

Hospital Community Benefit Accountability

National Jewish Health Annual Report

September 1, 2021

Submitted to: Department of Health Care Policy & Financing



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I. Overview

House Bill 19-1320 requires non-profit tax-exempt general hospitals, Denver Health Medical Center, and University of Colorado Hospital to complete a community health needs assessment every three years and an annual community benefit implementation plan every year¹. Each reporting hospital is required to convene a public meeting at least once per year to seek feedback on the hospital's community benefit activities and implementation plans. These hospitals are required to submit a report to the Department of Health Care Policy & Financing (the Department) that includes but not limited to the following:

- Information on the public meeting held within the year preceding **September 1, 2021**
- 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](#). Please direct any questions to hcpf_hospitalcommunity@state.co.us.

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

II. Checklist

A. Sections within this report

- Public meeting reporting section completed
- Investment and expenses reporting section completed
- URL of the page on the hospital's website where this report will be posted
<https://www.nationaljewish.org/about/community-health-needs-assessment>

B. Attachments submitted with report

- Most recent Community Health Needs Assessment
- Most recent Community Benefit Implementation Plan
- List of individuals and organizations invited to the public meeting
- List of public meeting attendees and organizations represented
- Public meeting agenda
- Summary of the public meeting discussion
- Most recent submitted form 990 including Schedule H or equivalent
- Available evidence that shows how the investment improves Community health outcomes (Attachment is optional if description of evidence is provided within this report)

III. Public Meeting Reporting

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

Date: June 29, 2021

Time: 5 p.m.

Location (place meeting held and city or if virtual, note platform): Hosted on a Zoom platform, virtual.

Describe your outreach efforts for the public meeting being reported:

We invited a broad list of representatives from local public and local government agencies as well as from state agencies through an invitation that was sent on June 21, 24 and a reminder on June 28. We also posted the invitation to our website and placed it on social media. Also, we ran an ad in the Denver Post on June 21, 2021 in the main section of the paper, page 5A (see exhibit of invitations and ad.) In addition, we made phone calls to the organizations that had attended in the past to encourage attendance.

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

Feedback from attendees was primarily individual requests for information to be covered in the meeting and requests that were for information for an individual interest. Advance requests for information were added to the meeting review slides or answered in Q&A format. In some cases we responded directly back to the participant to be sure they had the information they were seeking. We are using some of the information to develop an outreach survey that was sent out in August to further define the areas of interest. this information will be tabulated in September. In addition, the meeting results are being shared with our leadership and committees so as to be considered as programs are developed and refined. A new survey was developed following the meeting to reach out for more input from the community.

[Please see attached Discussion for additional insights here].

IV. Investment and Expenses Reporting

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:

\$331,534,080.00

Revenue less expenses included on Line 19 of Section 1 of submitted form 990:

\$17,546,521.00

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

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 Schedule H investment that addressed a Community Identified Health Need identify the following categories: (See Appendix A for definitions)
 - ✓ Free or Discounted Health Care Services
 - ✓ Programs that Address Health Behaviors or Risk
 - ✓ Programs that Address the Social Determinants of Health

There is a crosswalk available on the [Hospital Community Benefit Accountability webpage](#) under the resources section.

- 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.

V. Additional Information

Please provide any additional information you feel is relevant to the items being reported on.

Please see attached Discussion for more insights here.

VI. Report Certification

I certify that the information in this report is for National Jewish Health and 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.

Lauren Green-Caldwell

Vice President Communications

303-728-6561

Green-CaldwellL@njhealth.org

X Lauren Green-Caldwell

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

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.

Programs that Address Health Behaviors or Risk - programs funded by the hospital and provided by the hospital or other Community organizations that provide education, mentorship, or other supports that help people make or maintain healthy life choices or manage chronic disease, including addiction prevention and treatment programs, suicide prevention programs and mental health treatment, programs to prevent tobacco use, disease management programs, nutrition education programs, programs that support maternal health, including screening, referral and treatment for perinatal and postpartum depression and anxiety, and healthy birth outcomes, and programs that help seniors and people with disabilities live as independently as possible in the Community.

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,
2. Programs that increase access to nutritious food and safe housing,
3. Medical Legal Partnerships, and
4. Community-building activities that could be included in Part II of Schedule H of the Form 990.

Reporting Hospital

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.



Hospital Community Benefit Accountability Report Narrative

National Jewish Health

September 1, 2021

About National Jewish Health

National Jewish Health is an academic, specialty care hospital located in Denver, Colorado, since 1899. Care is provided at 24 locations across the state and through collaborations with Saint Joseph Hospital and SCL Health and University of Colorado in Denver, Mount Sinai Hospital in New York City and Jefferson Health in Philadelphia. National Jewish Health also provides critical care management and inpatient care at several hospitals in Denver and through telemedicine in five western states.

National Jewish Health was founded as a not-for-profit hospital that also sought to research and understand the diseases facing our communities as well as to provide education for patients, families, and medical doctors and caregivers. Today, National Jewish Health continues that mission and is the only facility in the world dedicated exclusively to groundbreaking medical research and treatment of patients with respiratory and related disorders.

Community Health Needs Assessment and Implementation Plan

The National Jewish Health Community Health Needs Assessment was last published in June 2019, and the Community Health Implementation Plan was published in November 2019. Both of these reports were prepared and informed by assessments of community health programs that are a part of the focus at National Jewish Health.

Also key were the ongoing community input opportunities, which included focus groups, outreach calls and ongoing dialogue. In the summer and fall of 2018, National Jewish Health collaborated with Saint Joseph Hospital and the Denver Department of Public Health and Environment to conduct two focus groups of community stakeholders to gather input on community health needs. In spring 2019, National Jewish Health surveyed six community health providers about the needs of their clients and providers. Information and ideas gathered through these sessions were used to help guide the development of these reports. Those focus groups, surveys and the resulting reports have guided our plans and the steps we are taking to contribute to the benefit of our community and improve the health of its residents.

These plans are attached in Appendices 1 and 2 and also can be found on the National Jewish Health website at:

<https://www.nationaljewish.org/about/community-health-needs-assessment>

Community Health Benefits Discussion

On June 29, 2021, National Jewish Health hosted a virtual Community Health Benefits Discussion via Zoom to share our efforts on behalf of the community and to seek input from community members about their priorities, needs and desires for improved community health. National Jewish Health hosted a similar discussion on August 20, 2020. National Jewish Health senior leadership and community outreach leadership led an overview of the programs that provide community benefit.

Attendees from across the metro area joined the virtual meeting.

Outreach

To promote the event and assure that key organizations as well as the general public were invited, National Jewish Health used a variety of approaches. One of the ongoing public facing strategies was to post a pinned event invitation on Facebook 10 days before the meeting and then used social media to continue to feature the meeting for the days leading up to the event. An email invitation was sent on June 21, and again on June 24 and June 28, to approximately 110 individuals at various health, public health, government and other related organizations. In addition, an advertisement was placed in the June 21 edition of the *Denver Post* inviting the community to the public meeting.

National Jewish Health community outreach staff directly contacted representatives from several organizations via email and phone. Twenty people from the community attended the virtual meeting, including individual citizens and representatives of several community organizations.

Finally, the recorded meeting has been posted online. It can be found here:

<https://www.nationaljewish.org/about/community-health-needs-assessment>.

List of Organizations Invited

Colorado Department of Public Health & Environment (CDPHE)

- CDPHE Colorado Health Assessment and Planning System
- CDPHE Office of Health Equity
- CDPHE Center for Health and Environmental Data
- CDPHE Health Facilities and Emergency Medical Services

Denver Department of Public Health

Tri-County Health Department

Jefferson County Public Health Department

Denver Chamber of Commerce

Greater Englewood Chamber of Commerce

Aurora Chamber of Commerce

South and West Metro Denver Chambers of Commerce

Colorado Community Health Network

Colorado Consumer Health Initiatives

Healthier Colorado

Colorado Center for Law & Policy

Colorado Association of Local Public Health Officials (CALPHO)

Colorado Association of School Executives

County Human Services Directors Association

Colorado Rural Health Centers

Denver Regional Council on Governments

Disability Law Colorado

Colorado Department of Saving People Money on Healthcare

Colorado Department of Human Services

Colorado Department of State

Colorado Commission on Higher Education

Denver City Council - representatives from District 5 and 10.

Colorado State Representative Angela Williams

Colorado State Representative Chris Hansen

Colorado State Representative Leslie Herod

Every Child Pediatrics

Denver Health Community Health Clinics Family Medicine

Denver Health Community Health Clinics Pediatrics

2040 Partners for Health

Clinica Tepayac

Stride Community Health Center

Salud Clinic Health Centers

Speakers:

- Michael Salem, M.D., President & CEO
- Steve Frankel, M.D., Executive Vice President, Clinical Affairs
- Chris Forkner, Executive Vice President, Corporate Affairs
- Greg Downey, M.D., Executive Vice President, Research & Education
- Lauren Green-Caldwell, Vice President Communications

Agenda:

- Overview and Commitment to our Communities
- Community Benefit Profile
- Our Response to COVID-19 Challenges
- Our Unique Research Mission
- Community Program Highlights
- News Steps and Questions & Answers

Speakers addressed an overview and history of National Jewish Health, including the organization's first 70 years when all care was free; its ongoing commitment to caring for all regardless of ability to pay; the National Jewish Health mission and vision; current care, research and collaborations; new programs in response to the COVID-19 pandemic; a summary of the most recent Community Health Needs Assessment; and current community benefit programs, activities and expenditures. Questions that came in were then addressed.

Follow-up Survey

In August of 2021, a brief survey was developed to solicit additional input from those who attended the June National Jewish Health meeting as well as those who could not attend and others identified as having an interest in the organization. Results will be gathered and assessed in September to serve as input for ongoing efforts over the next months.

The survey asks participants to rank various social determinants of health that they would most like to see hospitals address. It also asks for input on various health behaviors that participants would most like to have more information about or services identified including understanding what services developed during the Pandemic may be most helpful to our local communities. From the survey in August of 2020, we learned that increased access to care, mental health services and increased information about health issues were identified high on the scale of needs. Participants ranked food security, housing and social connection as the social determinants of health they would most like hospitals to address. Overwhelmingly, participants said that anxiety and depression are the health behaviors for which people in the community need more information and/or support.

We continue to analyze the new survey results and input, and will use that data to help as fine tune current plans and develop new services.

Form 990, including Schedule H

The 2019 Form 990, which covers the National Jewish Health fiscal year 2020 and is the most recent one filed, outlines investments of \$32.5 million made by National Jewish Health for community health, through financial assistance, subsidized health services, professional education, research, community health improvement services and programs. This number represents 10.35% of total expenses and is 10.6 percent of unrestricted annual revenue that is reinvested into our communities each year. *Form 990* attached separately.

Description of Investments that Addressed Community-Identified Health Needs

As the pandemic continued to impact communities throughout the country and here in Colorado, 2020/21 has continued to be uncharted territory for everyone including hospitals. The focus of our Community Outreach and Benefits activities were shifted early in 2020 and continued to be focused on meeting the needs caused by the pandemic. Here is a brief description of the type of services and focus provided by National Jewish Health over the past year. Following the section on the pandemic response, this report summarizes other ongoing programs that also focus on meeting community needs.

COVID-19 Response and Programs

As an academic medical center with specialized expertise in respiratory medicine, National Jewish Health continued to take a leadership role in the COVID-19 pandemic response. National Jewish Health has invested millions of dollars and focused intensely on developing and launching a wide variety of programs to meet this challenge and protect our community's health. These efforts began in 2020 with the onset of the pandemic, and continued throughout the year and into 2021.

At the start of the pandemic, National Jewish Health quickly created **Acute Respiratory Care Clinics** for both children and adults needing urgent care for suspected and confirmed COVID-19 cases. These clinics provided diagnostic services, medical care and referral, as needed, to area hospitals. These clinics helped to reduce demands on overcrowded local emergency rooms and hospitals. The clinics served both existing National Jewish Health patients and the community at large. As the pandemic came in surges and needs changed, the clinics were adapted to meet the evolving needs.

Many COVID-19 patients continue to have persistent symptoms and on-going functional impairment as they recover from the disease. 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, not working as the **Center for Post COVID Care and Recovery**. This program helps care for patients with functional impairment and persistent symptoms, getting answers for them and getting them back to their usual state of health and usual function. The clinics continue to serve both existing National Jewish Health patients and

the community at large. The clinics also help to study and understand better the unique difficulties that patients face.

COVID Testing and Vaccinations

At the outset of the pandemic, National Jewish Health rapidly developed and launched tests for COVID-19 infection and for antibodies to the novel coronavirus, which indicate past infection. In addition to purchasing machinery to run the tests and developing protocols to obtain dependable, accurate results, National Jewish Health set up testing tents in our parking lots for drive-through testing. These programs have continued to operate and provide publicly available testing capabilities for patients and for doctor referral. While in the early summer of 2021, we had some indication that the need for testing was lessening, particularly as more people were vaccinated, that trend has ended and the need for testing is growing. The virus variants, particularly the Delta variant, have caused this renewed need for testing.

National Jewish Health continues to serve as a resource for the public for testing and for states as they seek lab partners to enable their state-based testing services. National Jewish Health also provides testing services to help the Colorado Department of Public Health and Environment, and to help meet the needs of public health agencies for testing in Wyoming, Montana, South Dakota and New Mexico, and the University of Denver, other schools and several businesses.

Last December, when a vaccine received Emergency Use Authorization (EUA), National Jewish Health turned its attention to helping distribute vaccine as quickly and as effectively as possible. We quickly opened our conference center and hosted vaccine events that could vaccinate as many as 500 people in a day. As the vaccine became more available, we moved the vaccine events to our parking lot and were able to vaccinate 3,000 to 3,500 people in a day. These events were staffed entirely by volunteer health care providers and staff, with doctors, nurses and others pulling a volunteer shift in addition to their regular work hours to make the vaccine available.

As the weather turned to days with sub-zero temperatures, we partnered with University of Denver who hosted our events in their Field House. Again, the events included medical staff to deliver the doses and a host of volunteers to run the events.

COVID Information and Education

In the early weeks of the pandemic, National Jewish Health devoted significant resources to mount a robust, accurate and constantly updated COVID-19 website to provide valuable information about the pandemic to our local, national and worldwide community. In consultation with our own experts and with information gathered from peer-reviewed scientific studies and other authoritative sources, National Jewish Health published extensive information for Patient Care & Testing, Prevention & Tips, About Coronavirus, News & Research and links to additional authoritative sources of information. The site also included situation updates, which linked to daily news updates. During 2020 and now 2021, this site continues to

be managed and populated with fresh content. As the pandemic and the illness have evolved, so too has the dedication to provide up-to-date information to help people understand the disease, the risks and their own health.

The National Jewish Health COVID-19 web site proved enormously valuable to the community, as evidenced by the number of people who viewed the content. Between March 1 and August 15, 2020, the site recorded 5.3 million page views, more than doubling overall traffic to the National Jewish Health web site. Pages on “How to put on a Surgical Mask,” “COVID-19 Antibody Testing” and “COVID-19 Symptoms” each received more than 1.3 million visits. In 2021, the site continued to be updated regularly thus providing an ongoing source for people seeking clear data.

National Jewish Health is primarily an out-patient facility. However, in 2020 we quickly expanded our inpatient capacity to 46 beds (our full number of licensed beds), available if necessary to help overwhelmed local hospitals handle a surge in COVID-19 patients and other immune compromised patients. While this need passed, we now have the ability to revise and reopen the units should the need arise. And in 2021, we developed both an **ongoing Center for Post COVID Care and Recovery** and an urgent care solution – **Immediate Care** – providing more options for those seeking treatment – both long-term and sudden unexpected illnesses.

National Jewish Health developed a robust, secure and sustainable telehealth program for patients who could not come to our campus for in-person visits and in 2021 have 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. We have continued to focus in this area.

In response to the pandemic, National Jewish Health made numerous changes to its facility, including augmented air flows, filtering and cleaning techniques. During 2021, we continued close monitoring all safety features and best practice approaches to managing our facility and our processes to provide the best and safest care for our patients.

National Jewish Health critical care experts were on the front lines of the COVID-19 pandemic at Saint Joseph Hospital, Rose Medical Center and Swedish Medical Center – hospitals where we manage critical care beds on a regular basis. Doctors from National Jewish Health also manage 600 critical-care beds via tele-ICU services for 25 Banner Health Hospitals in five western states and continued this service throughout the pandemic. Fifteen critical care and specialty physicians traveled to New York during the height of the pandemic in the spring of 2020 to serve in intensive care units at several hospitals in the Mount Sinai Health System. In the fall of 2020, we performed similar volunteer roles in helping in Los Angeles as hospitals there were overrun by COVID cases.

COVID Research

Researchers across the institution quickly launched basic, translational and clinical research projects, often before any funding became available, to better understand the SARS-CoV-2 virus, the COVID-19 disease and to conduct clinical trials of experimental treatments at several hospitals. More than 80 basic research studies from National Jewish Health doctors have been submitted for funding over the past 18 months or have received grants and are now progressing.

Medical Research for Improvements in Care and New Treatments

National Jewish Health faculty and staff conduct extensive basic, translational and clinical research on a wide variety of respiratory, immune and related diseases, which helps prevent these diseases, and deliver new treatments and medications that benefit both our Colorado and national communities.

In the most recent reporting year, National Jewish Health invested \$18 million in research in addition to receiving more than \$57 million in grant funding, mostly from the National Institutes of Health (NIH). 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.

In recent years, research findings have included the most effective treatment yet for cystic fibrosis; the origins and course of asthma as well as several new treatments for this disease; the first-ever treatments for idiopathic pulmonary fibrosis; new treatments for food allergy and insight into its causes, which could help prevent the disease; strategies to motivate sleep apnea patients to adhere to prescribed therapy; and a novel therapy for vocal cord dysfunction.

Currently, National Jewish Health researchers participate in national research networks to understand, prevent and treat asthma, idiopathic pulmonary disease, cystic fibrosis, food allergy, eczema, and how best to treat critically ill patients in intensive care. Among other studies, the following are examples:

- National Jewish Health researchers are leading COPDGene®, the largest study ever done to understand the causes, progression and prevention of chronic obstructive pulmonary disease.
- We are conducting research on hazardous air pollution in Denver and how best to help residents reduce their exposure in the Globeville, Elyria and Swansea neighborhoods.
- We are conducting several investigations of electronic cigarettes and their impact on lung health.
- We continue to study asthma and its relationship (prevalence and treatment response) to population groups.

Free or Discounted Health Services

National Jewish Health provided \$5.8 million of free or discounted health services to people in need in our community as reported in the most recent Form 990. This included care provided to Medicaid patients, participants in the Colorado Indigent Care Program and our own charity care, funded by money raised from donors around the country.

Programs That Address Health Behaviors or Risk

Tobacco use is the leading cause of preventable death in the United States. National Jewish Health has developed a comprehensive, evidence-based tobacco-cessation program, which we operate in Colorado and 19 additional states. In 2019, National Jewish Health researched and developed a new program aimed specifically at teens and young adults to address addiction to electronic cigarettes. This program was expanded in 2020 and continues to be a part of the research conducted by National Jewish Health to understand and address the illnesses caused by tobacco products and specifically, the many unknowns with vaping and e-cigarettes. This research can lead to new and better treatments and provides insights into helping people stop using tobacco products.

Obesity. Professor of Medicine Fred Wamboldt, MD, worked with Salud Family Health Centers to develop a protocol and guide for physicians to quickly initiate conversations with patients about weight management. The protocol refers patients to staff for follow-up conversations that connect patients with resources to help them better understand the negative health consequences of obesity and to better manage their weight.

Physical activity. The Walk-with-a-Doc program, led by the National Jewish Health Director of Cardiovascular Prevention and Wellness Andrew Freeman, MD, and now in its 10th year, invites the public to monthly walks and health-promoting talks by physicians in parks around Denver. These sessions are free and open to the public. The sessions took a brief hiatus in the early months of the pandemic but quickly resumed as they are held outdoors and offered a way for people to safely resume healthy walking.

Air Pollution. Professor of Medicine Lisa Cicutto, PhD, is managing a three-year project to help residents of poor, industrialized neighborhoods in Denver understand and reduce their exposures to hazardous air pollutants.

Education. National Jewish Health provides education for both health care providers and patients. These programs, which are outlined in the attached Community Health Needs Assessment, improve diagnosis and treatment of patients' diseases and provide the tools for improved health-related behavior.

Programs that Address the Social Determinants of Health

Research for the 2019 National Jewish Health Community Health Needs Assessment identified various environmental, social and economic factors, including poverty, education, air pollution, access to care and insurance coverage, which contribute to poor health in five counties (Adams,

Arapahoe, Denver, Douglas and Jefferson) of the Denver metro area. Below are several programs that address these social determinants of health.

Morgridge Academy. National Jewish Health operates the Morgridge Academy, a free K-8 school for children whose chronic disease impedes their ability to attend school. Most of the children suffer asthma or a variety of other respiratory and allergic diseases. The vast majority come from low-income families and are eligible for free and reduced-cost lunch. By addressing immediate health needs and providing a safe, nurturing environment for learning, the Morgridge Academy delivers an education that greatly improves not only their health, but also economic and social opportunities for these children. In addition, nurses and staff teach both students and their families how to care for themselves, avoid behaviors that worsen their disease and manage exacerbations of disease, thus reducing the burden of disease.

During the pandemic, the school moved mostly to remote learning which was important in continuing to monitor the health of the children and the needs of the families. The teachers of the school worked to deliver daily weekday meals to the children and their families so that those in need also continued to have access to healthy food.

Free lung testing. In 2019 and the early months of 2020, National Jewish Health staff participated in 96 free community outreach events in and around Colorado, at which educational materials and free lung testing were offered. Lung testing can help detect lung disease that needs medical attention. National Jewish Health has long provided this service, which uses a spirometer, to reach its local communities with this free service. Unfortunately, this services was suspended during the COVID-19 pandemic, as health fairs were not held and spirometry testing could not be conducted safely in a COVID world. National Jewish Health is committed to reviewing how this or a similar service can be added back into its services safely when conditions permit.

Appendix included in filing

Appendix 1 - 2019 Community Health Needs Assessment

Appendix 2 – Community Health Needs Assessment 2019 Implementation Plan

Appendix 3 – 2019 National Jewish Health Form 990 including Schedule H

Colorado Department of Health Care Policy & Finance

Crosswalk – National Jewish Health – August 2021

Prepared to accompany the 2021 Hospital Community Benefit Accountability Report and based on the 2019 IRS/990 report filing.

Schedule H Part I Categories	Description	Community Benefit Categories	Investments
Financial Assistance at cost (charity care)	Health care services provided for free or at reduced prices to low income patients	Free or discounted health care services	\$83,785
Unreimbursed Medicaid	Government sponsored means-tested health care programs and services	Discounted government program services	\$5,095,803
Unreimbursed costs (other means-tested government programs)	Government sponsored means-tested health care programs and services. Examples include: State Children's Health Insurance Programs, medical programs for low-income or medically indigent persons not eligible for Medicaid	Discounted government program services	\$574,536
Unreimbursed costs (other means-tested government programs)	Costs for programs to develop testing and provide free vaccine in support of efforts related to the Pandemic. Note. Due to timing of reporting, since our Form 990 covers our fiscal year ended June 30, 2020, much of the costs of these major programs will be seen in next year's Schedule H, but note here as they consumed time and talent during 2021.	Free or discounted health care services	
Community health improvement services	Program services and activities carried out to improve community health, such as health education classes for disease management, disease prevention, support groups, health screenings, wellness and community-based clinical services. (Details of investments listed below)		
Community Health Education	Operation of Morgridge Academy, a free K-8 school for up to 90 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).	Programs that address health care barriers or risk; Programs that address the social determinants of health (SDOH); Programs that address access to specialty care	\$1,041,243
Community-based clinical services	Examples include: Pediatric asthma program extended clinic hours. Access to specialty care including expansion	Programs that address health care barriers or risk; Programs	\$3,049,147

Schedule H Part I Categories	Description	Community Benefit Categories	Investments
	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.	that address the social determinants of health (SDOH); Programs that address access to specialty care	
Community benefit operations	Examples include: Participation in community coalitions and collaborative efforts with the community, including costs associated with conducting the community health needs assessment, including research and collaboration with other community hospitals, Denver Department of Public Health and Environment, and Community Health Clinics-Family Medicine and Pediatrics.	Programs that address health care barriers or risk; Programs that address social determinants of health; Programs that address access to specialty care	\$861,609
Health professions education	Educating future and current health care professionals is a distinguishing characteristic of not-for-profit health care and a core focus for National Jewish Health. It includes educational programs for physicians (residents and fellows), medical students, nurses, nursing students, and other health professionals when that education is necessary for a degree, certificate or training required by state law accrediting body or health profession specialty. <i>(Details of investments listed below)</i>		
Education for health professionals	Examples include: 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, respiratory students. Cost related to maintaining and providing access to the National Jewish Health Medical Library	Programs that address health care barriers or risk; Programs that address social determinants of health; Programs that address access to specialty care	\$3,654,573
Subsidized Services	Subsidized health services are patient care programs provided despite a financial loss so significant that losses remain after removing the effects of financial assistance, Medicaid shortfalls, and bad debt. The services are provided because they meet identified community health needs and if these services were no longer offered, they would be unavailable in the area, or the community's capacity to provide the services would be below the community's need, or provision of the services would become the responsibility of the government or other not-for-profit organization. Examples include: outpatient programs, special clinics <i>(Details of investments listed below)</i>		
Community Health	Programs to help meet the medical needs of the	Programs that address health	\$201,482

Schedule H Part I Categories	Description	Community Benefit Categories	Investments
Improvement	underserved, including subsidizing an inner city asthma program in Denver Public Schools, distribution of an asthma tool kit program on the 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.	care barriers or risk; Programs that address social determinants of health; Programs that address access to specialty care	
Research	Research Programs help increase understanding of illnesses or how specific groups of people respond to certain diseases, or to increasing knowledge of how to address categories of illnesses. Research can lead to new treatments and medications and more effective approaches to care.		
Research commitment	<p>National Jewish Health has an ongoing commitment to discovery and research:</p> <p>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.</p> <p>Example: Ongoing to engage residents of low-income, industrialized communities within Denver to collect and interpret air quality data.</p> <p>Example: Leading a study that seeks to follow children in Puerto Rico from birth through 3-years-of-age to help understand the root causes of asthma.</p> <p>Example: Ongoing leadership of a national long-term study on COPD to help understand causes, differences in how the disease is experienced by varying groups of people.</p>	Programs that address Health Care Barriers or Risk; Programs that address Social Determinants of Health	\$17,958,802

Schedule H Part I Categories	Description	Community Benefit Categories	Investments
Schedule H Part II Categories	Description	Community Benefit Categories	Investments
Community building			
Other Categories	<p>Programs and/or activities that address underlying causes of health problems and thus improve health status and quality of life. They focus on root causes of health problems such as poverty, homelessness and environmental hazards. These activities enhance community assets by offering the expertise and resources of the health care organization.</p>		
Financial Assistance Policy	<p>National Jewish Health has a 121-year history of providing financial assistance to people who have health care needs and are unable to pay for medically-necessary care. National Jewish Health screens for financial assistance policy (FAP) eligibility 240 days after the first self-pay balance statement. During the first 120 days National Jewish Health collects on all accounts (excluding extraordinary collection practices) until a patient applies for financial assistance. If they are found eligible, the discount is calculated and applied, the balance due is determined and normal collections practices resume for the remaining balance. During the last 120 days, if a patient applies for National Jewish Health financial assistance, all collection efforts (including any extraordinary collection practices) are suspended. If the patient is determined to be FAP eligible, any extraordinary collection efforts are reversed, the discount is calculated and applied, the balance due calculated, and normal collection efforts are resumed for this balance.</p>		
Schedule H Part III Categories		Bad Debt, Medicare & Collection	Investment
Bad Debt	Bad Debt	Other Costs	\$1,224,211
Medicare	Medicare	Discounted government program services	\$25,736,307

2021 CHNA Event Registrations

(Final Attendee List)

Date	Contact Name	County	Organization
6/23/2021	Angela Klawitter	Denver	NJH
6/24/2021	Amy Trautman	Arapahoe	Community
6/25/2021	Adam Dormuth	Elbert	NJH
6/25/2021	Rich Mauro	Denver	Denver Regional Council on Government: Aging
6/25/2021	Jennifer Gross	Denver	District 5 City Council
6/25/2021	Chaer Robert	CO	Community
6/26/21	Samantha Reeves	CO	Community
6/28/21	Cyndy Mitchell	Denver	Community
6/28/21	Ruth Aponte	CO	Aponte-Busam
6/28/21	Alyssa Paschke	Denver	Community
6/28/21	Aaron Hoy	Douglas	Community
6/28/21	Alan Hesker	Denver	Community
6/28/21	Candace Juarez	Denver	NJH
6/28/21	Nancy Warner	Albany, NY	Community
6/29/21	Nicole Lampe-Burk	Douglas	NJH
6/29/21	Gordon Smith	Arapahoe	NJH
6/29/21	Kim Senger	Jefferson	NJH
6/29/21	Lisa Tadiri	Denver	Community
6/29/21	Shiva Maxey	Denver	Community
6/29/21	Keri Henning	Broomfield	NJH
6/29/21	Secia Papilion	USA	NJH
6/29/21	Brianne Wieland	Denver	Community
6/29/21	Michele Mosko	Denver	NJH
6/29/21	Sharon Hann	Colorado	Community
6/29/21	Liesl Buck	Denver	Community
6/29/21	Alexandra Reeves	Denver	Community

National Jewish Health – 2021 Community Health Benefits Discussion
Facebook postings during the 2 weeks leading up to the session and then reminders the day before.



The image shows a Facebook post from National Jewish Health. At the top left is the organization's logo, a stylized 'N' with a blue and red swirl. To its right is the name 'National Jewish Health' and a three-dot menu icon. Below the name is a 'Favorites' icon, the date 'June 28', and a globe icon. The main text of the post is an invitation to a Zoom meeting: '#Denver community, you're invited to join us tomorrow at 5 p.m., via Zoom for a free, public meeting about the #health needs of our community and how National Jewish Health can help meet those needs. Register here: <https://fal.cn/3gpQ5>'. Below the text is a photograph of a large brick hospital building at dusk. A 'BEST HOSPITALS' award badge from US News is overlaid on the left side of the photo, with the text 'NATIONAL' and '2020-21'. A blue banner with the text 'WE HOPE' is visible on the building's facade. A semi-transparent blue banner with the text 'Public Meeting | Community Health Benefits Discussion' is overlaid at the bottom of the photo. Below the photo is the text 'DONATE.NATIONALJEWISH.ORG', followed by the same title 'Public Meeting | Community Health Benefits Discussion' and the tagline 'Serving the health needs of our community since 1899.' A small circular information icon is located at the bottom right of the photo area.

National Jewish Health

Favorites · June 28 · 🌐

#Denver community, you're invited to join us tomorrow at 5 p.m., via Zoom for a free, public meeting about the #health needs of our community and how National Jewish Health can help meet those needs. Register here: <https://fal.cn/3gpQ5>



Public Meeting | Community Health Benefits Discussion

DONATE.NATIONALJEWISH.ORG

Public Meeting | Community Health Benefits Discussion

Serving the health needs of our community since 1899.



Community Health Benefits Discussion

We invite you to join us on Zoom for a free, public meeting about the health needs of our community and the role National Jewish Health plays in meeting those needs.

Public Meeting | Community Health Benefits Discussion

Tuesday, June 29, 2021 | 5 – 6 p.m. MDT

Zoom link provided upon registration

National Jewish Health has been committed to serving the health needs of our community since we opened our doors in 1899, and this commitment is a foundational part of who we are today. Our annual Community Health Benefits Discussion provides valuable insight into how we support the health of our community. This public meeting is a chance to learn more about National Jewish Health and its commitment to the community as well as to focus on community health needs.

Please join us for this open virtual meeting, during which we will share the latest updates and gather feedback.

REGISTER NOW

For questions, please contact Angela at feedback@njhealth.org. We look forward to connecting with you.



[National Jewish Health](#) is the leading respiratory hospital in the nation holding the #1 or #2 ranking in pulmonology on the *U.S. News & World Report* Best Hospitals list for 24 years. Founded in 1899 as a nonprofit hospital, National Jewish Health today is the only facility in the world dedicated exclusively to groundbreaking medical research and treatment of patients with chronic respiratory, cardiac and immune-related disorders. It is *the* institution in the United States where physicians refer patients with the most difficult respiratory cases.



Community Health Benefits Discussion



National Jewish Health invites you to join us for a free, virtual public meeting via Zoom to discuss the health needs of our community and the role National Jewish Health plays in meeting those needs.

**Public Meeting | Community Health Benefits Discussion
Tuesday, June 29, 2021 | 5 p.m. – 6 p.m. MDT**

Register at www.njhealth.org/CommunityMeeting
Zoom link provided upon registration.

National Jewish Health has been committed to serving the health needs of our community since we opened our doors in 1899, and this commitment is a foundational part of who we are today. Our Community Health Benefits Discussion will provide insight into how we support the health needs of our community. This public meeting provides a chance to learn more about National Jewish Health and its commitment to the community as we discuss community health needs.

To register online, go to: www.njhealth.org/CommunityMeeting
Send questions to feedback@njhealth.org or call Angela at **303.728.6502**.

ORIT

(FROM 1A)

If you've ever walked past a building under construction, you've probably seen a sign that says "Under Construction." But what if you could see the building's future? That's the idea behind the new "Orbit" program, which allows building owners to see the future of their buildings before they are even built.

The program, created by the American Institute of Architects (AIA) and the National Institute of Building Sciences (NIBS), is a pilot program that will run for the next two years. It will allow building owners to see the future of their buildings before they are even built. This is done by using a combination of virtual reality (VR) and augmented reality (AR) technology.

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