professionals as essential treatment team members not only in the MBS field, but also in the non-surgical realm of comprehensive obesity treatment. Advancements in anti-obesity medication (AOM) offer the opportunity for patient-centered treatment plans that may involve the use of AOMs pre-op, post-op, and in some cases instead of surgery based on patient preferences and readiness for MBS. Greater collaboration between surgical and non-surgical multidisciplinary treatment teams will allow for seamless continuity of care and improve patient outcomes regardless of whether MBS is ultimately chosen.



**Kasey P.S. Goodpaster, Ph.D.**

Director of Behavioral Services

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I am deeply committed to the ASMBS mission of advancing the treatment of obesity through high-quality, comprehensive multidisciplinary care, and would be honored to contribute further to the society as a member of the IHEC.