

# PRIORITIZING BLOOD HEALTH: Empowering Patient Advocates and Health Care Stakeholders



## A Stakeholder Roundtable

*Washington, DC • February 2026*

### Introduction

In February 2026, patient advocates, clinicians and health care stakeholders from across the United States convened in Washington, D.C. for a roundtable on advancing actionable advocacy steps to prioritize blood health across chronic conditions and women's health. Participants represented a wide range of disease states, including cardiovascular conditions, chronic kidney disease, autoimmune and inflammatory conditions, and bleeding disorders. Together, they identified unmet needs in blood health that can be addressed through advocacy, aligned on advocacy priorities and considered opportunities to elevate blood health as a priority, especially for people living with chronic conditions.

### Illustrating the Burden of Anemia

Roundtable participants offered lived experiences illustrating the burden of poor blood health. Gagan Mathur, MD, MBA

and Shahzia Lakhani, ACNP (Acute Care Nurse Practitioner), provided a clinical perspective on the impact of anemia and iron deficiency – two of the most common and largely preventable, yet overlooked, blood health conditions. They were followed by presentations from patient advocacy leaders on the how the burden of conditions is exacerbated by poor blood health. Presenters described anemia as a “silent pandemic” that places a heavy strain on patients and health care systems – worsening outcomes, driving costly hospitalizations and contributing to significant productivity losses. Examples were shared of patients with chronic kidney disease, lupus and heart disease who often develop worsening anemia and struggle to manage comorbid and interrelated conditions. A bleeding disorder patient described her experience being dismissed by clinicians, struggling to get through a workday and missing out on social obligations due to iron deficiency.

[Learn more from GAfPA's “Chronic disease, Anemia & Blood Health” fast facts.](#)

## Patient Blood Management as a Tool for Optimized Blood Health

Professor Axel Hofmann, Chair of the WHO's External Steering Committee for the Global Implementation of Patient Blood Management, presented the [WHO's Guidance on PBM](#), providing an overview of the core pillars of PBM and its benefits to patients, health care systems, policymakers and society as a whole.

Professor Hofmann called for prioritizing blood health and supporting the implementation of PBM in national health systems as a standard of care. The evidence was clear: As a patient-centered model that prioritizes managing the patient's own blood, PBM has clinical, economic and societal benefits when implemented. When transfusions are avoided and a patient's own blood is protected, health outcomes improve. Improved outcomes translate to fewer hospital stays, lower mortality, greater productivity and improved quality of life. For the broader health care system, this means significant financial savings.

## Identifying Barriers to the Prioritization of Blood Health

Roundtable participants discussed the many barriers to the prioritization of blood health, including low awareness, gaps in medical education and outdated clinical guidelines. The group agreed that lack of awareness about the role of anemia in exacerbating the burden of

chronic conditions, hinders early diagnosis and comprehensive treatment. Despite heart health and blood health going hand in hand, one participant said that anemia is almost never spoken of in the context of the prevention and treatment of cardiovascular disease. Another said that iron deficiency is one of the first symptoms of lupus, but clinicians often dismiss it because they lack basic understanding of that relationship. Given that approximately four out of five autoimmune patients are women and cardiovascular disease remains the leading cause of death among women, these gaps further illustrate the potential harms that arise when health care and research fail to adopt a comprehensive, whole-body approach to women's wellness.

The group also emphasized frustration over testing standards and guidelines, describing how hemoglobin levels are the "most tested and least used" labs. Although clinicians routinely check hemoglobin levels, they rarely use the results to guide timely diagnosis or management of anemia – leaving symptoms unaddressed and opportunities for early intervention missed.

## Advocating for Blood Health

Participants agreed that prioritizing blood health requires a strategic advocacy approach that includes increasing public awareness, providing clinician education and system-level change.

Building a foundational level awareness of the impact of anemia – particularly in high-risk populations such as women and people with chronic conditions – is paramount. Understanding symptoms, normalizing open conversations and empowering patients to advocate for their care can lead to earlier diagnosis and treatment – a core pillar of PBM. Participants suggested patient knowledge surveys to identify gaps and tailor future programming.

**"I wasn't treated for anemia for 2 years despite extreme bleeding. It's a constant story of being dismissed and having to fight for my care while dealing with symptoms like fatigue and brain fog."**

**- Eliza VanZweden, Bleeding Disorder Patient & Dedicated Advocate**

**“Chronic disease and anemia have a synergic effect. If we deal with the anemia and the condition, patients will feel better.”**

**- Steven M. Frank, M.D., American Society of Anaesthesiologists**

Educating health care providers about the role of iron deficiency and anemia is equally important. Updating clinical guidelines and encouraging clinicians to consider blood health outside the surgical setting was described as a “must.” But ultimately, the consensus was that change must happen at the health systems level. Increasing access to primary care screenings, breaking down silos between specialties and promoting holistic approaches to treating anemia in chronic conditions, and implementing Patient Blood Management (PBM) all were agreed to be advocacy priorities.

## Conclusions

In the United States, blood health stakeholders, including medical experts and patient advocates, agreed that prioritizing blood health is an imperative. By adopting best practices and implementing Patient Blood Management (PBM), patients and health systems alike would reap the clinical and economic benefits.

Unlocking these benefits requires awareness at the public, patient and provider level. Primary care physicians must be equipped with the tools to treat early, coordinated care must treat the whole patient and PBM must be integrated throughout health care systems.

## Participating Organizations:

**American Kidney Fund**

**American Society of Anesthesiologists (ASA)**

**COPD Foundation**

**The Mended Hearts, Inc.**

**National Bleeding Disorders Foundation (NBDF)**

**National Eczema Association**

**Preventive Cardiovascular Nurses Association (PCNA)**

**Society for Women’s Health Research (SWHR)**

**Society for the Advancement of Patient Blood Management (SABM)**

**The Lupus Foundation of America**

**WHO’s External Steering Committee for the Global Implementation of Patient Blood Management**

**WomenHeart**



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