

Hospital Community Benefit Accountability

National Jewish Health

June 30, 2025

Submitted to: Department of Health Care Policy & Financing



Hospital Community Benefit Accountability Annual Report (CY 2025)

Hospital Name:	National Jewish Health
Date:	6/30/2025
Submitted to:	Department of Health Care Policy & Financing

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IMPORTANT NOTES:

Please use the latest version provided to you through the portal. Prior versions will be rejected by the portal.

Do not drag and drop contents of cells. This will cause issues, and you will be asked to resubmit your survey.

Hospital Community Benefit Accountability Report

I. Overview

House Bill (HB) 23-1243, Hospital Community Benefit, expands on the previous legislation of HB 19-1320 by including changes to hospitals' Community Benefit activity requirements and imposes certain requirements on public meetings regarding hospitals' Community Health Needs Assessments (CHNA) and Community Benefit Implementation Plans (CHIP). HB 23-1243 still requires non-profit tax-exempt hospitals to complete a CHNA every three years and a CHIP every year (footnote 1). Each reporting hospital is required to convene a public meeting at least once a year to seek feedback regarding the hospital's Community Benefit activities. These hospitals are required to submit a report to the Department of Health Care Policy & Financing (HCPF) that includes but not limited to the following:

- * Information on the public meeting held within the year
- * The most recent Community Health Needs Assessment
- * The most recent Community Benefit Implementation Plan
- * The most recent submitted IRS form 990 including Schedule H
- * A description of investments included in Schedule H
- * Expenses included on form 990

More information can be found on the Hospital Community Benefit Accountability webpage at:

[Hospital Community Benefit Accountability Webpage](#)

Please direct any questions to the following email address:

[hcpf_hospitalcommunity@state.co.us?subject=Hospital Community Benefit Accountability](mailto:hcpf_hospitalcommunity@state.co.us?subject=Hospital%20Community%20Benefit%20Accountability)

¹ Long Term Care and Critical Access hospitals are not required to report.

Hospital Community Benefit Accountability Report

II. Checklist

A. Sections within this report

Sections	
X	Public meeting reporting section completed
X	Investment and expenses reporting section completed
X	URL of the page on the hospital's website where this report will be posted, paste URL in cell C10 below:
	https://www.nationaljewish.org/about-us/community-benefits

B. Attachments submitted with report

Attachments	
X	Most recent Community Health Needs Assessment
X	Most recent Community Benefit Implementation Plan
X	List of representatives, organizations, and state agencies invited to the public meeting
X	List of public meeting attendees and organizations represented
X	Public meeting agenda
X	Content of meeting discussion - any Community Benefit priorities discussed and the decisions made regarding those discussed Community Benefit decision priorities
X	Most recent submitted form 990 including Schedule H or equivalent
X	Evidence that shows how the investment improves Community health outcomes (Attachment is optional if description of evidence is provided within this report)

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III. Public Meeting Reporting

Provide the following information on the public meeting held during the previous twelve months:

Date:	5/7/2025
Time:	4 p.m.-5p.m.

Location (place meeting held and city or if virtual, note platform):

Virtual meeting on Zoom platform

When was communication(s) sent out and in what format?

Information was sent out beginning April 4 and included email, newspaper ad/postings, social media, newsletters, website postings and phone outreach
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Describe your outreach efforts for the public meeting being reported:

Please enter responses below using a new row for each item.

1 Ad in Denver Post: April 4 and April 23: both 4-color, 3 column x 7 1/2, section A
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2 Email invitations sent: April 4, April 10, April 23 and April 29. A reminder to attend was sent May 5 and the morning of the event to all who had registered.

3 Social Media (Facebook) was posted April 4, April 10, April 18, April 24 and then pinned to Facebook April 30-May 7 (time of the event).
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4 The invitation and information to register was included in the National Jewish Health monthly public newsletter "Health Insights" on April 9 and May 6. This newsletter goes to approximately 140,000 individuals who are either past patients or have otherwise opted into the mailing list.

5 Phone calls/ email survey. In conjunction with the public meeting, a survey was also conducted over April/first week of May to gather additional input from representatives of organizations that may have interacted with National Jewish Health in the past or that may have used our services that serve the community in some way. The surveys were completed with 7 representatives, including these organizations: Every Child Pediatrics, Salud Family Health, Clinica Family Health and Wellness, Clinica Colorado, Tepeyac Community Health Center and STRIDE Community Health Center.

Describe the actions taken as a result of feedback from meeting participants:

Please enter responses below using a new row for each item.

1 A full summary of our actions and focus over the past year is contained in the summary discussion that is included as an attachment.

2 We continue to receive feedback that National Jewish Health is one of the few places that offers full access to specialty care, as needed and open to all. Access continues to be a top priority and we continue this commitment.

3 Miner's Clinics -- These had been paused during COVID, but are full running again and we are seeing the clinics filled at higher rates. For example, a recent clinic in the northwestern part of the state nearly doubled in the number of appointments filled. The program has served more than 2,500 current and retired miners in Colorado and surrounding states who are at risk for occupational lung diseases, including silicosis, COPD, bronchitis, lung cancer and black lung disease.

4 This past year we instituted a chronic care management program that is a monitoring program designed to help patients and staff better manage chronic disease including between doctor visits. It is aimed at catching exacerbations and care needs early so as to avoid hospitalization. This program will continue to be a focus as it requires high personal touch to establish with patients and is now being rolled out.

We continue to keep our long COVID clinic open and running and it continues to be full. Though COVID is no longer top of mind for most people, it is still a challenge for many people, particularly those who are suffering from long COVID -- this program also enhances access to specialty care and is available to all. Since long COVID frequently causes both lung and heart complications, this a particularly needed service (all first-come, first-served).

E-consult Services. National Jewish Health participates in a statewide program to assist community providers and primary care physicians in the treatment of their patients with chronic illness. National Jewish Health experts are available to electronically answer questions and provide guidance on treating Medicaid patients. This is a free service offered throughout the state of Colorado.

Every year we receive feedback on how key the Morgride Academy is for helping children with chronic illnesses gain a solid education. The school provides a full academic program plus special health focused programs to help children and their families understand their illnesses and how to do their best to manage those illnesses.

Mental health for children is a special area that is of concern for many with whom we interact in surveys and interviews. Our pediatric program has a depression screening program.

Health Education is a frequent request we hear. We respond in a number of ways, including annually hosting and supporting a number of events that serve to educate patients and families suffering from chronic disease. In the past few years, these have included education events on immune deficiency, tuberculosis (annually), nontuberculous mycobacterial lung disease (annually), food allergies and air quality. National Jewish Health experts also routinely speak at patient education events and conferences across the country.

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IV. Investment and Expenses Reporting

In the table below provide a brief description of each investment made that was included in Parts I, II, and III of Schedule H and include the following:

- Cost of the investment. For this reporting purpose, “investment” means the hospital’s expense net of offsetting revenue for financial assistance and means-tested government programs, other community benefits such as community health improvement services and community benefit operations, and/or community building activities. See the IRS instructions for Parts I, II, and III of Schedule H of Form 990 at www.irs.gov/pub/irs-pdf/i990sh.pdf.
- For each investment that addressed a Community Identified Health need, identify each specific investment activity within the following applicable categories:

- ✓ Free or Discounted Health Care Services
- ✓ Programs that Address Behavioral Health
- ✓ Programs that Address the Social Determinants of Health
- ✓ Programs that Address Community Based Health Care
- ✓ Programs that Address Provider Recruitment, Education, Research, and Training
- ✓ All “other” services and programs that addressed Community Identified Health Needs

Provide the following information on the expenses included on submitted form 990:

Total expenses included on Line 18 of Section 1 of submitted form 990
 Revenue less expenses included on Line 19 of Section 1 of submitted form 990
 Net Medicaid expense, as reported on IRS form 990 Schedule H Part 1 column 4
 Net Medicare expense, as reported on IRS form 990 Schedule H Part 2

Amount	Does this match the Schedule H Tab?	
\$ 399,121,001.00		
\$ 1,963,396.00		
	Yes	Validation check if optional tab is completed.
	Yes	Validation check if optional tab is completed

Reporting Hospitals not required to complete form 990 shall provide the above information as described on Lines 18 and 19 of form 990.

See Appendix A for definitions.
[Appendix A - Definitions](#)

See Appendix B for a Schedule H Crosswalk.
[Appendix B - Sch H Crosswalk](#)

- For each investment that addressed a Community Identified Health Need, briefly describe available evidence that shows how the investment improves community health outcomes or provide the evidence as an attachment.

IV. Investments & Expenses

Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for social determinants of health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Total Investment Amount	Do All Investment Activities Each have Supporting Evidence Added?	All Investment Dollars Identified?
Totals (Formula)	\$ 61,701,203.00	\$ -	\$ -	\$ 6,530,348.52	\$ 21,095,282.00	\$ 1,194,733.00	\$ 90,521,566.52	Yes	Yes

Investment Activity	Schedule H Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for Social Determinants of Health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Identify Which Community Identified Need Each Investment Corresponds With	Supporting Evidence	Investment Dollars (i.e. Direct Cash, Philanthropic Efforts, or Cash Expenditures from In-kind Contributions)
1 Financial Assistance at cost	Financial Assistance at cost	\$ 14,369.00						Free or Discounted Health Care Services	Health care services provided for free or at reduced prices to low income patients.	Cash Expenditures
2 Unreimbursed Medicaid	Medicaid	\$ 8,648,310.00						Free or Discounted Health Care Services	Government sponsored means-tested health care programs and services.	Cash Expenditures
3 Unreimbursed costs of other means-tested government programs	Cost of other means-tested government programs	\$ 689,544.00						Free or Discounted Health Care Services	Government sponsored means-tested health care programs and services for those not eligible for Medicaid.	Cash Expenditures
4 Community Health Education	Community health improvement services and community benefit operations				\$ 2,353,618.94			Programs that Address Community Based Health Care	Operation of Morgridge Academy, a free K-8 school for chronically ill children located on the main campus at National Jewish Health. The school is focused on providing well-rounded education for students as well as education on managing their illness (extended to families and student's home support network).	Cash Expenditures

IV. Investments & Expenses

Investment Activity	Schedule H Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for Social Determinants of Health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Identify Which Community Identified Need Each Investment Corresponds With	Supporting Evidence	Investment Dollars (i.e. Direct Cash, Philanthropic Efforts, or Cash Expenditures from In-kind Contributions)
5 Community-based clinical services	Subsidized health services				\$ 2,824,132.00			Programs that Address Community Based Health Care	Operation of a pediatric asthma program with extended clinic hours, Immediate Care services provide 8 a.m. - 7 p.m. access to specialty care, including expansion of programs through safety-net clinics for respiratory care, amyotrophic lateral sclerosis patients, pulmonary, and scleroderma programs as well as behavioral health and specialized day programs for the most severe patients.	Cash Expenditures
6 Community benefit operations	Community health improvement services and community benefit operations				\$ 782,699.25			Programs that Address Community Based Health Care	Participation in community coalitions and collaborative efforts with the community, including costs associated with conducting the community health needs assessment, as well as research and collaboration with other community hospitals, Denver Department of Public Health and Environment, and Community Health Clinics-Family Medicine and Pediatrics.	Cash Expenditures
7 Education for Health Professionals	Health professions educations					\$ 4,256,021.00		Programs that Address Provider Recruitment, Education, Research, and Training	Costs related to the residency program (clinical training, fellowships) at National Jewish Health; costs related to clinical training and licensing for nurses, pharmacy students, radiology students and respiratory students. Costs related to maintaining and providing access to the National Jewish Health Medical Library.	Cash Expenditures

IV. Investments & Expenses

Investment Activity	Schedule H Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for Social Determinants of Health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Identify Which Community Identified Need Each Investment Corresponds With	Supporting Evidence	Investment Dollars (i.e. Direct Cash, Philanthropic Efforts, or Cash Expenditures from In-kind Contributions)
8 Community Health	Community health improvement services and community benefit operations				\$ 569,898.34			Programs that Address Community Based Health Care	Programs to help meet the medical needs of the underserved, including subsidizing an inner city asthma program in Denver Public Schools, distribution of an asthma toolkit program in Colorado, and offering a free asthma care and teaching program in lower income Colorado communities and clinics for miners with lung disease throughout the state. Staffing for a nurse advisory line for physicians and other providers.	Cash Expenditures
9 Research commitment	Research					\$ 16,839,261.00		Programs that Address Provider Recruitment, Education, Research, and Training	National Jewish Health has an ongoing commitment to discovery and research. For example, during the pandemic, more than 80 research studies were designed and launched, including studies to help define basic elements of the disease, to those focused on new treatments, to clinical trials of potential drugs and therapies. There is ongoing engagement with residents of low-income, industrialized communities within Denver to collect and interpret air quality data. Finally there is ongoing leadership of a national long-term study on COPD to help understand causes as well as the differences in how the disease is experienced by varying groups of people.	Cash Expenditures
10 Bad Debt	Other						\$ 1,194,733.00	All "other" services and programs that addressed Community Identified Health Needs	Other costs	Cash Expenditures

IV. Investments & Expenses

Investment Activity	Schedule H Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for Social Determinants of Health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Identify Which Community Identified Need Each Investment Corresponds With	Supporting Evidence	Investment Dollars (i.e. Direct Cash, Philanthropic Efforts, or Cash Expenditures from In-kind Contributions)
11 Medicare	Subsidized health services	\$ 52,348,980.00						Free or Discounted Health Care Services	Discounted government program accounting for healthcare coverage for the majority of the patients cared for by National Jewish Health.	Cash Expenditures

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V. Additional Investments

Please provide any additional information you feel is relevant to the items being reported on. This could include investments that are non-reportable to the IRS in form 990, but still work towards a community-identified health need. If you are including non-reportable IRS investments within this section provide the program, investment dollar amount, the community-identified health need associated with this investment, and the HCBA category most aligned with this program (e.g. Social Determinants of Health, Behavioral Health, Community Based Health Care, etc.)

Enter responses below using a new row for each new note.

	Additional Information
Note 1	
Note 2	
Note 3	
Note 4	
Note 5	
Note 6	
Note 7	
Note 8	
Note 9	
Note 10	

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VI. Schedule H (Optional)

Part I

	Financial Assistance and Means-Tested Government Programs	a) Number of Activities or Programs (optional)	b) Persons Served (optional)	c) Total Community Benefit Expense	d) Direct Offsetting Revenue	e) Net Community Benefit Expense	f) Percent of Total Expense
a	Financial assistance at cost (from worksheet 1)					\$ -	0.00%
b	Medicaid					\$ -	0.00%
c	Cost of other means-tested government programs (from worksheet 3, column b)					\$ -	0.00%
d	Total Financial Assistance/Means Tested	0	0	\$ -	\$ -	\$ -	0.00%
	Other Benefits	a) Number of Activities or Programs (optional)	b) Persons Served (optional)	c) Total Community Benefit Expense	d) Direct Offsetting Revenue	e) Net Community Benefit Expense	f) Percent of Total Expense
e	Community health improvement services and community benefit operations (from worksheet 4)					\$ -	0.00%
f	Health professions educations (from worksheet 5)					\$ -	0.00%
g	Subsidized health services (from worksheet 6)					\$ -	0.00%
h	Research (from worksheet 7)					\$ -	0.00%
i	Cash and in-kind contributions for community benefit (from worksheet 8)					\$ -	0.00%
j	Total Other Benefits	0	0	\$ -	\$ -	\$ -	0.00%
k	Grand Total (add lines 7d and 7j)	0	0	\$ -	\$ -	\$ -	0.00%

Part II

#	Activity	a) Number of Activities or Programs (optional)	b) Persons Served (optional)	c) Total Community Benefit Expense	d) Direct Offsetting Revenue	e) Net Community Benefit Expense	f) Percent of Total Expense
1	Physical improvements and housing					\$ -	0.00%
2	Economic development					\$ -	0.00%
3	Community support					\$ -	0.00%
4	Environmental improvements					\$ -	0.00%
5	Leadership development and training for community members					\$ -	0.00%
6	Coalition building					\$ -	0.00%
7	Community health improvement advocacy					\$ -	0.00%
8	Workforce development					\$ -	0.00%
9	Other					\$ -	0.00%
10	Total Activity	0	0	\$ -	\$ -	\$ -	0.00%

Part III

#	Section A. Bad Debt Expense	Amount	Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	Do not fill		
2	Enter the amount of the organization's bad debt expense		Do not fill	Do not fill
3	Enter the estimated amount of the organization's bad debt expenses attributable to patients eligible under the organization's financial assistance policy.		Do not fill	Do not fill
#	Section B. Medicare	Amount	Yes	No
5	Enter total revenue received from Medicare (including DSH and IME)		Do not fill	Do not fill
6	Enter Medicare allowable costs of care relating to payments on line 5		Do not fill	Do not fill
7	Subtract lines 6 from 5. This is the surplus (or shortfall)	\$ -	Do not fill	Do not fill
8	Check the box that describes the method used to determine the amount from line 6.	Cost accounting system	Cost to Charge ratio	Other
8	Check boxes:			
#	Section C. Collection Practices	Amount	Yes	No
9a	Did the organization have a written debt collection policy during the year?	Do not fill		
9b	If "yes", did the organization's collection policy that applied to the largest number of its patient during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance?	Do not fill		

VII. Report Certification

VII. Report Certification

I certify that the information in this report is provided according to all requirements set forth by the Department's regulations found in the Code of Colorado Regulations (CCR) at 10 CCR 2505-10, Section 8.5000.

I agree to provide additional explanation or documentation at the Department's requests within 10 business days of the request.

Hospital Name:	National Jewish Health
Name:	Lauren Green-Caldwell
Title:	Vice President Communications
Phone Number:	303.728.6561
Email Address:	GreenCaldwell@njhealth.org

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Appendix A - Definitions

Community - the community that a hospital has defined as the community that it serves pursuant to 26 CFR § 1.501(r)-(b)(3).

Community Based Organization - means a public or private nonprofit organization of that represents a community or significant segments of a community or work towards community-focused goals beyond one particular community and provides educational or related services to individuals in the community under 20 USC § 7801(5).

Community Benefit - means the actions that hospitals take to qualify as an organization organized and operated for the charitable purpose of promoting health pursuant to § 501(c)(3) of the federal Internal Revenue Code. These actions include demonstrating that the hospital provides benefits to a class of persons that is broad enough to benefit the Community, and that it operates to serve a public rather than private interest. Community Benefit may also refer to the dollar amount spent on the community in the form of Free or Discounted Health Care Services; Provider Recruitment, Education, Research and Training; and Community Spending Activities.

Community Benefit Implementation Plan - a plan that satisfies the requirements of an implementation strategy as described in 26 CFR § 1.501(r)-3(c).

Community Benefit Priorities - means Community Benefit activities that are documented within the Reporting Hospital's Community Health Needs Assessment or otherwise established pursuant to the IRS Form 990, Schedule H and its instructions.

Community Health Center - a federally qualified health center as defined in 42 U.S.C. sec. 1395x(aa)(4) or a rural health clinic as defined in 42 U.S.C. sec. 1395x (aa)(2).

Community Health Needs Assessment - a community health needs assessment that satisfies the requirements of 26 CFR § 1.501(r)-3(b).

Community Identified Health Need - a health need of a Community that is identified in a Community Health Needs Assessment.

Financial assistance policy (FAP) - a written policy that meets the requirements described in 26 CFR § 1.501(r)- 4(b)

Free or Discounted Health Care Services - health care services provided by the hospital to persons who meet the hospital's criteria for financial assistance and are unable to pay for all or a portion of the services, or physical or behavioral health care services funded by the hospital but provided without charge to patients by other organizations in the Community. Free or Discounted Health Care Services does not include the following:

1. Services reimbursed through the Colorado Indigent Care Program (CICP),
2. Bad debt or uncollectable amounts owed that the hospital recorded as revenue but wrote off due to a patient's failure to pay, or the cost of providing care to such patients,
3. The difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived therefrom,
4. Self-pay or prompt pay discounts, or
5. Contractual adjustments with any third-party payers.

Examples of Free or Discounted Health Care Services

* Charity care or financial assistance program excluding CICP

* Free services such as vaccination clinics or examinations

Health System - a larger corporation or organizational structure that owns, contains, or operates more than one hospital.

Local Public Health Agency - means a county or district public health agency established pursuant to C.R.S. § 25-1-506, or a local department of public health.

Medicaid Shortfall - means the cost of Medicaid reflected on the IRS Form 990, Schedule H, Worksheet 3.

Programs that Address Behavioral Health - means funding or in-kind programs or services intended to improve an individual's mental and emotional well-being and are reportable on the IRS Form 990, Schedule H and its instructions. Programs that Address Behavioral Health are designed to address, but are not limited to:

1. Mental health disorders;
2. Serious psychological distress;
3. Serious mental disturbance;
4. Unhealthy stress;
5. Tobacco use prevention; and
6. Substance use

Programs that Address Community Based Health Care - means funding or in-kind programs or services that improve types of person-centered care delivered in the home and community and are not billable to a third party. A variety of health and human services can be provided. Community Based Health Care addresses the needs of people with functional limitations who need assistance with everyday activities such as getting dressed or bathing.

Programs that Address the Social Determinants of Health - funding or in-kind programs or services that improve social, economic, and environmental conditions that impact health in the Community. Social and economic conditions that impact health include education; employment; income; family and social support; and Community safety. Environmental conditions that impact health include air and water quality, housing, and transit. Programs that Address the Social Determinants of Health include but are not limited to the following:

1. Job training programs,
2. Support for early childhood and elementary, middle, junior-high, and high school education,
3. Programs that increase access to nutritious food and safe housing,
4. Medical Legal Partnerships, and
5. Community-building activities that could be included in Part II of Schedule H of the Form 990.

Provider Recruitment, Education, Research and Training - "Workforce development", "Health professions education," and "Research" defined within the Internal Revenue Service form 990 as:

1. "Workforce development" means the recruitment of physicians and other health professionals to medical shortage areas or other areas designated as underserved, and collaboration with educational institutions to train and recruit health professionals needed in the Community (other than the health professions education activities entered on Part I, line 7f);

2. "Health Professions Education" means educational programs that result in a degree, a certificate, or training necessary to be licensed to practice as a health professional, as required by C.R.S. 12-240-110, or continuing education necessary to retain state license or certification by a board in the individual's health profession specialty;

a. Health Professions Education does not include education or training programs available exclusively to the organization's employees and medical staff or scholarships provided to those individuals. However, it does include education programs if the primary purpose of such programs is to educate health professionals in the broader community. Costs for medical residents and interns can be included, even if they are considered employees for purposes of Form W-2, Wage and Tax Statement.

3. "Research" means any study or investigation the goal of which is to generate increased generalized knowledge made available to the public (for example, knowledge about underlying biological mechanisms of health and disease, natural processes, or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes, and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations, including publication in a medical journal). The organization can include the cost of internally funded research it conducts, as well as the cost of research it conducts funded by a tax-exempt or government entity.

Reporting Hospital means,

1. A hospital licensed as a general hospital pursuant to Part 1 of Article 3 of Title 25 of the Colorado Revised Statutes and exempt from Federal taxation pursuant to Section 501(c)(3) of the Federal Internal Revenue code, but not including a general hospital that is federally certified or undergoing federal certification as a long-term care hospital pursuant to 42 CFR § 412.23(e) or that is federally certified or undergoing federal certification as a critical access hospital pursuant to 42 CFR § 485 Subpart F,
2. A hospital established pursuant to § 25-29-103 C.R.S., or
3. A hospital established pursuant to § 23-21-503 C.R.S.

Safety Net Clinic - a Community clinic licensed or certified by the Department of Public Health and Environment pursuant to Section § 25-1.5-103 (1)(a)(I) or (1)(a)(II), C.R.S.



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Schedule H Part I Categories	Description	Community Benefit Report Category (Where more than one category may apply please refer to the definitions to determine how to report)
Financial assistance at cost (worksheet 1)	<p>A policy describing how the organization will provide financial assistance at its hospital(s) and other facilities, if any. Financial assistance includes free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are unable to pay for all or a portion of the services. Financial assistance doesn't include: bad debt or uncollectible charges that the organization recorded as revenue but wrote off due to a patient's failure to pay, or the cost of providing such care to such patients; the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived therefrom; self-pay or prompt pay discounts; or contractual adjustments with any third-party payors</p>	Amount for Free or Discounted Health Services
Medicaid	<p>The United States health program for individuals and families with low incomes and resources. "Other means-tested government programs" means government-sponsored health programs where eligibility for benefits or coverage is determined by income or assets.</p>	Amount for Free or Discounted Health Services
Community health improvement services and community benefit operations (worksheet 4)	<p>Activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services don't generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.</p> <ul style="list-style-type: none"> • Activities associated with conducting community health needs assessments, • Community benefit program administration, and • The organization's activities associated with fundraising or grant writing for community benefit programs. <p>Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community</p>	Amount for Community Based Health Care



<p>Health professionals education (worksheet 5)</p>	<p>Educational programs that result in a degree, a certificate, or training necessary to be licensed to practice as a health professional, as required by C.R.S. 12-240-110, or continuing education necessary to retain state license or certification by a board in the individual's health profession specialty; a. Health Professions Education does not include education or training programs available exclusively to the organization's employees and medical staff or scholarships provided to those individuals. However, it does include education programs if the primary purpose of such programs is to educate health professionals in the broader community. Costs for medical residents and interns can be included, even if they are considered employees for purposes of Form W-2, Wage and Tax Statement.</p>	<p>Amount for Provider Recruitment, Education, Research, and Training</p>
<p>Subsidized health services (worksheet 6)</p>	<p>Clinical services provided despite a financial loss to the organization. The financial loss is measured after removing losses associated with bad debt, financial assistance, Medicaid, and other means-tested government programs. Losses attributable to these items aren't included when determining which clinical services are subsidized health services because they are reported as community benefit elsewhere in Part I or as bad debt in Part III. Losses attributable to these items are also excluded when measuring the losses generated by the subsidized health services. In addition, in order to qualify as a subsidized health service, the organization must provide the service because it meets an identified community need. A service meets an identified community need if it is reasonable to conclude that if the organization no longer offered the service:</p> <ul style="list-style-type: none"> • The service would be unavailable in the community, • The community's capacity to provide the service would be below the community's need, or • The service would become the responsibility of government or another tax-exempt organization. <p>Subsidized health services can include qualifying inpatient programs (for example, neonatal intensive care, addiction recovery, and inpatient psychiatric units) and outpatient programs (emergency and trauma services, satellite clinics designed to serve low-income communities, and home health programs). Subsidized health services generally exclude ancillary services that support inpatient and ambulatory programs such as anesthesiology, radiology, and laboratory departments. Subsidized health services include services or care provided at physician clinics and skilled nursing facilities if such clinics or facilities satisfy the general criteria for subsidized health services. An organization that includes any costs associated with stand-alone physician clinics (not other facilities at which physicians provide services) as subsidized health services on Part I, line 7g, must describe that it has done so and enter on Part VI such costs included on Part I, line 7g.</p>	<p>Amount for Free or Discounted Health Services</p>



<p>Research (worksheet 7)</p>	<p>Any study or investigation the goal of which is to generate increased generalized knowledge made available to the public (for example, knowledge about underlying biological mechanisms of health and disease, natural processes, or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes, and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the healthcare delivery system; and communication of findings and observations, including publication in a medical journal). The organization can include the cost of internally funded research it conducts, as well as the cost of research it conducts funded by a tax-exempt or government entity.</p>	<p>Amount for Provider Recruitment, Education, Research, and Training</p>
<p>Cash and in-kind contributions (worksheet 8)</p>	<p>The contributions made by the organization to health care organizations and other community groups restricted, in writing, to one or more of the community benefit activities described in the table on Part I, line 7 (and the related worksheets and instructions). "In-kind contributions" include the cost of staff hours donated by the organization to the community while on the organization's payroll, indirect cost of space donated to tax-exempt community groups (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies. a. Don't report as cash or in-kind contributions any payments that the organization makes in exchange for a service, facility, or product, or that the organization makes primarily to obtain an economic or physical benefit; for example, payments made in lieu of taxes that the organization makes to prevent or forestall local or state property tax assessments, and a teaching hospital's payments to its affiliated medical school for intern or resident supervision services by the school's faculty members.</p>	<p>All "Other" Services and Programs that Addressed Community Identified Health Needs</p>
<p>Schedule H Part II Categories</p>	<p>Description</p>	<p>Community Benefit Report Category (Where more than one category may apply please refer to the definitions to determine how to report)</p>
<p>Physical Improvements and housing</p>	<p>The provision or rehabilitation of housing for vulnerable populations, such as removing building materials that harm the health of the residents, neighborhood improvement or revitalization projects, provision of housing for vulnerable patients upon discharge from an inpatient facility, housing for low-income seniors, and the development or maintenance of parks and playgrounds to promote physical activity</p>	<p>Amount for Social Determinants of Health</p>
<p>Economic development</p>	<p>Assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness</p>	<p>Amount for Social Determinants of Health</p>



Community support	Child care and mentoring programs for vulnerable populations or neighborhoods, neighborhood support groups, violence prevention programs, and disaster readiness and public health emergency activities, such as community disease surveillance or readiness training beyond what is required by accrediting bodies or government entities	Amount for Behavioral Health; Amount for Social Determinants of Health
Environmental improvements	Activities to address environmental hazards that affect community health, such as alleviation of water or air pollution, safe removal or treatment of garbage or other waste products, and other activities to protect the community from environmental hazards. The organization cannot include on this line or in this part expenditures made to comply with environmental laws and regulations that apply to activities of itself, its disregarded entity or entities, a joint venture in which it has an ownership interest, or a member of a group exemption included in a group return of which the organization is also a member. Similarly, the organization cannot include on this line or in this part expenditures made to reduce the environmental hazards caused by, or the environmental impact of, its own activities, or those of its disregarded entities, joint ventures, or group exemption members, unless the expenditures are for an environmental improvement activity that (i) is provided for the primary purpose of improving community health; (ii) addresses an environmental issue known to affect community health; and (iii) is subsidized by the organization at a net loss. An expenditure may not be reported on this line if the organization engages in the activity primarily for marketing purposes	Amount for Social Determinants of Health
Leadership development and training for community members	Training in conflict resolution; civic, cultural, or language skills; and medical interpreter skills for community residents	Amount for Behavioral Health; Amount for Social Determinants of Health
Coalition building	Participation in community coalitions and other collaborative efforts with the community to address health and safety issues	Amount for Behavioral Health; Amount for Social Determinants of Health
Community health improvement advocacy	Efforts to support policies and programs to safeguard or improve public health, access to health care services, housing, the environment, and transportation	Amount for Behavioral Health; Amount for Social Determinants of Health
Workforce development	Recruitment of physicians and other health professionals to medical shortage areas or other areas designated as underserved, and collaboration with educational institutions to train and recruit health professionals needed in the community (other than the health professions education activities reported in Part I, line 7f of Schedule H)	Amount for Provider Recruitment, Education, Research, and Training
Other	Community building activities that protect or improve the community's health or safety that aren't described in the categories listed in Part II, lines 1 through 8 of Schedule H	Amount for Behavioral Health; Amount for Social Determinants of Health; Amount for Free or Discounted Health Services

**National Jewish Health
2025 Community Health Benefits
Discussion
May 7, 2025**

Agenda

Overview and Community Benefit Profile

– Michael Salem, M.D., President and CEO

Our Research Mission

– Greg Downey, M.D., Executive Vice President, Academic Affairs
& Provost

Hospital Transformation Program

– Carrie Horn, M.D., Chief Medical Officer

Our Clinical Approach

– Steve Frankel, M.D., Executive Vice President, Clinical Affairs

Our Community Programs

– Michael Salem, M.D., President and CEO

Questions & Answers

Community Health Benefits Discussion

May 7, 2025



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Welcome and Session Details

- Your microphone has been muted to help reduce background noise.
- You may type your questions into the Q&A box at the bottom of your screen. We will answer questions at the end of the session, as time allows, including questions submitted before the meeting.
- This zoom session is being recorded and will be available on our website by *May 12*.

Thank you for joining us!

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Introductions and Today's Agenda

Introductions

- Lauren Green-Caldwell, Vice President Communications

Overview and Community Benefit Profile

- Michael Salem, M.D., President and CEO

Our Research Mission

- Greg Downey, M.D., Executive Vice President Academic Affairs & Provost

Hospital Transformation Program

- Carrie Horn, M.D., Chief Medical Officer

Our Clinical Approach

- Steve Frankel, M.D., Executive Vice President, Clinical Affairs

Our Community Programs

- Michael Salem, M.D., President and CEO

Questions & Answers

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National Jewish Health Celebrates 125 Years



This past year National Jewish Health celebrated our 125th anniversary. Founded in Denver in 1899 as a not-for-profit hospital, our mission, which continues today, is to care for all in need, to find answers to the major illnesses of the day, and to educate and train within health care.



Above: The original National Jewish Hospital for Consumptives that opened at the corner of Colorado and Colfax in Denver in 1899.

Left: The hospital today.

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125
YEARS
National Jewish Health

National Jewish Hospital 1899: To Help and to Heal

The hospital opened as National Jewish Hospital for Treatment of Consumptives with a capacity of 60 patients and the goal of treating 150 patients a year.

The original hospital opened in 1899.

B'nai B'rith continued to support National Jewish until the early 1950s. Until 1968, the institution only accepted patients without health insurance and all care was free, emphasizing the charitable history of National Jewish Health.

Efforts were advanced by creating the first self-contained facility for treating children with active TB, working on anti-TB drugs and creating treatment protocols.

National Jewish erected its first building dedicated to the study of TB, and the first research facility in U.S. not in a medical school setting, that would be dedicated to research on the disease.

"For many years I have been familiar with the wonderful work done by your hospital in providing medical care for the needy. I extend my best wishes to you for continued public service in the fine tradition you have established."

Lyndon B. Johnson

Dr. Hurst came to National Jewish in 1945, and looked into enhancing the surgery and cardio-pulmonary testing programs through Thoracoplasty, which was used before chemo-therapy was available.

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Scientific Innovations and Breakthroughs



- **IgE**, the molecule responsible for allergic reactions. New drug which blocks IgE added to NIH guidelines to decrease severe attacks and hospitalizations in children
- **Pioneered combined chemotherapy for Tuberculosis**
- **The T-cell Receptor**, which plays a crucial role in recognizing foreign invaders and orchestrating an immune response
- **Proteins that slow the growth of cancer tumors** by preventing the growth of blood vessels necessary for their survival
- **The Oral Food Challenge** developed here in the 1970s; continues as the "gold standard" for diagnosing food allergies.
- **COPD Gene® Study – 10,500 patients, first results published**
- **New Cancer Vaccine**
- **First successful new drug trial in lymphangiomyomatosis (LAM) patients, deadly lung disease in women**
- **Multiple new diagnostic platforms for specific and high through-put COVID testing**

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National Jewish Health 2025

125 YEARS
National Jewish Health

Breathe Better.

For 125 years, leading respiratory hospital.

National Jewish Health **for kids**

Largest Pulmonary Division. Faculty involved in writing care guidelines, 24 Top Doctors in America

Highest Healthgrades scores, top 1% HCAPS rankings

BEST HOSPITALS
US News & World Report
PULMONOLOGY & LUNG SURGERY
2024-2025

The Institute for Science and Medicine rated National Jewish among the top 10 independent biomedical research institutions—of any kind—in the world, and the only one that provides research care.

A FRESH APPROACH TO COPD

- Comprehensive Evaluation
- Individualized Treatment
- Effective Disease Management

Thomson Scientific has ranked National Jewish among 25 of the most influential research institutions in the world in its areas of focus.

COUGH DISEASE.
In Respiratory Medicine.

Redefining COPD Care

The Institute for Science and Medicine rated National Jewish among the top 10 independent biomedical research institutions—of any kind—in the world, and the only one that provides research care.

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National Impact – But Based in the Colorado Community

Category	Percentage
In State	71%
Out of State	29%

■ In State

■ Out of State

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Mission & Vision

Mission

Our Mission since 1899 is to heal, to discover and to educate as a preeminent health care institution. We serve by providing the best integrated and innovative care for children and adults; by understanding and finding cures for the diseases we research; and, by educating and training the next generation of health care professionals to be leaders in medicine and science.

Vision

We are the global leader in the diagnosis and treatment of respiratory, cardiovascular and immunologic disorders. We will be unsurpassed in coordinated specialty care powered by discovery science and education.

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Specialty Areas of Care – Adults

- Asthma, COPD, Pulmonary Medicine
- Allergy
- Sleep-related Breathing Disorders
- Respiratory Infections
- Rheumatology
- Cardiology
- Gastroenterology
- Oncology
- Critical Care
- E-ICU (Banner Health)
- Cystic Fibrosis



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Specialty Areas of Care – Pediatrics

- Allergy & Asthma Treatment
- Atopic Dermatitis Program
- Behavioral Sleep Services
- Child Psychiatry Consultation
- Food Allergy Program
- Immunodeficiency and Immune System Evaluation Program
- Pediatric Day Program
- Exercise Tolerance Center
- Neuropsychology Services



- Pulmonary Diagnostic Center
- Pediatric Rehabilitation Services
- Pediatric Severe Asthma Clinic
- Psychosocial Programs

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Strong Collaborations

Collaboration to enhance innovation, deliver quality care



Intermountain Health
Saint Joseph Hospital

Jane and Leonard Korman
Respiratory Institute™



MOUNT SINAI - NATIONAL JEWISH HEALTH
Respiratory Institute



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What is Community Benefit?

Programs, services and activities that are focused on addressing community health needs regardless of source or availability of payment, that provide measureable improvement in health status and that increase access to health care resources.

- Improve **access** to health services
- Enhance **public health**
- Advance increased **general knowledge** on health topics
- **Relieve or reduce a health burden** to improve health

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How are Community Benefit programs funded?

First, our mission prioritizes a focus on serving all people, first come, first served, regardless of ability to pay, type of insurance, Medicaid, or Medicare

To accomplish this, we rely on a variety of funding sources dedicated to charity care and community benefit programs, including

- **Grants** and other directed funds that are applied for, awarded and then dedicated to the purpose for which they were given
- Philanthropy and **charitable contributions** specified for community benefit programs
- A Federal program, **known as 340B** that helps fill a gap between reimbursement and cost of care for organizations that provide the highest levels of charity care. This program was created to help hospitals ensure that patients with the fewest resources can access high quality care.

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Organization Profile – by the Numbers

Total Patient Visits: 117,326
 Outpatient Visits: 116,861
 Total Staff/Employees: 1,717
 Colorado Locations: 18
 Number of Physicians: 187



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Community Benefit by the Numbers

National Jewish Health provides significant benefits to our communities in Denver, across the State and the Country.

In 2023, **11.12%** of unrestricted annual revenue was reinvested into our local communities.



FY 2023

Charity Care and program shortfalls	\$ 11.3 M
Health Professionals Education	\$ 3.1 M
* Community Outreach, Benefit Programs/others	\$ 1.05 M
Morgridge Academy	\$.9 M
Subsidized Health Services	\$ 2.9 M
Research Net	\$ 17.9 M

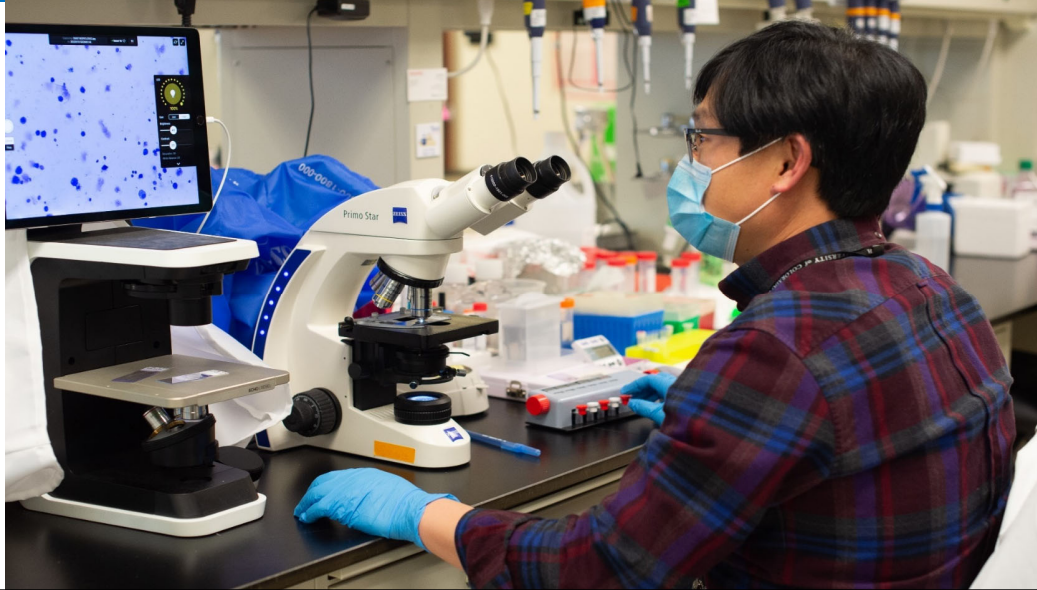
* Includes wide variety of programs – recycling, foodbank process, asthma management programs, black lung clinics, nurse line, and more.

Note: The 2024 Schedule H of the Form 990 report will be filed later this month. We will update this information at that time.

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Research Mission



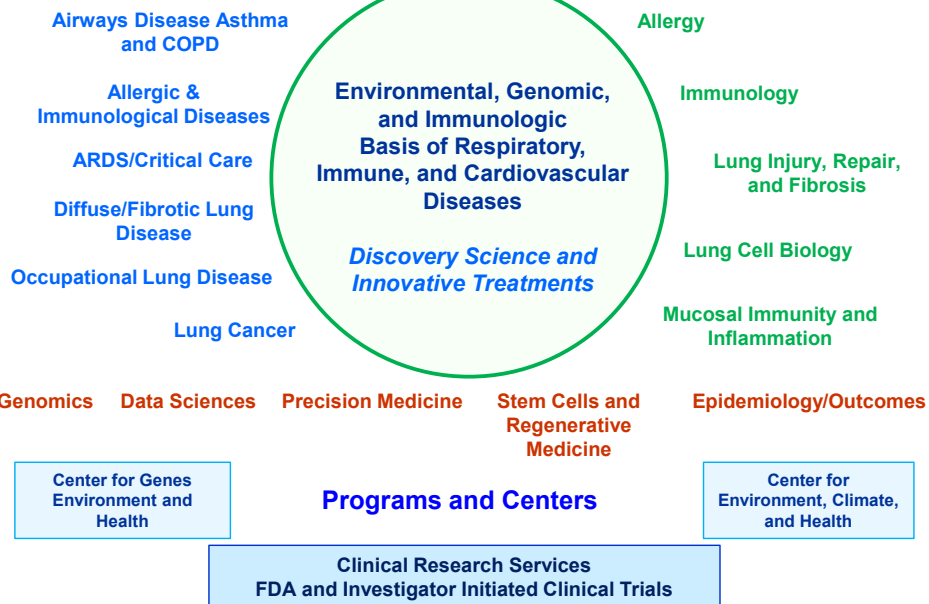
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NJH Research Discovery Science 2025

Clinical/Translational Science

Basic/Translational Science



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Research – Changing Lives Now and Future

Developing New Treatments – Sample of Published Work Past Year

- Study published in April 2025 found genetic links between asthma, respiratory inhalers and air pollution
- Research published in November 2024 identifies a protein involved in asthma airway obstruction
- Study published late 2024 described clarifying role of macrophages in fibrosis – sets stage for disease intervention research
- Research results published in December 2024 find new medication treatment for children with atopic dermatitis
- New biomarkers identified to guide asthma treatment



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Community Health-Focused Research Programs

Sample of Studies in Progress

- **AsthmaNet** – National Trials to address asthma in vulnerable populations
- **COPDGene®** – One of largest ongoing national studies ever to investigate underlying genetic factors in COPD. This study is led by doctors at National Jewish Health and continues into the next decade



- **Warfighters Lung Disease** – Led by doctors at National Jewish Health to help understand the illnesses suffered by soldiers returning home from Southwest Asia
- **Air pollution & vulnerable populations** – Variety of studies in Denver community over many years to further understand risks, options for care
- **STOP-IPF** – Multicenter phase 1B/2A clinical trial of saracatinib in pulmonary fibrosis recently completed

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Hospital Transformation Program (HTP)

Focus Area	Measure ID	Measure Name
Reducing Avoidable Hospitalization Utilization	RAH1	Follow up appointment with a clinician made before discharge and notification to the Regional Accountable Entities (RAE) within one business day
	RAH3	Home Management Plan of Care (HMPC) Document given to pediatric asthma Patient/caregiver (eCQM)
Core Population	SW-CP1	Social needs screening and notification to RAE
	CP7	Increase access to specialty care
Behavioral Health/Substance Use Disorder	SW-BH2	Pediatric screening for depression in inpatient and ED, including suicide risk (age 12 +)
Clinical and Operational Efficiencies	SW-COE1	Hospital Index
	COE1	Increase successful transmission of a summary of care record to a patient's primary care physician (PCP) or other health care professional within one business day of discharge from an inpatient facility to home
	COE3	Implementation/expansion of e-consults

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Denver-Metro area Community Health and Neighborhood Engagement Collaborative Committee

- Informing hospital transformation to better community health
- *Hospital Transformation Program (HTP) Aim: Reduce health care cost and improve members' health by placing supplement payment dollars at risk for various required and selected cost and quality metrics.*
- Highlights the increasing importance of collaboration to achieve community health being recognized and formalized.
- As part of HTP Denver-Metro hospitals coordinate community health and neighborhood engagement requirements (CHNE).

4 Types of CHNE

- Quarterly Stakeholder Engagement Meetings
- Semi-Annual Community Advisory Committee Engagement Meetings
- Annual Public Engagement Meeting
- Annual State Convening of Hospitals Meeting
- **Recent Engagements: *Health Equity and Social Determinants of Health***
 - Community Advisory Committee (CAC) Meeting: Regional Accountable Entities: R3, R5, R6
 - Colorado Access Public Improvement Accountability Committee (PIAC) meeting

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Community Benefit Profile

Our Clinical Programs



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Community Outreach Programs – Care, Research, Education

- **Clinical and Translational Research Center.** Provides infrastructure for community-based research
- **Lung Line.** A free information service for health care consumers, staffed by registered nurses
- **Miners Clinic of Colorado.** Provides medical screening, diagnosis, treatment, pulmonary rehabilitation and education through free screening programs. This program taken out into key communities
- **The Radiation Exposure Screening and Education Program Clinics.** Program for uranium miners providing disease screening, referrals for diagnostic and treatment procedures, and assistance with documenting claims under the Radiation Exposure Compensation Act.

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Community Outreach Programs – Care, Research, Education

- **Center for Climate, Environment and Health.** Researchers foster project ideas, collaborate and work toward preventing and treating the impacts of climate induced diseases.
- **Immune Deficiency Day.** Providers hosted a free patient event in 2024 to provide an opportunity for patients with immune deficiency, or immune disorders, in the community to connect with doctors and with support resources and receive additional education about their conditions.
- **Annual NTM Patient Conference.** For patients currently diagnosed with Nontuberculous Mycobacterial (NTM) infections and Bronchiectasis (including their families) covering medical and quality of life issues.
- **Other Patient Education Events.** A variety of other patient-focused programs such as lung health screenings hosted throughout year.

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Long COVID Ongoing Program

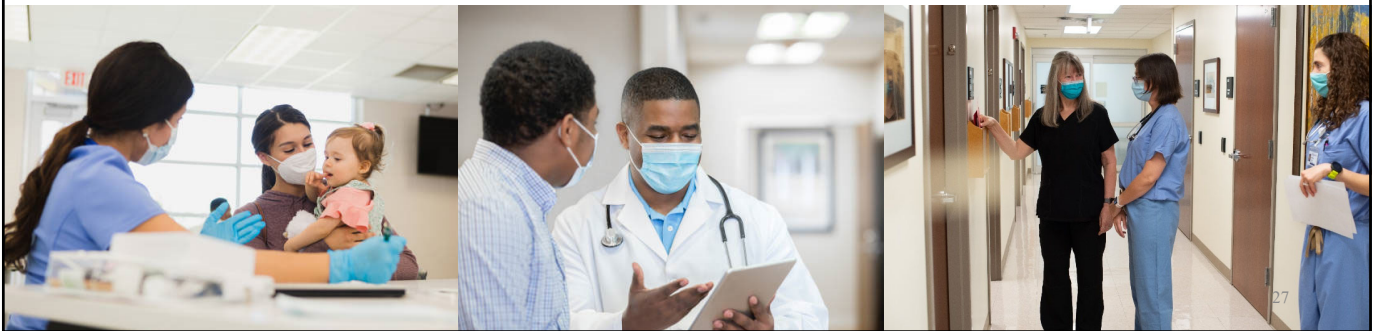
- Ongoing need for care and research to help those with long-COVID
- National Jewish Health Center for Post-COVID Care and Recovery
 - Children and adults treated;
 - Long-COVID research projects continue



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Immediate Care

- Meeting the needs of current patients and broader community when experiencing sudden, urgent symptoms, seven days a week
- Need identified during our work with COVID. Now expanded, running 7 days a week, with special program for children with asthma.



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Vaping and Tobacco Use – Research and Quitline

- Tobacco use – leading cause of preventable disease and death in the United States – 480,000 deaths each year
- 8 studies related to tobacco use and vaping published over past year with others still in progress
- **Quitline** – has helped more than 2½ million with their quit attempts
- Focused programs developed for at risk populations
- Serving 26 states, including Colorado

My Life, My Quit™

- Vaping – e-cigarette use now about 10% among teens, young adults, a significant reduction and shows effectiveness of programs in place
- Introduced in 2019 for teens, collaborative approach to finding answers and also an area of focus for ongoing research studies
 - Serving 26 states, including Colorado



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Community Program Highlights



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Morgridge Academy

- **K–8 Free Day School for Children with Chronic Illness**
- Serves up to 90 children with chronic and serious illnesses each school year
- Addresses medical and social issues to help children succeed
- Colorado Department of Education curriculum
- Students and families educated to manage health needs at home
- Breakfast and lunch provided to all students



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Morgridge Academy

Ongoing Focus for Facility, Resources and Learning

- Facility updates to enhance learning and improve energy efficiency
- School curriculum focus on experiential learning and problem solving
- School project garden with food donated to local food pantries



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National Jewish Health – Areas of Focus

Access to Specialty Care

- Expanding programs that bring specialty care and personalized education to underserved populations for respiratory illnesses, heart disease and related illnesses.

Pediatric Respiratory and Health Care

- Developing and expanding programs focused on research, diagnosis, treatment and education to address increasing needs in pediatric asthma, allergy, immune system and other diseases for all populations.

Education

- Developing and providing access to targeted programming, online patient education and professional education courses. Providing education and care for students and their families through our Morgridge Academy.

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Questions?

Please use the Q&A button
to submit a question.

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Thank you!

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Invited Organizations List

Invitations via email-Initial invitations and 3 reminders

2040 Partners for Health

Adams County Health Alliance

Adams County Health Department

Adams County School District 14

Arapahoe County Public Health

Ardas Family Medicine

Aurora Chamber of Commerce

Aurora Health Alliance

Aurora Public Schools

Bruner Family Medicine Clinic

Caritas Clinic

CDPHE Center for Health and Environmental Data

CDPHE Colorado Health Assessment and Planning System

CDPHE Health Facilities and Emergency Medical Services

CDPHE Office of Health Equity

CDPHE Public Health Practice, Planning, and Local Partnerships

CHARG Resource Center /Heartland Clinic

Clinica Colorado

Clinica Tepeyac

Colorado Access

Colorado Access

Colorado Association of School Executives

Colorado Association of School Nurses

Colorado Asthma & Allergy

Colorado Center for Law & Policy

Colorado Coalition for the Homeless
Colorado Commission of Indian Affairs
Colorado Commission on Higher Education
Colorado Community Health Alliance
Colorado Community Health Network
Colorado Consumer Health Initiative
Colorado Department of Human Services
Colorado Department of Public Health
Colorado Department Public Health & Environment
Colorado Health Institute
Colorado Human Services Directors Assoc.
Colorado Rural Health Center
CommonSpirit-St. Elizabeth Hospital
Community Health Association of Mountain/Plains States
Community Health Provider Alliance
Community Health Services, Inc. (Denver Health)
Denver Adolescent Therapy Group & Stevenson Therapy Group
Denver American Indian Commission
Denver Chamber of Commerce
Denver Children's Home
Denver Health Community Health Clinics, Family Medicine
Denver Health Community Health Clinics, Pediatrics
Denver Indian Center
Denver Indian Health and Family Services
Denver Regional Council of Governments
Department of Human Services
Department of Public Health and Environment
Department of Saving People Money in Healthcare

Disability Law Colorado

Division of Insurance with the Department of Regulatory Agencies

Douglas County Health Department

Dove Creek Integrated Healthcare

DPS School District 1

East Side Family Health Center

Economic Development Council of Colorado

Every Child Pediatrics

Food Bank of The Rockies

Four Winds American Indian Council

Greater Englewood Chamber of Commerce

Greenwood Pediatrics

HCPF

Healthier Colorado

High Plains Community Health Center

Inner City Health

JeffCo Public Health Department

Jefferson County Public Health Clinic

La Casa-Quigg Newton Family Health Center

Local and State Government Officials

Lowry Pediatrics

Mountain Family Health Centers

Northeast Health Partners

Office of Saving People Money on Health Care

Peak Vista Community Health Centers

People's Clinic HCH Outreach

Porter Hospital- Mental Health

Pueblo Community Health Center, Inc.

Rocky Mountain Health Plans

Rocky Mountain Indian Chamber of Commerce

Roundup River Ranch

Salud Clinic Health Centers

Second Wind Fund

Seton Women's Center

South Metro Denver Chamber of Commerce

Stride Community Health Center

Sunrise Community Health

Uncompahgre Medical Center

Uptown Community Health Center, Inc.

Valley Wide Health System

Wellpower

West Metro Chamber of Commerce

Westminster Public Schools

2025 Community Event Registrations

May 7, 2025

	Contact Name	County	Organization
1	Jayla Sanchez-Warren	Denver	Area Agency on Aging -- establishment of a comprehensive, coordinated system of community-based supportive and nutrition services for the Denver region
2	Aaron Hoy	Douglas	Community
3	Mengesha Geta	Ethiopia	Other
4	Adam Dormuth	CO	Community
5	Jessica Berry	Douglas	Community
6	Mary Halpin	Denver	Community
7	Lilly Reyes	Adams	Area Agency on Aging -- establishment of a comprehensive, coordinated system of community-based supportive and nutrition services for the Denver region
8	Cyndy Mitchell	Jefferson	Community
9	Angela Klawitter	Denver	Community
10	Mandy Ashley	Arapahoe	Aurora Health Alliance -- Community Alliance. of health care organizations, public agencies, providers, civic and business leaders, and residents—equity and access.
11	Megan Billesbach	Colorado	Colorado Community Health Alliance- Community Alliance. of health care organizations, public agencies, providers, civic and business leaders, and residents—equity and access.
12	Liana Zavo	USA	Community
13	Lisa Barker	Denver	Community
14	Michelle Wolins	Jefferson	Community
15	Evelien Van West	Israel	Other
16	Xiomara Sanchez	Adams	Local health care consumer organization
17	Michelle Mosko	Denver	Community
18	Daniel Lowell	Jefferson	Community
19	Liesl Buck	US	Community
20	Eliza Nolte	Denver	Community
21	Sandy Rangel	Adams	Community
22	Austin Fearn	Arapahoe	Community
23	Ashlee Grace	Larimer	HCPF

2025 Community Meeting Attendees

	Contact Name	County	Organization
1	Aaron Hoy	Douglas	Community
2	Angela Klawitter	Denver	Community
3	Cyndy Mitchell	Jefferson	Community
4	Sandy Rangel	Adams	Community
5	Jessica Berry	Douglas	Community
6	Michele Wolins	Jefferson	Community
7	Mary M Halpin	Denver	Community
8	Liesl Buck	Denver	Community
9	Eliza Nolte	Denver	Community
10	Xiomara Sanchez	Adams	Local health care consumer organization
11	Austin Fearn	Arapahoe	Community
12	James Johnston		HCPF
13	Daniel Lowell	Jefferson	Community



**Hospital Community Benefit Accountability Report
Narrative and Evidence of Investment
National Jewish Health**

2025

About National Jewish Health

National Jewish Health is an academic, specialty care hospital that has been located in Denver, Colorado since first opening its doors in 1899.

Care is provided at a variety of locations in Denver and across the state. National Jewish Health also collaborates with Saint Joseph Hospital, a part of the Intermountain Health system and also with the University of Colorado in Denver, Mount Sinai Hospital in New York City and Jefferson Health in Philadelphia.

The main care and research campus for National Jewish Health is at 1400 Jackson St. in Denver, Colorado. National Jewish Health also has clinics in Golden, Highlands Ranch, and Thornton, Colorado, and provides critical care management and inpatient care at several hospitals in the Denver metro area and through critical care telemedicine for Banner Health in five western states.

National Jewish Health was founded as a nonsectarian, not-for-profit hospital that sought to advance care, research and understanding of the diseases facing our communities. Since its beginning, National Jewish Health also has been dedicated to providing health-related education for patients, families and medical doctors and caregivers. That mission continues today. National Jewish Health is the only facility in the world dedicated exclusively to groundbreaking medical research and treatment of patients with heart, lung, immune and related disorders.

Description/Evidence of Investment that Address and Improve Community Health Needs

To help understand the health needs within the local community, annually surveys are conducted with local consumers, community providers, and with National Jewish Health physicians and researchers. In addition, the organization also meets with community members and collaborates on a variety of projects. These efforts help define community health needs where National Jewish Health can make a difference, including addressing access to multispecialty care, providing free and discounted health services and caring for the ongoing challenges with long COVID. The institution's efforts include programs that focus on health behaviors, risk, social determinants of health and medical research for improvements in care and new treatments.

Access to Multispecialty Care

National Jewish Health works to ensure that all patients have access to care. Patients are scheduled on a first-come, first-served basis, regardless of ability to pay. Since the doors opened in 1899, National Jewish Health has continued to meet the ever-changing needs of patients and the community through adjusting, adapting and innovating. National Jewish Health is also addressing access to multispecialty care,

such as rheumatology and neurology, through hiring additional physicians and care staff in underrepresented medical fields.

Black Lung Clinic. This clinic offers appointments year-round at National Jewish Health in Denver. The program also holds annual outreach and screening clinics in partnership with local hospitals in Craig, Montrose and Pueblo, Colorado, as well as Page, Arizona, and Casper, Wyoming.

Chronic Care Management. A new program launched in 2024, National Jewish Health Chronic Care Management™, to help patients and staff better manage chronic disease. By monitoring a patient's health in between clinic visits and using real-time data, National Jewish Health can achieve improved outcomes and intervene with patients before the need for hospitalization.

Current Worker Medical Surveillance and Respirator Fit Testing. For over 15 years, the National Jewish Health Division of Environmental and Occupational Health Sciences team has been and continues to be one of the few organizations in the U.S. that offers full-service medical surveillance and respiratory protection programs. All services are specifically tailored to meet the unique needs of each of the companies and their workers while ensuring compliance with all requirements of the Occupational Safety and Health Administration and other federal, state, and local regulations. Services for these community members have included medical clearance exams, respirator fit testing, clinical care, pulmonary function tests, worker training and respiratory protection consultations. These workers are performing tasks that have some associated exposure hazard, and their employer is required to provide them with annual medical surveillance, including respirator fit testing, to ensure they remain safe on the job. National Jewish Health staff perform approximately 180 current worker exams per year.

E-consult Services. National Jewish Health participates in a statewide program to assist community providers and primary care physicians in the treatment of their patients with chronic illness. National Jewish Health experts are available to electronically answer questions and provide guidance on treating Medicaid patients. This is a free service offered throughout the state of Colorado.

Former U.S. Department of Energy (DOE) Workers. Since 2005, National Jewish Health, in partnership with the National Supplemental Screening Program, has provided free supplemental medical screenings for former DOE workers who may have been exposed to hazardous substances or radiation. An additional program helps provide services for retired construction workers from the Atomic Energy Commission and DOE sites associated with historic nuclear weapons production. The majority of the participants seen by National Jewish Health were employed at Rocky Flats Nuclear Arsenal in Arvada, Colorado, and reside locally. The objective of these screenings is to identify work-related health conditions and provide recommendations that can lead to treatment. To date, the program has provided more than 1,500 screenings and continued collaboration with research partners has published aggregate data on the findings of these medical surveillance programs. Published findings both assist former workers by identifying health effects caused by past occupational exposures and help

those still currently working at DOE sites by promoting lower exposures and safer work practices.

Immediate Care to Meet Emerging, Urgent Needs. The [Immediate Care Clinic](#), an urgent-care clinic approach available to National Jewish Health patients and community members, was launched to meet community health needs that became apparent during the COVID pandemic. The full-service clinic provides care for adults and children with unexpected illnesses and minor injuries. Last year, the Immediate Care Clinic added a pediatric nurse triage line to help parents address urgent issues with their children who were having breathing or allergic conditions.

Miners Clinics. Over the past 23 years, National Jewish Health has screened more than 2,500 current and retired miners in Colorado and surrounding states who are at risk for occupational lung diseases, including silicosis, COPD, bronchitis, lung cancer and black lung disease. The Miners Clinic is a screening program that provides early detection through spirometry, X-ray with B-reading for dust disease, oximetry and other tests. The medical services are delivered in a way designed to maximize continuity of care with each miner's local provider and ensure appropriate follow-up and treatment.

Patient Education Events. Annually National Jewish Health experts host and support a number of events that serve to educate patients and families suffering from chronic disease. In the past several years, this has included hosting education events on immune deficiency, tuberculosis, nontuberculous mycobacterial lung disease, food allergies and air quality. National Jewish Health experts also routinely speak at patient education events and conferences across the country.

The Radiation Exposure Screening and Education Program (RESEP) Clinics. This program helps thousands of workers who were involved in the mining, milling and transporting of uranium used to produce atomic weapons for the United States and those who worked and lived downwind of the Nevada nuclear test site. It provides screening for diseases related to radiation exposure, referrals for patients needing further diagnostic or treatment procedures and help with documenting claims under the Radiation Exposure Compensation Act.

Telehealth. National Jewish Health developed a robust, secure and sustainable telehealth program for patients who could not come for in-person visits and continued to perfect this model to be available for more people and extend care. At the peak of the pandemic, National Jewish Health physicians were seeing more than 750 patients per week via telehealth visits and, while in lower numbers, telehealth continues to be an important resource for Colorado patients now in 2025.

Wellness and Prevention Outreach. National Jewish Health places emphasis on research and treatment aimed at preventing disease before it starts.

The Department of Radiology were involved in the research that developed national lung cancer screening standards in 2011 and subsequent updates. National Jewish Health dedicated a Lung Cancer Screening Program to ensure high-risk patients had access to multispecialty care encompasses screening, lung nodule monitoring,

shared decision-making, and if necessary, lung cancer treatment. In addition, the National Jewish Health Radiology team led a national effort to create a National Lung Cancer Screening Day to raise awareness of early cancer detection through regular lung cancer screening and reduce access disparities. National Jewish Health is one of more than 700 facilities that hosts a special Saturday screening event in November each year to give access to patients who have difficulty scheduling lung cancer screenings during the week. In addition, the team conducts community outreach events for underserved communities to educate them on the importance of lung cancer screenings for people at high risk of developing lung cancer.

The Denver Walk-with-a-Doc program is now in its 15th year. Launched and led by a National Jewish Health cardiologist, the program invites the public to monthly walks and health information sessions led by physicians and delivered in parks throughout Denver. The sessions are free and open to the public.

COVID and Long COVID

Over the past five years, National Jewish Health has played a significant role in meeting community needs created by the COVID global pandemic, which has continued to result in weekly hospitalizations into 2025. During this time, National Jewish Health invested millions of dollars to launch and maintain a variety of programs that help protect the respiratory health of adults and children throughout the community. Those efforts continue and have evolved to meet the changing needs still caused by the illness.

Long COVID Recovery. According to the Colorado Department of Public Health and Environment, about 6.4% of Coloradans currently suffer from persistent symptoms of the disease, which is called long COVID. There are more than 200 symptoms of long COVID, with brain fog, fatigue, post-exertional malaise and gastrointestinal disturbances reported most often. These patients have increased hospitalizations, emergency department visits and missed work and school days.

During the pandemic, National Jewish Health saw the need to provide ongoing care for these patients and their unique symptoms and quickly developed both adult and pediatric **Respiratory Recovery Clinics**, now operating as the [Center for Post-COVID Care and Recovery](#). This program helps care for pediatric and adult patients with functional impairment and persistent symptoms, helping them return to their usual state of health and usual function. The clinics continue to serve both existing National Jewish Health patients and the broader community. The clinics also focus on research to help increase understanding of the unique difficulties that many patients face when recovering from COVID.

COVID Research. In addition to caring for patients, National Jewish Health researchers have continued to focus resources on understanding the SARS-CoV-2 virus, how it spreads, how to best detect it, how to treat COVID disease and how the

disease impacts lung health. This attention to COVID and long COVID serves to better understand the impacts of the pandemic and learn ways to prevent and/or prepare for the next respiratory pandemic.

Free and Discounted Health Services

In fiscal year 2024, National Jewish Health provided charity care services worth \$1,176,055 million more in uncompensated care of Medicaid patients. National Jewish Health places no restrictions on Medicaid patients; they receive the first available appointment with specialists, not limited to the first available Medicaid appointment.

Community Garden

For more than 25 years, the hospital has set aside a portion of our campus for a community garden. The Gove Community Garden provides space for over 80 individual gardeners. The garden is managed by staff from Denver Urban Gardens who provide skills and resources for people to grow and harvest their own healthy food. The hospital maintains the grounds and provides security and access to water.

Programs that Address Health Behaviors or Risk

Tobacco cessation. Tobacco use continues to be a leading cause of preventable death in the U.S. and is related to one in five deaths each year. According to the CDC, tobacco kills more than 480,000 Americans annually costing more than \$240 billion a year in related health care expenses. Vaping, which has contributed to nicotine use and addiction particularly in teens and young adults, brings additional challenges to local and national communities. National Jewish Health developed comprehensive, evidence-based tobacco cessation programs that now operate in 26 states, including Colorado, and has developed additional focused programs for especially impacted and vulnerable populations. The program has assisted nearly 3 million people with their quit attempts and is the largest tobacco cessation program in the country.

National Jewish Health also meets changing community needs. For example, to address the rapid increase in vaping among youth, a teen quit line program was developed, patterned after the organization's successful tobacco cessation programs but uniquely geared toward young people and to quitting vaping as well as other forms of nicotine use. The My Life, My Quit program now operates in 26 states to meet the needs of teens who vape. Since launching, the program has enrolled nearly 10,000 youths.

Physical Activity. The Walk-with-a-Doc program is now in its 15th year. Led by a National Jewish Health cardiologist, the program invites the public to monthly walks and health information sessions led by physicians and delivered in parks

throughout Denver. Between 50-100 people join the walk each month, and in total, more than 5,000 people have participated in the program. The sessions are free and open to the public and all are staffed and supported by National Jewish Health

Air Quality. The five counties comprising the National Jewish Health community, Adams, Arapahoe, Denver, Douglas and Jefferson, all suffer from poor air quality, worse than most counties in the state, especially ozone and particulate pollution. Population growth has contributed to increased traffic, which increases pollution. Increasing frequency and severity of wildfires has also increased air pollution in recent years.

Education. An important element for patients and their families as well as for caregivers, National Jewish Health provides a wide range of educational opportunities that reach a variety of consumers and health professionals to better understand about respiratory health and ways to protect it. From educating physicians about handling difficult respiratory cases to educating patients about managing their diseases and reducing exposure to respiratory irritants, as well as to expanding our understanding and treatment of these diseases through research.

Morgridge Academy. National Jewish Health operates a tuition-free Colorado Department of Education K-8 school for chronically ill children on the organization's main campus in Denver. Most students suffer from chronic or lifelong diseases such as severe asthma or other pulmonary disease, allergies, multiple food allergies, diabetes, sickle cell anemia, HIV/AIDS, atopic dermatitis (eczema), juvenile rheumatoid arthritis, interstitial lung disease, cystic fibrosis and muscular disorders. These students are predominantly low-income and from historically marginalized communities.

Health behavior is addressed by school staff, who all have master's degrees and experience in special education, and by three full-time registered nurses who attend to each student's medical needs during the day (such as asthma pretreatment before activities, handling eczema flares, etc.). The nurses also work with each student's family to educate them on how to manage health conditions and identify health and behavior issues that need to be addressed. This attention to health behaviors and risk enables students to focus on learning. This approach has dramatically reduced school absences, improved health condition management and ultimately improved learning and grades.

Over the past year, a variety of new programs and learning courses have been developed and introduced to help address health behavior and risk. National Jewish Health researchers and school staff helped students learn more about managing their asthma by determining the most effective intervention when they're away from school. It also created focus groups of students and caregivers to decide which interventions to implement and select students who have functioned as peer leaders to join the study team.

Another innovative learning program had students investigating health care access for people in need. They presented medical style posters at an event to share their

findings. The myriad of solutions students developed to help underserved communities move past barriers and access health care will now be vetted by adult and student focus groups.

Support Groups. National Jewish Health serves as a host, to organize and lead several community support groups for people suffering from various health issues, including alpha-1 antitrypsin, diabetes, chronic obstructive pulmonary disease (COPD), immune deficiency, interstitial lung disease, and metabolic health and wellness. These sessions are free to participants.

Health Content. National Jewish Health provides a robust library of health content, authored exclusively by experts at National Jewish Health, and provided both in print and online. The educational material produced ranges from articles to more than 200 “MedFacts,” “TestFacts” and “Understanding” booklets and dozens of instructional videos on topics such as inhaler technique and “What is COPD?” A key example of this commitment to providing health information was seen in early 2020, when National Jewish Health launched one of the nation’s first COVID websites to provide helpful, authoritative and factual information related to the SARS-CoV-2 virus and COVID, the disease it causes. The COVID information brought nearly 4 million visitors to the website, resulting in more than 7.1 million webpage views. Dedication to ongoing publication of educational health-related information continues as a key offering with new topics for the upcoming year.

Professional Education. Academic training is offered through fellowship programs for medical students, interns, residents and postgraduate fellows, as well as continuing medical education seminars that are offered virtually and live in cities across the U.S. More than 900 physicians have completed fellowship training at National Jewish Health. The organization’s Professional Education offerings help educate physicians and providers throughout the United States with several programs held annually in Denver. In addition, community provider outreach efforts include a series of educational initiatives aimed at increasing health care providers’ ability to assess and manage asthma and COPD. These outreach programs have so far trained more than 500 physicians in 170 primary care practices that serve medically underserved populations in eastern Colorado, southern Colorado and the Denver metro area and the Navajo Nation in Arizona.

In 2023, two new Bachelor of Science degree programs in respiratory therapy were launched in collaborations with colleagues at Thomas Jefferson University in Philadelphia, to help address the serious shortages of health care professionals.

Lung Cancer Screening. In addition to screening and lung nodule monitoring services, the Lung Cancer Screening team also conducts outreach into the community to encourage smoking cessation and provide education on the importance of lung cancer screening. They have participated in community events at Tepayac Community Health Center, the Center on Colfax, the Colorado Black Health Collaborative, and others.

Programs that Address the Social Determinants of Health

Research for the most recent Community Health Needs Assessment identified a variety of environmental, social and economic factors, including poverty, education, air quality, access to care and insurance coverage, which contribute to poor health in Colorado communities. National Jewish Health provides programs to help address these concerns, including the following examples.

Morgridge Academy. The school addresses social determinants of health including health care, nutrition, physical activity, social connectedness and overall belonging to a community for students.

Generally, these students are from underserved populations and would qualify for reduced-price lunches in public schools. Morgridge Academy provides free breakfast and lunch every school day, and during the pandemic, school staff ensured students had access to good nutrition by delivering food to each student's home. Physical education is taught and balanced with student health concerns. School staff have set up activities, events and opportunities for students to be connected to hospital staff through a reading buddies program, and to the school family through performances and family events. The students feel supported and know that their needs are met, so they can relax and focus on learning.

Immune Deficiency Patient Program. National Jewish Health providers hosted a free patient event in 2024 to provide an opportunity for patients with immune deficiency, or immune disorders, in the community to connect with doctors and with support resources and receive additional education about their conditions. Additionally, representatives from the Immune Deficiency Foundation and Option Care Pharmacy were invited to participate in the in-person section of the event to share resources with attendees.

The event was attended by in-person attendees and broadcast live through a zoom link to remote attendees. Additionally, the presentations were recorded and distributed to all registrants.

Pediatric Asthma Tune Up and Wellness Program. With about one in 12 children impacted by asthma and that number likely as high as 38% in underrepresented communities, National Jewish Health has worked to address the toll of childhood asthma. National Jewish Health created the Asthma Tune Up and Wellness Program to improve asthma knowledge, inhaler technique and self-management through a variety of interactive educational tools and one-on-one practice with an asthma educator. The program also helps children and families implement and maintain lifestyle changes. This long-standing program is currently finalizing an agreement with a new inhaler technology partner to

continue this important work.

The Miners Clinic of Colorado. This program is in its 23rd year providing nationally recognized medical screening, education and counseling and prevention services through free screening programs held at various locations around the state. Additionally, diagnosis, treatment and pulmonary rehabilitation services are available. National Jewish Health physician-scientists recently published findings indicating that there's been a major resurgence in progressive massive fibrosis or black lung disease in coal miners whose job duties weren't previously considered high risk. This is one of the major programs that provided to the community – both through care and ongoing focused research.

The Black Lung Clinic. This program provides care with appointments year-round at National Jewish Health. The program includes annual outreach clinics in partnership with local hospitals in Craig, Montrose and Pueblo. Currently, there are more than 5,000 active miners and 8,000 retired or disabled miners who reside in Colorado.

Medical Research for Improvements in Care and New Treatments

Research is core to the work at National Jewish Health with most faculty and staff involved in innovative clinical and basic research along with caring for patients. Researchers conduct extensive basic, translational and clinical research on a wide variety of respiratory, immune and related diseases, which can help prevent these diseases, and deliver new treatments and medications that benefit Colorado and national communities.

In the most recent reporting year, National Jewish Health invested \$20 million in research in addition to receiving more than \$59.3 million in grant funding, mostly from the National Institutes of Health (NIH), and is in the top 6% of institutions in the country funded by the NIH (in absolute dollars). As an NIH-funded Clinical and Translational Research Center, the center provides an infrastructure for community-based research in collaboration with the University of Colorado. On average, National Jewish Health invests another \$20 million of its own funds each year in research.

In recent years, research findings have included measuring changes in emphysema over more than 10 years, identifying an emerging treatment for children with long COVID and recurrent fever, discovering biomarkers that could predict future allergic conditions, producing a tool to help diagnose cystic fibrosis in people of color, developing a chronic obstructive pulmonary disease (COPD) screening tool and creating an antibiogram for making informed treatment decisions for patients with nontuberculous mycobacteria.

Currently, National Jewish Health researchers participate in national research networks to understand, prevent and treat asthma, COPD, idiopathic pulmonary

disease, cystic fibrosis, food allergy and eczema, and how best to treat critically ill patients in intensive care. Here are just a few examples of studies conducted:

- National Jewish Health researchers are leading COPDGene®, the largest ongoing study ever done to investigate underlying genetic factors of chronic obstructive pulmonary disease (COPD) and increase understanding of the causes, progression and prevention of COPD.
- A variety of studies on air quality and vulnerable populations are underway to help understand the risks, options for care and improvement in Denver, including in the Globeville, Elyria and Swansea neighborhoods.
- National Jewish Health is conducting several investigations of electronic cigarettes and their impact on lung health.
- Pediatric researchers are investigating the root causes of asthma to learn how genes and viral infections affect respiratory diseases, to identify characteristics and patterns of asthma, how to improve asthma treatments and target different types of asthma with precision medicine.
- Studying asthma and its relationship (prevalence and treatment response) to vulnerable population groups is also an ongoing and major area of study.