

Hospital Community Benefit Accountability

National Jewish Health

September 11, 2024

Submitted to: Department of Health Care Policy & Financing



COLORADO
Department of Health Care
Policy & Financing



Hospital Community Benefit Accountability Annual Report (CY 2024)

Hospital Name:	National Jewish Health
Date:	9/11/2024
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)

Hospital Community Benefit Accountability Report

III. Public Meeting Reporting

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

Date: 30-May-24

Time: 4 p.m. -- 5 p.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 26 and included email, newspaper ad/postings, social media, newsletters and website postings and phone outreach

Describe your outreach efforts for the public meeting being reported:

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

Ad in Denver Post: April 26 and May 15: both 4-color, 3 column x 7 1/2, section A

1

Email invitations sent: April 29, May 8, May 22 and May 28. A reminder to attend was sent May 28 and the morning of the event to all who had registered.

2

Social Media (Facebook) was posted May 1, May 10 and May 15 and then pinned to Facebook May 23--May 30 (time of the event).

3

The invitation and information to register was included in the National Jewish Health monthly public newsletter "Health Insights" on May 7. This newsletter goes to approximately 140,000 individuals who are either past patients or have otherwise opted into the mailing list.

4

Phone calls/ phone survey. In conjunction with the public meeting, a survey/interview process also was conducted over the last few weeks of May/first week of June to gather additional input from representatives of organizations that may have interacted with National Jewish Health in the past or that may use our services and that serve the community in some way. The surveys were completed with 10 representatives including these organizations: STRIDE Community Health Center, Everyday Children Pediatrics, DHHA, Clinica Colorado, Clinica Tepeyac, Salud Family Health Centers, Colorado Coalition, Inner City Health and Salud Family Health.

5

Describe the actions taken as a result of feedback from meeting participants:
Please enter responses below using a new row for each item.

A fuller summary of our actions and focus over this past year are contained in the summary that is included as an attachment. Some of the highlights are entered into the chart here.

1

Physical Activity and Wellness: More than 100 million adults in the U.S. have obesity and more than 22 million adults have severe obesity. The Walk with a Doc program, now in its 14th year, is led by a National Jewish Health cardiologist and supported by staff here. The program invites the public to monthly walks and health information sessions led by physicians, including walking time, and is free and open to the public.

2

Air Pollution. National Jewish Health has led multiple initiatives to track, assess and understand the effects of air pollution on people in Denver, particularly those living in industrialized neighborhoods. In 2023, National Jewish Health formed the Center for Climate, Environment and Health. The Center provides an avenue for researchers to foster project ideas, collaborate and work toward preventing and treating the impacts of climate-induced diseases. In 2024, National Jewish Health researchers are partnering with the City of Denver on the Healthy Homes Program seeking to reduce the impact of air pollution for lower income families. Having received approval and grant funding, researchers will investigate homes in these communities for sources of air pollution, with the goal of creating low-cost plans for safeguarding at-risk neighborhoods. While addressing outdoor air pollution, the Healthy Homes Program will also be examining indoor sources, such as gas stoves, which could be replaced by electric alternatives to reduce exposure to irritants. Researchers will measure the health effects of in-home environments through patient surveys and lung function tests to compare participants of the program to others.

3

Patient Education. Another area of need captured in surveys was a need for patient education concerning chronic diseases. National Jewish Health providers hosted a free patient event in 2024 for those dealing with immune deficiency or immune disorders. The community event allowed participants to connect with doctors and support resources and receive education about their conditions. National Jewish Health partnered with the Immune Deficiency Foundation and Option Care pharmacy on the event, which was offered in-person and broadcast live through a Zoom link to remote attendees.

4

Patient Education. In June 2024, National Jewish Health physicians and nurses presented and held an educational exhibit at the National Eczema Association's "Eczema Expo 2024" held in Denver. Eczema Expo is the largest gathering of the eczema community-- including patients, caregivers and health care professionals. This year more than 500 people attended the four-day conference.

5

Health Equity. The National Jewish Health Radiology team conducted community outreach events for underserved populations including Latino, LGBTQ and Black communities to educate them on the importance of lung cancer screenings.

6

Access to Specialty Care. We consistently hear that access to specialty care is needed. This year, several of our respondents to our questionnaires indicated that their top health priority is access to specialty care for low-income patients. National Jewish Health has undertaken a Plan-Do-Study-Act (PDSA) to analyze current access to care metrics, determine progress on meeting access thresholds and an outreach plan to community providers is in process.

7

Mental Health. Addressing mental health in children continues to be a top concern among our health care survey respondents. This year, National Jewish Health has taken steps to implement depression screening for all pediatric patients. A new depression screening tool was revised, and training of our health care providers is scheduled for final deployment in the upcoming months.

8

Miner's Clinics. For 21 years, National Jewish Health has hosted clinics across Colorado and Rocky Mountain West for those that are at risk for occupational lung diseases, including silicosis, COPD, bronchitis, lung cancer and black lung disease. Over the past two decades, more than 2,500 miners have been screened for these conditions, provided medical expertise and assisted in navigating federal benefit programs.

9

National Jewish Health is a renowned specialty hospital with expertise in respiratory, cardiac and immune related diseases. Community health leaders identified interest in the development of platforms to assist in consulting with outside providers. National Jewish Health is in the process of implementing expansion of our e-consult services. We have formed an internal team that is in the contracting phase with ConferMed to utilize a new platform.

10

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	Does the Total Match the Sum of Its Parts?	Do All Investment Activities Each have Supporting Evidence Added?	All Investment Dollars Identified?
Totals (Formula)	\$ 42,630,092.08	\$ -	\$ -	\$ 4,862,968.34	\$ 21,052,851.16	\$ 1,394,662.00	Yes	Yes	Yes

Investment Activity	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)	Schedule H Categories
1 Financial Assistance at cost	\$ 78,521.60						Financial assistance at cost	Health care services provided for free or at reduced prices to low income patients.	Direct Cash	Financial assistance at cost
2 Unreimbursed Medicaid	\$ 10,370,105.06						Medicaid	Government sponsored means-tested health care programs and services.	Direct Cash	Medicaid
3 Costs of other means-tested government programs	\$ 868,984.43						Costs of other means-tested government programs	Government sponsored means-tested health care programs and services for those not eligible for Medicaid.	Direct Cash	Costs of other means-tested government programs
4 Community Health Education				\$ 910,553.53			Community health improvement services and community operations	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).	Direct Cash	Community health improvement services and community operations

Investment Activity	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)	Schedule H Categories
5 Community-based clinical services				\$ 2,899,810.28			Subsidized health services	Operation of a pediatric asthma program with extended clinic hours, Immediate Care services provide 8 a.m. - 8 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.	Direct Cash	Subsidized health services
6 Community benefit operations				\$ 761,513.28			Community health improvement services and community operations	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.	Direct Cash	Community health improvement services and community operations
7 Education for Health Professionals					\$ 3,121,103.60		Health professionals education	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.	Direct Cash	Health professionals education

Investment Activity	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)	Schedule H Categories
8 Community Health				\$ 291,091.25			Community health improvement services and community operations	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.	Direct Cash	Community health improvement services and community operations
9 Research commitment					\$ 17,931,747.56		Research	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.	Direct Cash	Research
10 Bad Debt						\$ 1,394,662.00	Bad debt expense	Other costs	Direct Cash	Bad debt expense
11 Medicare	\$ 31,312,481.00						Medicare	Discounted government program	Direct Cash	Medicare

VII. Report Certification

Hospital Community Benefit Accountability Report

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

Hospital Community Benefit Accountability Report

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.

Schedule H Category Crosswalk

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)	The gross patient charges written off to financial assistance pursuant to the organization's financial assistance policies. "Gross patient charges" means the total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.	Amount for Free or Discounted Health Services
Medicaid	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.	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
Health professionals education (worksheet 5)	<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;</p> <p>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>	Amount for Provider Recruitment, Education, Research, and Training

Schedule H Category Crosswalk

Schedule H Part II Categories	Description	Community Benefit Report Category (Where more than one category may apply please refer to the definitions to determine how to report)
Subsidized health services (worksheet 6)	<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>	Amount for Free or Discounted Health Services
Research (worksheet 7)	<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>	Amount for Provider Recruitment, Education, Research, and Training

Schedule H Category Crosswalk

Schedule H Part II Categories	Description	Community Benefit Report Category (Where more than one category may apply please refer to the definitions to determine how to report)
Cash and in-kind contributions (worksheet 8)	<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.</p> <p>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>	All "Other" Services and Programs that Addressed Community Identified Health Needs
Physical Improvements and housing	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	Amount for social determinants of health
Economic development	Assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness	Amount for social determinants of health
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

Schedule H Category Crosswalk

Schedule H Part II Categories	Description	Community Benefit Report Category (Where more than one category may apply please refer to the definitions to determine how to report)
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
Other categories	Description	Community Benefit Report Category
Financial assistance policy	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	Amount for Free or Discounted Health Services

National Jewish Health
2024 Community Health Benefits
Discussion
May 30, 2024

Agenda

Overview and Our Commitment to Our Communities

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

Community Benefit Profile

– Chris Forkner, Executive Vice President, Corporate Affairs & CFO

Our Research Mission

– Brian Day, Ph.D., Vice President Research & Office of Research Innovation

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 – Examples

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

Questions & Answers

– Lauren Green-Caldwell, Vice President Communications

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

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

Centura St. Elizabeth Hospital

CHARG Resource Center /Heartland Clinic

Clinica Colorado

Clinica Tepeyac

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 Public Health & Environment
Colorado Health Institute
Colorado Human Services Directors Assoc.
Colorado mental wellness network
Colorado Office of Suicide Prevention
Colorado Rural Health Center
Community Health Association of Mountain/Plains States
Community Health Provider Alliance
Denver Adolescent Therapy Group & Stevenson Therapy Group
Denver American Indian Commission
Denver Chamber of Commerce
Denver Children's Home
Denver City Council
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 on Governments
Department of Human Services
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 Community Health Clinic
DPS School District 1
East Side Family Health Center

Estes Street Community Clinic
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
LACASA-QUIGG-NEWTON
Lowry Pediatrics
MCPN
Mile High Health Alliance
Mountain Family Health Centers
Northeast Health Partners
Northeast Health Partners
Office of Saving People Money on Health Care
Office of Saving People Money on Health Care
Peak Vista Community Health Centers
People's Clinic HCH Outreach
Porter Hospital- Mental Health
Project Angel Heart
Pueblo Community Health Center, Inc.
Regional Accountable Entity (RAE)
Resolute Youth Services
Rocky Mountain Crisis Partners
Rocky Mountain Health Plans
Rocky Mountain Indian Chamber of Commerce

Roundup River Ranch

Safe2Tell

Salud Clinic Health Centers

Second Wind Fund

Seton Women's Center

South Metro Denver Chamber of Commerce

State Representatives

Stride Community Health Center

Sunrise Community Health

Uncompahgre Medical Center

Uptown Community Health Center, Inc.

Valley-Wide Health Systems, Inc.

Wellpower

West Metro Chamber of Commerce

Westminster Public Schools

2024 Community Event Registrations

May 30, 2024

	Contact Name	County	Organization
1	Martha Cross	Denver	Community
2	Rich Mauro	Denver	Area Agency on Aging -- establishment of a comprehensive, coordinated system of community-based supportive and nutrition services for the Denver region
3	Lisa Barker	Denver	Community
4	Kevin Norris	New Jersey	Community
5	Ashlee Grace	Larimer	Colorado Community Benefit Accountability Administrator, new with HCPF
6	Melissa Bowen	Douglas	Community
7	David Barnes	CO	CHARG Resource Center: The Network of Care is a comprehensive, Internet-based community resource for seniors and persons with disabilities, as well as their caregivers and service providers
8	Angela Klawitter	Denver	Community
9	Margaret Horton	Denver	Community
10	Jessica Berry	Douglas	Community
11	Stephanie Lebsack	Arapahoe	Community
12	Aaron Hoy	Douglas	Community
13	Cyndy Mitchell	Jefferson	Community
14	Keith Peterson	CO	Other
15	Paul French	USA	Other
16	Amy Trautman	CO	Community
17	Jacob Berg	Arapahoe	Community
18	Mandy Ashley	Arapahoe	Aurora Health Alliance -- Community Alliance. of health care organizations, public agencies, providers, civic and business leaders, and residents—equity and access.
19	Emily Biniki	Douglas	Community
20	Austin Fearn	Denver	Community

2024 Community Meeting Attendees

	Contact Name	County	Organization
1	Jessica Berry	Douglas	Community
2	Mandy Ashley	Arapahoe	Aurora Health Alliance
3	Emily Biniki	Douglas	Community
4	Jacob Berg	Arapahoe	Community
5	Melissa Bowen	Douglas	Community
6	Cyndy Mitchell	Jefferson	Community
7	Ashlee Grace	Larimer	HCPF
8	Paul French	USA	Other
9	Amy Trautman	CO	Community
10	Angela Klawitter	Denver	Community
11	Keith Peterson	CO	Other
12	Austin Fearn	Denver	Community
13	Aaron Hoy	Douglas	Community
14	4 iphones (unidentified attendees)		



**Hospital Community Benefit Accountability Report
Narrative and Evidence of Investment Improvement**

National Jewish Health

September 11, 2024

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 (formerly SCL Health) 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 Street in Denver, Colorado, 80206. National Jewish Health also provides critical care management and inpatient care at several hospitals in Denver 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 also sought to advance research and understanding of the diseases facing our communities so as to deliver better care and solutions. Since its beginning, National Jewish Health also has been dedicated to providing health-related 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 care 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 our community, we annually survey local consumers, community providers and our own physicians. We also meet with community members and collaborate on a variety of projects. These efforts help us define community health needs where we can make a difference, including in addressing ongoing challenges with long COVID and other areas such as access to specialty care, free and discounted health services, programs that address health behaviors, risk, and social determinants of health and medical research for improvements in care and new treatments.

Long COVID

Over the course of the past four years, National Jewish Health has played a significant role in meeting community needs created by the COVID-19 global pandemic, which has continued to affect patients into 2024. 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 our community. Those efforts continue and have evolved to meet the changing needs still caused by the illness.

While COVID is no longer a pandemic, it still affects our communities and many people continue to suffer with persistent symptoms from long COVID and ongoing functional impairment as they recover from the disease.

We continue to provide a **Center for Post-COVID Care and Recovery** to address the ongoing health needs of adult and pediatric patients recovering from COVID-19. The Center was created by combining the adult and pediatric Respiratory Recovery Clinics that were developed at the beginning of the pandemic, when National Jewish Health physicians identified that patients would need ongoing care after the acute phase of the disease had passed. During the pandemic, long COVID emerged in many patients who had recovered from COVID-19 and even now, many who contract a second or third round of COVID find themselves unexpectedly with ongoing symptoms. These symptoms can include shortness of breath, fatigue, brain fog and gastrointestinal problems. In addition, recognizing that recovery can be challenging for pediatric patients with asthma, the COVID-19 Assessment Program for children, also created early in the pandemic, was folded into the Center to assess and address the lingering physical and emotional impact of this disease on children and athletes. This unique Center includes multispecialty support from experts in pulmonology, allergy and immunology, cardiology, electrophysiology, gastroenterology, infectious disease, neurology and sleep medicine. In 2024, the Center continues to provide ongoing critical care of both existing National Jewish Health patients and those in the broader community suffering with heart and lung symptoms related to long COVID, and to conduct significant research into all aspects of the disease. Care is delivered on a first-come, first-served model.

COVID-19 Research and Education

From the beginning of the pandemic and into 2024, clinicians and researchers at National Jewish Health led or participated in more than 100 COVID related research projects aimed at increasing our understanding of COVID and long COVID, identifying the impact on body systems and overall health, and developing effective treatments for acute and post-acute disease. Significant findings published include identifying the predictor of developing long COVID, discovering a cause of COVID-19, characterizing four phenotypes of COVID-19 patients, addressing long COVID in children and identifying new treatments. Many of these studies were established as multiyear studies and continue to provide insights and learning about this disease to better prepare for future issues.

Intensive care units at several Denver-area hospitals, which are managed and staffed by National Jewish Health physicians, completed an unprecedented 15 clinical trials of COVID therapies. For example, the antiviral medication Remdesivir and anti-IL-6 therapies proved effective and

are now integral elements of COVID-19 care in all hospitals.

National Jewish Health is partnering with the University of Colorado and others on NIH-funded research investigating the causes and mechanisms of long-COVID. Additional research is focused on identifying novel treatments for post-COVID care.

Access to Specialty Care

National Jewish Health works to ensure that all patients have equal access to specialty care. Patients are scheduled on a first-come, first-served basis, regardless of ability to pay. Throughout the pandemic and continuing, we meet the ever-changing needs of patients and the community through adjusting, adapting and innovating. In particular, we have taken the learnings from the pandemic and applied them to adapt and change to meet the ongoing needs of our community.

For example, the pandemic helped National Jewish Health identify a need in the community for same-day, non-emergent care for severe respiratory and other illnesses and injuries, often related to chronic illnesses. This approach led to developing an Immediate Care clinic to help meet the needs of current adult and pediatric patients and the broader local community for sudden, urgent symptoms of unexpected illnesses and minor injuries, particularly those related to respiratory issues.

Free and Discounted Health Services

National Jewish Health provided \$11.3 million of free or discounted health services to people in need in our community, as reported in the most recent 2023 Form 990. This number included care provided to Medicaid patients, participants in the Colorado Indigent Care Program, students at Morgridge Academy and our own charity care programs.

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, including access to water and security.

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 our teens and young adults, brings additional challenges to our communities. National Jewish Health developed a comprehensive, evidence-based tobacco cessation program that now operates in 23 states, including Colorado, and has developed additional focused programs for at risk populations such as LGBTQ and American Indian communities. The program has assisted more than 2.5 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, we developed a teen quit line. It is patterned after our successful tobacco cessation programs but uniquely geared toward young people and to quitting vaping as well as other forms of nicotine use. The 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 14th 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. The sessions are free and open to the public.

Air Pollution. National Jewish Health has led multiple initiatives to track, assess and understand the effects of air pollution on people in Denver, particularly those in living in industrialized neighborhoods. Several ongoing studies are providing insights to help understand the risks, develop options for care and innovate ways to reduce exposures to hazardous air pollutants.

In 2023, National Jewish Health formed the Center for Climate, Environment and Health. The Center provides an avenue for researchers to foster project ideas, collaborate and work toward preventing and treating the impacts of climate-induced diseases. Researchers have published studies in the past year illustrating the impacts climate change and pollution can have on COPD, atopic dermatitis, asthma and a variety of cardiac conditions.

Education. An important element for patients and for caregivers, National Jewish Health provides a wide range of educational opportunities that reach a variety of consumers and health professionals.

- **Morgridge Academy.** Morgridge Academy is a free K-8 school for chronically ill children. These students receive a solid general education at a regular full day

school on our campus. They and their families also receive education about the student's health condition, treatment and self-management of their illness. This school is the only one of its kind in the country. The organization recently identified a need to help students with transportation and tested adding an option similar to an Uber but with a kid and family-friendly approach. (An additional discussion of the school is included in the next section of this report.)

- **Support Groups.** National Jewish Health hosts, organizes and leads several community support groups for people suffering from various health issues, including diabetes, chronic obstructive pulmonary disease (COPD), interstitial lung disease and insomnia. Due to the concerns around COVID-19, some support groups were temporarily suspended, and others moved to being offered virtually. Input from the community reinforced the need for this type of programming and various programs are being considered for the future.
- **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?" In early 2020, we launched one of the nation's first COVID-19 websites to provide helpful, authoritative and factual information related to the SARS-CoV-2 virus and COVID-19, the disease it causes. The COVID-19 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.** We offer academic training 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. Our Professional Education offerings help educate physicians and providers throughout the United States with several programs held annually in Denver. In addition, our 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 caregivers 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, we launched two new Bachelor of Science degree programs in respiratory therapy, with our colleagues at Thomas Jefferson University in Philadelphia, to help address the serious shortages of health care professionals.

- **Lung Cancer Screening.** Our Radiology team conducts community outreach events for underserved populations including Latino, LGBTQ and Black communities to educate them on the importance of lung cancer screenings.

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 pollution, access to care and insurance coverage, which contribute to poor health in our communities. National Jewish Health provides programs to help address these concerns, including the following examples.

Morgridge Academy. The Morgridge Academy is a free K-8 school for children whose chronic diseases impede their ability to attend and succeed in school. Housed wholly on the National Jewish Health campus and managed and run by the hospital, most of the children who attend the school come from low-income families and are eligible for free and reduced-cost lunch programs in their neighborhood schools. Many suffer from asthma or a variety of respiratory or other illnesses such as diabetes, cystic fibrosis, allergies and others. By providing a situation to address their immediate health needs and a safe, nurturing environment for learning, the Morgridge Academy delivers an education that greatly improves not only their health, but also provides economic and social opportunities for the students. All students receive free breakfast and lunch every school day. Nurses and staff teach both the students and their family members 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. Morgridge Academy teachers delivered daily weekday meals for the children and their families to keep them on track with their health. This care, including attention to meals, has continued into 2024 as National Jewish Health and its staff – teachers and caregivers – continue to support these children and provide the education that will help move them successfully toward their futures.

In 2022, a full-time learning interventionist was added to help combat COVID learning loss through afterschool reading programs, and additional support outside of the classroom. As a result and in recent testing, on average, student reading scores improved nearly 50 points and showed 1-2.5 years of growth during the year.

Over the past two years, National Jewish Health remodeled the school. All flooring, lighting and paint were updated in a color palette of blue, green and yellow, which enhances learning according to research. The bathrooms were all

refurbished and a new gender-neutral, fully accessible restroom was added. Usable space and natural lighting in the library was expanded. The elevator was replaced for improved accessibility, and the fire alarm and security systems were updated. This past year, additional upgrades to the school infrastructure have been made to increase energy efficiency.

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.

The Miners Clinic of Colorado. This program is in its 21st 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. This program was paused during the early stages of the pandemic, but has now been resumed. Recently our physician-scientists 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 we provide 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 clinical and basic research along with caring for patients. They 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 our Colorado and national communities.

In the most recent reporting year, National Jewish Health invested \$17.9 million in research in addition to receiving more than \$53 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 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 our studies:

- 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.
- We are conducting a variety of studies on air pollution and vulnerable populations to understand the risks, options for care and improvement in Denver, including the Globeville, Elyria and Swansea neighborhoods.
- National Jewish Health is 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 vulnerable population groups.