Hospital Community Benefit Accountability

National Jewish Health

June 30, 2026

Submitted to: Department of Health Care Policy & Financing

COLORADO
Department of Health Care Policy & Financing

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Hospital Community Benefit Accountability Annual Report (CY 2026)

Hospital Name:	National Jewish Health
Date:	6/30/2026
Submitted to:	**Department of Health Care Policy & Financing**

Contents

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

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

Hospital Community Benefit Accountability Report

II. Checklist

A. Sections within this report

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

B. Attachments submitted with report

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

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III. Public Meeting Reporting

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

Date:	3/31/26
Time:	4 p.m.-5p.m.

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

Virtual meeting on Zoom platform

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

Information was sent out beginning February 27 and included email, newspaper ad/posting, social media, newsletter, website postings and phone calls.

Describe your outreach efforts for the public meeting being reported:

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

1	Ad in Denver Post: February 27: 4-color, 3 columns x 7 1/2, section A
2	Email invitations sent: February 27, March 10, March 19 and March 25. A reminder to attend was sent the morning of the event to all who registered.
3	Social Media (Facebook) was posted March 23 and March 26 and then pinned to Facebook until March 31 (time of the event).

4	The invitation and information to register was included in the National Jewish Health monthly public newsletter "Health Insights" on March 3. This newsletter goes to approximately 125,000 individuals who are either past patients or have opted into the mailing list.
5	Phone calls/ email survey. In conjunction with the public meeting, a survey was also conducted during April through the second week of May to gather additional input from representatives of organizations that may have interacted with National Jewish Health in the past or that may have used our services that serve the community in some way. The surveys were completed with 6 representatives, including these organizations: Denver Health, Colorado Coalition for the Homeless, Clinica Boulder People's Clinic, Salud Family Health, Corvida Health Clinic and Tepeyac Community Health Center.

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

1	A full summary of our actions and focus over the past year is contained in the "Narrative Evidence of Investment" document that is included as an attachment.
2	We continue to receive feedback that National Jewish Health is one of the few places that offers full access to specialty care, as needed and open to all. Access continues to be a top priority and we continue this commitment.
3	Miners Clinic at National Jewish Health-- Since 2002, this program has offered free health screenings for active and retired miners in Colorado and surrounding states through the Black Lung Clinic. In 2009, the Radiation Exposure Screening and Education Clinic was added to reach workers in the pre-1991 uranium industry to provide free health screening and assistance with filing compensation claims for illnesses related to uranium exposure. These programs have served more than 2, 500 individuals who are at risk for occupational lung diseases, cancers and kidney diseases.
4	Chronic Care Management--Aproximately 22% of Coloradans live with at least one chronic condition. The National Jewish Health Chronic Care Management™ program expands access to multispecialty care and patient education for adults with complex chronic conditions. Using connected devices, patients have real-time monitoring by care teams that can quickly identify health concerns, adjust treatment and help patients better manage their conditions from home. More than 1,000 participants in cardiology, pulmonology, infectious disease, rheumatology and gastroenterology have experienced fewer hospitalizations and emergency visits, improved symptoms and a better quality of life.

5	Long COVID--The National Jewish Health Center for Post-COVID Care and Recovery was created during the pandemic to expand access to specialized care for adults and children with lingering COVID symptoms and functional impairment. With an estimated 374,000 Coloradans currently suffering from long COVID symptoms, the program continues to care for these patients through multispecialty treatment combined with ongoing research to better understand long COVID, improve recovery and advance preparedness for future respiratory pandemics.
6	E-Consult Services --- National Jewish Health hosts an online physician consultation program to assist community providers and primary care physicians in the treatment of their patients with chronic illness. Our experts are available to electronically answer questions and provide guidance on treating patients. This is a free service offered by National Jewish Health to help bridge the gap between primary care and specialized medicine by targeting access, equity and cost-efficiency.
7	Morgridge Academy – Every year we receive feedback from community surveys on how key Morgridge Academy is for helping children with chronic conditions learn to better manage their health and receive a solid education. The school is on the hospital's main campus and provides a full academic program, attention to health needs through the school day and student and parent education on disease self-management.
8	Mental Health – Some community providers surveyed noted that pediatric mental health is a concern. Our Pediatric Behavioral Health Program helps not only National Jewish Health patients, but also children and parents throughout the community with a full range of treatment options.
9	Health Education – Community members and health care providers tell us that education for patients and providers is an ongoing need. We continue to provide patient support groups and annual patient education conferences to help patients learn more from our experts. For example, last year, our annual NTM and Bronchiectasis Patient and Family Course had 760 registered patients. Each year we offer hundreds of live and online continuing medical education courses to help physicians, advanced practice providers, nurses and other health care providers maintain licensure and professional competency.
10	

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IV. Investment and Expenses Reporting

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

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

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

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

	Amount	Does this match the Schedule H Tab?	
Total expenses included on Line 18 of Section 1 of submitted form 990	$ 383,108,771.00		
Revenue less expenses included on Line 19 of Section 1 of submitted form 990	$ (7,755,617.00		
Net Medicaid expense, as reported on IRS form 990 Schedule H Part 1 column 4		Yes	Validation check if optional tab is completed.
Net Medicare expense, as reported on IRS form 990 Schedule H Part 2		Yes	Validation check if optional tab is completed

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

See Appendix A for definitions.
Appendix A - Definitions

See Appendix B for a Schedule H Crosswalk.
Appendix B - Sch H Crosswalk

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

	Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for social determinants of health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Total Investment Amount	Do All Investment Activities Each have Supporting Evidence Added?	All Investment Dollars Identified?
	Totals (Formula)	$ 75,162,147.00	$ -	$ -	$ 5,615,599.00	$ 26,834,467.00	$ 1,428,089.00	$ 109,039,302.00	Yes	Yes

	Investment Activity	Schedule H Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for Social Determinants of Health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Identify Which Community Identified Need Each Investment Corresponds With	Supporting Evidence	Investment Dollars (i.e. Direct Cash, Philanthropic Efforts, or Cash Expenditures from In-kind Contributions)
1	Financial Assistance at cost	Financial Assistance at cost	$ 103,346.00						Free or Discounted Health Care Services	Health care services provided for free or at reduced prices to low income patients.	Cash Expenditures
2	Unreimbursed Medicaid	Medicaid	$ 11,343,969.00						Free or Discounted Health Care Services	Government sponsored means-tested health care programs and services.	Cash Expenditures
3	Unreimbursed costs of other means-tested government programs	Cost of other means-tested government programs	$ 2,821,112.00						Free or Discounted Health Care Services	Government sponsored means-tested health care programs and services for those not eligible for Medicaid.	Cash Expenditures
4	Community Health Education	Community health improvement services and community benefit operations				$ 2,039,637.00			Programs that Address Community Based Health Care	Operation of Morgridge Academy, a free K-8 school for chronically ill children located on the main campus at National Jewish Health. The school is focused on providing well-rounded education for students as well as education on managing their illness (extended to families and student's home support network).	Cash Expenditures

	Investment Activity	Schedule H Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for Social Determinants of Health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Identify Which Community Identified Need Each Investment Corresponds With	Supporting Evidence	Investment Dollars (i.e. Direct Cash, Philanthropic Efforts, or Cash Expenditures from In-kind Contributions)
5	Community-based clinical services	Subsidized health services				$ 2,422,887.00			Programs that Address Community Based Health Care	Operation of a pediatric asthma program with extended clinic hours, Immediate Care services provide 8 a.m. - 7 p.m. access to specialty care, including expansion of programs through safety-net clinics for respiratory care, amyotrophic lateral sclerosis patients, pulmonary, and scleroderma programs as well as behavioral health and specialized day programs for the most severe patients.	Cash Expenditures
6	Community benefit operations	Community health improvement services and community benefit operations				$ 736,176.00			Programs that Address Community Based Health Care	Participation in community coalitions and collaborative efforts with the community, including costs associated with conducting the community health needs assessment, as well as research and collaboration with other community hospitals, Denver Department of Public Health and Environment, and Community Health Clinics-Family Medicine and Pediatrics.	Cash Expenditures
7	Education for Health Professionals	Health professions educations					$ 5,519,314.00		Programs that Address Provider Recruitment, Education, Research, and Training	Costs related to the residency program (clinical training, fellowships) at National Jewish Health; costs related to clinical training and licensing for nurses, pharmacy students, radiology students and respiratory students. Costs related to maintaining and providing access to the National Jewish Health Medical Library.	Cash Expenditures

	Investment Activity	Schedule H Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for Social Determinants of Health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Identify Which Community Identified Need Each Investment Corresponds With	Supporting Evidence	Investment Dollars (i.e. Direct Cash, Philanthropic Efforts, or Cash Expenditures from In-kind Contributions)
8	Community Health	Community health improvement services and community benefit operations				$ 415,899.00			Programs that Address Community Based Health Care	Programs to help meet the medical needs of the underserved, including subsidizing an inner city asthma program in Denver Public Schools, distribution of an asthma toolkit program in Colorado, and offering a free asthma care and teaching program in lower income Colorado communities and clinics for miners with lung disease throughout the state. Staffing for a nurse advisory line for physicians and other providers.	Cash Expenditures
9	Research commitment	Research					$ 21,315,153.00		Programs that Address Provider Recruitment, Education, Research, and Training	National Jewish Health has an ongoing commitment to discovery and research. For example, during the pandemic, more than 80 research studies were designed and launched, including studies to help define basic elements of the disease, to those focused on new treatments, to clinical trials of potential drugs and therapies. There is ongoing engagement with residents of low-income, industrialized communities within Denver to collect and interpret air quality data. Finally there is ongoing leadership of a national long-term study on COPD to help understand causes as well as the differences in how the disease is experienced by varying groups of people.	Cash Expenditures
10	Bad Debt	Other						$ 1,428,089.00	All "other" services and programs that addressed Community Identified Health Needs	Other costs	Cash Expenditures

	Investment Activity	Schedule H Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for Social Determinants of Health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Identify Which Community Identified Need Each Investment Corresponds With	Supporting Evidence	Investment Dollars (i.e. Direct Cash, Philanthropic Efforts, or Cash Expenditures from In-kind Contributions)
11	Medicare	Subsidized health services	$ 60,893,720.00						Free or Discounted Health Care Services	Discounted government program accounting for healthcare coverage for the majority of the patients cared for by National Jewish Health.	Cash Expenditures

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V. Restriction on Prescription 340B Drugs

A covered entity that is a reporting hospital shall not use 340B savings for the following purposes:

a. More than 35% of total annual compensation or expense reimbursement for the Hospital's Board of Directors;
b. Tax penalties or fines issued against the hospital;
c. Expenses related to advertising and public relations that promote the hospital's image, service, or proposals, not including communications required by law or that are essential for patient safety and patient information;
d. Lobbying expenses and other costs intended to influence legislation or ballot measures at the local, state or federal level;
e. Travel, lodging, food, or beverage expenses for the Hospital's Board of Directors and Officers;
f. Gifts or entertainment expenses.

Instructions:
Complete the grey cells in the Input column below. All values should be reported as positive. Also, complete the description of hospital use savings from the 340b program in the grey cell below.

Field Name	Input	Completed?
340B Drug Market Rate Costs	$ 121,359,866.00	Yes
340B Drug Acquisition Costs	$ 80,854,952.00	Yes
Annual 340B savings	$ 40,504,914.00	Yes
Total operating costs of hospital	$ 372,760,000.00	Yes
Total costs related to providing charity care*	$ 30,540,867.00	Yes

Description of how the hospital uses savings from participation in 340B program:	Completed?
National Jewish Health cares for the chronically ill. Over 70% of our patients suffer from multiple, complex chronic conditions. Without proper treatment, these patients have a poor quality of life and account for a tremendous percentage of US healthcare expenditures. Unfortunately, these patients are disproportionately low income and require many services that are difficult to access in the community or are not currently reimbursed. National Jewish Health uses our 340B benefit to effectively care for these individuals. • We provided unrestricted access to specialty care regardless of whether there is any payment source. We never limit appointment ability by insurance. In fact, we added specialties like gastroenterology, cardiology, endocrinology, rheumatology and neurology because we could not get timely access to these specialties in the community. We pay surgeons to come onto our campus to ensure that our lower-income patients have access to the surgical consults they require. Our ability to access 340B makes this possible. • Many of our programs are extremely specialized and require services that are unpaid. Examples include the largest Cystic Fibrosis program in the country, Amyotrophic Lateral Sclerosis (ALS), interstitial lung disease (ILD), Sarcoidosis, Alpha-1 Antitrypsin and [CH1.1]Pulmonary Hypertension, all of which require extensive nursing, nutrition, metabolic health, behavioral health, social work, care coordination and pharmacist support. Outside of the physician costs, most of this vital, multidisciplinary care is unpaid and is supported by 340B dollars. • Our providers dedicate significant time to each patient, enabling thorough evaluations and personalized care plans for those with rare or complex conditions. Some of our new patient appointments are as long as 90 minutes of face-to-face provider time to ensure that we give patients and their caregivers the time that they need. The appointment times with a provider do not include the time that the nurses, nutritionists, social workers, pharmacists, care coordinators and others spend to ensure effective care and care management. • While most physicians in the community do not use registered nurses in their clinics, NJH's complex, chronically ill patients require higher levels of coordination and need the support that RNs provide. We maintain registered nurses in almost all our clinics. These nurses educate patients about their care, coordinate care across the care spectrum, respond to clinical questions 24/7 and help coordinate pharmacy benefits for patients in Colorado and around the country. • We have recently added clinical pharmacists to the teams in multiple specialty clinics. This has allowed us to provide patients with easy access to a pharmacist that is integrated with their clinical team. The pharmacists can provide additional education and medication support to patients that have limited access to large pharmacies. • National Jewish Health has a number of programs to support indigent care for the chronically ill in our communities. We have a specialized program for miners suffering from black lung disease; We have asthma boot camps and toolkits to help improve asthma care in rural communities[CH2.1]; We study how to improve chronic care in parts of the state with higher concentrations of lower income patients. We work hard to obtain as much funding as we can for these programs from external sources but depend on 340B to help fill the significant gap between funds provided and the cost of the program. • We have one of the largest post-Covid programs in the state, providing access to the coordinated, multi-disciplinary care these patients require. The fees generated from this program do not come close to covering the costs associated with caring for these patients. Fortunately, National Jewish Health is able to offset some of these costs through the revenues generated by 340B. • We elected to participate in the HTP program, and the majority of our chosen measures are specifically aimed at supporting specialty access for the Medicaid patient population. This includes supporting primary care physicians by choosing the access to specialty care metric. As part of this measure, we have been visiting Medicaid primary care offices to discuss access and the specialties available to them. We offer free online e-consultation advice to all providers in multiple specialties. We are also monitoring procedures for Medicaid patients with Hospital Index and doing health equity process improvement in that area. We are screening all inpatients for social determinants of health and coordinating care with the RAEs. Transmission of follow up appointment coordination and discharge summaries to the RAEs is also aimed at Medicaid patients. While used for the HTP program, these programs are paid for using resources generated by the 340B program. • We operate a highly specialized program for children suffering from allergic, immunologic or pulmonary diseases. The complex, chronic nature of these conditions impact a child's entire families and requires extensive support from social workers, psychologists, nurses and even art and play therapists. Much of this care is unreimbursed and provided outside of normal clinic visits and would not be possible without the 340B program.	Yes

- Due to the nature of their disease, many of our patients depend on complex drug regimens to effectively treat multiple, complex conditions. Managing these protocols is difficult and requires coordination between caregivers, pharmacies, and providers. To assist our patients, we spend more than $1 million maintaining pharmacists directly in our clinics to give patients the expertise, education, coordination and access they need to manage their care.
- Many of our patients struggle to afford their over-the-counter medications. Previously, we provided access to free or highly reduced retail prescriptions through the Colorado Indigent Care Program (CICP) with little or no reimbursement. CICP came to an end in 2025. Because of our access to 340B drug pricing, we have developed our own pharmacy discount for retail medications. Beginning in January 2026, patients with incomes up to 400% of the federal poverty level receive discounted retail prescriptions with a co-payment of between $0 and $45 depending on income. Our pharmacy team also assists patients in accessing other discount and drug assistance programs.
- We are small but mighty. In 2025, our total bottom line, including savings from the 340B program was a loss of $7.8 million and yet we provided$46.7 million in community benefit, including $14.3 million in net financial assistance and means-tested government programs, an increase of almost $5 million over the previous year. We spent over $1.1 million on community outreach programs, including having a dedicated Lung Line to help patients with questions about their disease; conducting programs designed to reduce asthma attacks for disadvantaged schoolchildren; advancing the care for infectious diseases in the community; and improving access to cancer screening programs. We also spent more than $61 million subsidizing the costs of the Medicare program. We depend on resources like 340B and donations to make this possible. None of this includes the more than $19 million that we spend on research and the more than $2 million we spend operating our K-8 school for chronically ill children, most of whom qualify for free and reduced lunches. While neither research nor the school depend on 340B, they are made possible by the fact that National Jewish Health received 340B funding to help provide for our subsidized care and community outreach programs.

The 340B program is a cornerstone of our ability to fulfill our mission of serving the most vulnerable populations while maintaining excellence in patient care, education, and research. By leveraging these funds, we are able to extend the reach of our services, ensure equitable access, and improve health outcomes for the communities we serve.

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VI. Additional Investments

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

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

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

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VII. Schedule H (Optional)

Part I

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

Part II

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

Part III

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

VIII. Report Certification

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

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

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

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 an 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

Hospital Community Benefit Accountability Report

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)	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
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)	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. • 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. 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	Amount for Community Based Health Care

Health professionals education (worksheet 5)	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.	Amount for Provider Recruitment, Education, Research, and Training
Subsidized health services (worksheet 6)	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: • 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. 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.	Amount for Free or Discounted Health Services

Research (worksheet 7)	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.	Amount for Provider Recruitment, Education, Research, and Training
Cash and in-kind contributions (worksheet 8)	The contributions made by the organization to health care organizations and other community groups restricted, in writing, to one or more of the community benefit activities described in the table on Part I, line 7 (and the related worksheets and instructions). “In-kind contributions” include the cost of staff hours donated by the organization to the community while on the organization's payroll, indirect cost of space donated to tax-exempt community groups (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies. a. Don't report as cash or in-kind contributions any payments that the organization makes in exchange for a service, facility, or product, or that the organization makes primarily to obtain an economic or physical benefit; for example, payments made in lieu of taxes that the organization makes to prevent or forestall local or state property tax assessments, and a teaching hospital's payments to its affiliated medical school for intern or resident supervision services by the school's faculty members.	All "Other" Services and Programs that Addressed Community Identified Health Needs
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)**
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
Leadership development and training for community members	Training in conflict resolution; civic, cultural, or language skills; and medical interpreter skills for community residents	Amount for Behavioral Health; Amount for Social Determinants of Health
Coalition building	Participation in community coalitions and other collaborative efforts with the community to address health and safety issues	Amount for Behavioral Health; Amount for Social Determinants of Health
Community health improvement advocacy	Efforts to support policies and programs to safeguard or improve public health, access to health care services, housing, the environment, and transportation	Amount for Behavioral Health; Amount for Social Determinants of Health
Workforce development	Recruitment of physicians and other health professionals to medical shortage areas or other areas designated as underserved, and collaboration with educational institutions to train and recruit health professionals needed in the community (other than the health professions education activities reported in Part I, line 7f of Schedule H)	Amount for Provider Recruitment, Education, Research, and Training
Other	Community building activities that protect or improve the community's health or safety that aren't described in the categories listed in Part II, lines 1 through 8 of Schedule H	Amount for Behavioral Health; Amount for Social Determinants of Health; Amount for Free or Discounted Health Services

National Jewish Health
2026 Community Health Benefits

Discussion

March 31, 2026

Agenda

Introductions
– Lauren Green-Caldwell, Vice President Communications

Overview and Community Benefit Profile
– Michael Salem, M.D., President and CEO

Overview and Community Benefit Profile
– Chris Forkner, EVP, Corporate Affairs

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

Hospital Transformation Program
– Carrie Horn, M.D., Chief Medical Officer

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

Our Community Programs
– Michael Salem, M.D., President and CEO

Questions & Answers

National Jewish Health

Welcome

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National Jewish Health

Welcome and Session Details

- Your microphone has been muted to help reduce background noise.
- You may type your questions into the Q&A box at the bottom of your screen. We will answer questions at the end of the session, as time allows, including questions submitted before the meeting.
- This zoom session is being recorded and will be available on our website by *April 2, 2026*.

Thank you for joining us!

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National Jewish Health

Introductions and Today's Agenda

Introductions
– Lauren Green-Caldwell, Vice President Communications

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Questions & Answers

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National Jewish Health – Caring for people for more than 126 years

National Jewish Health Mission Statement

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

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

National Jewish Health campus today, still at the corner of Colorado and Colfax.

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National Jewish Hospital 1899: To Help and to Heal

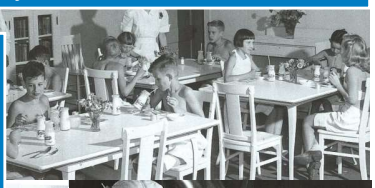
The hospital opened as National Jewish Hospital for Treatment of Consumptives with a capacity of 60 patients and the goal of treating 150 patients a year.

The original hospital opened in 1899.

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

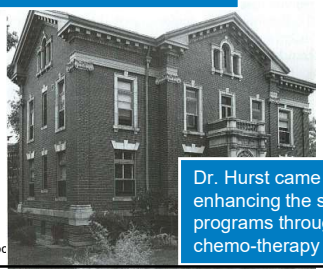
National Jewish erected its first building dedicated to the study of TB, and the first research facility in U.S. not in a medical school setting.

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



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

Lyndon B. Johnson



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

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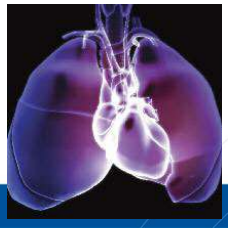
Scientific Innovations and Breakthroughs



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

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National Jewish Health 2026

For more than 125 years, leading respiratory hospital

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

Highest Healthgrades scores, top 1% HCAPS rankings

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

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

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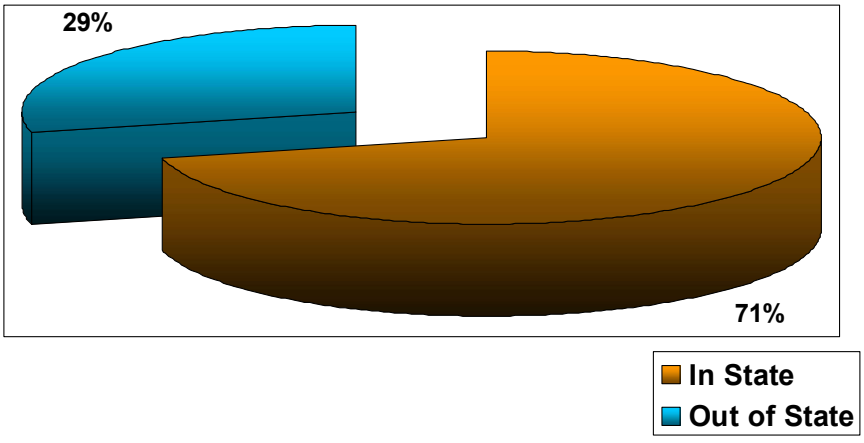
National Jewish Health®

National Impact – Based in the Colorado Community



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National Jewish Health®

Multispecialty Areas of Care – Adults

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

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National Jewish Health®

National Jewish Health® for kids

Multispecialty Areas of Care – Pediatrics

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

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

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National Jewish Health

Strong Collaborations

Collaboration to enhance innovation, deliver quality care

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

National Jewish Health
with Saint Joseph Hospital

Intermountain Health

Rocky Mountain Pediatric Respiratory *and* Allergy Care
with National Jewish Health for kids

MOUNT SINAI - NATIONAL JEWISH HEALTH
Respiratory Institute
Icahn School of Medicine at Mount Sinai
National Jewish Health

Jane and Leonard Korman Respiratory Institute
Jefferson Health
National Jewish Health

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National Jewish Health

What is Community Benefit?

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

- Improve **access** to health services
- Enhance **public health**
- Advance increased **general knowledge** on health topics
- **Relieve or reduce the health burden** to improve health through research and other means

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National Jewish Health

How are Community Benefit programs funded?

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

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

- **Grants** and other directed funds that are applied for, awarded and then dedicated to the purpose for which they were given
- Philanthropy and **charitable contributions** specified for community benefit programs
- Federal programs, such as the **340B Program,** that help fill a gap between reimbursement and cost of care for organizations that provide the highest levels of charity care. For example, the 340B program helps with the cost of outpatient drugs and services to eligible individuals via qualified non-profit hospitals such as ours.

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National Jewish Health

Organization Profile – by the Numbers

Total Patient Visits:	122,464
Outpatient Visits:	122,113
Total Staff/Employees:	1,607
Colorado Locations:	18
Number of Physicians:	188

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National Jewish Health

Community Benefit by the Numbers

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

In 2024, **9.66%** unrestricted annual revenue was reinvested into our local communities.

FY 2024	
Charity Care and program shortfalls	**$ 9.4 M**
Health Professionals Education	**$ 4.3 M**
*** Community Outreach, Benefit Programs/others**	**$ 1.4 M**
Morgridge Academy	**$ 2.4 M**
Subsidized Health Services	**$ 2.8 M**
Research Net	**$ 16.8 M**

**Includes wide variety of programs – recycling, asthma management programs, black lung clinics, nurse line, Walk with a Doc, and more.*

***Note:** The 2025 Schedule H of the Form 990 report will be filed in April. We will update this information at that time.*

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National Jewish Health

Research Mission

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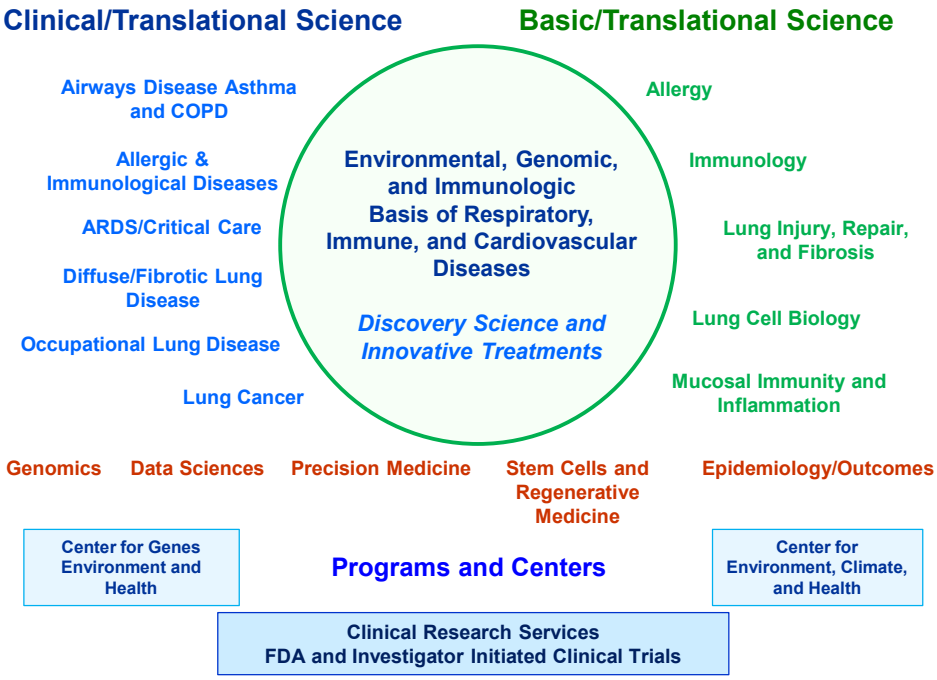
NJH Research Discovery Science 2025



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National Jewish Health

Research – Changing Lives Now and Future

Developing New Treatments – Sample of Published Work Past Year

- Study published in November provided the most detailed information to date on how viruses in early life influence respiratory illness and future asthma risk.
- Research published in February revealed a potential new protein target for treating asthma
- Studies in the past year are guiding new knowledge on how desert dust damages the lungs of service members deployed to Afghanistan and Iraq
- Research published this summer shows that the skin may serve as a potential biomarker for chronic allergic disease in children
- Completed and ongoing projects examining personalized COPD treatments

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National Jewish Health

Community Health-Focused Research Programs

Sample of Studies in Progress

- **AsthmaNet** – National Trials to address asthma in vulnerable populations
- **COPDGene®** – One of the largest ongoing national studies ever to investigate underlying genetic factors in COPD. This study has redefined COPD diagnostic guidelines, continues into the next decade and has resulted in nearly 500 publications

- **Pediatric Asthma** – Researchers and students at Morgridge Academy are working together to understand and address a major issue of gaps in medication adherence in children with asthma
- **Air pollution & vulnerable populations** – Variety of studies in Denver community over many years to further understand risks, options for care
- **Warfighters Lung Disease** – Led by doctors at National Jewish Health to help understand the illnesses suffered by soldiers returning home from Southwest Asia

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National Jewish Health

Hospital Transformation Program (HTP)

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

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National Jewish Health

Denver-Metro area Community Health and Neighborhood Engagement Collaborative Committee

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

4 Types of CHNE

- Quarterly Stakeholder Engagement Meetings
- Semi-Annual Community Advisory Committee Engagement Meetings
- Annual Public Engagement Meeting
- Annual State Convening of Hospitals Meeting

- **Recent Engagements: *Health Equity and Social Determinants of Health***
  - Community Advisory Committee (CAC) Meeting: Regional Accountable Entities: R3, R5, R6
  - Colorado Access Public Improvement Accountability Committee (PIAC) meeting

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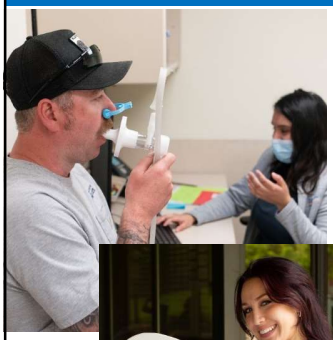
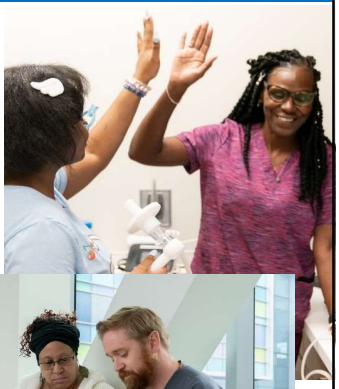
National Jewish Health

Community Benefit Profile

Our Clinical Programs





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National Jewish Health

Community Outreach Programs – Care, Research, Education

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

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National Jewish Health

Community Outreach Programs – Care, Research, Education

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

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National Jewish Health

Long COVID Ongoing Program

- Ongoing care and research to help those with long-COVID
- National Jewish Health Center for Post-COVID Care and Recovery
  - Multispecialty approach with children and adults treated
  - Rehabilitative and neurocognitive services, research studies and clinical trials

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National Jewish Health

Immediate Care

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

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National Jewish Health

Vaping and Tobacco Use – Research and Quitline

- Tobacco use – leading cause of preventable disease and death in the United States – more than 490,000 deaths each year
- 12 studies related to tobacco use and vaping published over past year with others still in progress
- **Quitline** – launched in 2002, program has helped nearly 3 million with their quit attempts
- Focused programs developed for at-risk populations
- Serving 26 states, including Colorado

My Life, My Quit™

- Vaping – 1.63 million U.S. middle and high school students currently use e-cigarettes
- Introduced in 2019 for teens, collaborative approach to finding answers and also an area of focus for ongoing research studies
  - Serving 26 states, including Colorado

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National Jewish Health

Community Program Highlights

A portion of our campus set aside for community garden.

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National Jewish Health

Morgridge Academy

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

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National Jewish Health

Morgridge Academy

Ongoing Focus for Facility, Resources and Learning

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

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National Jewish Health

National Jewish Health – Areas of Focus

These areas have been identified in our 3-year CHNA for ongoing focus

Access to Specialty Care

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

Pediatric Respiratory and Health Care

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

Education

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

National Jewish Health

Questions?

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

National Jewish Health®

Thank you!

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Invited Organizations List

Invitations via email-Initial invitations and 3 reminders

2040 Partners for Health

Adams County Health Alliance

Adams County Health Department

Adams County School District 14

Arapahoe County Public Health

Ardas Family Medicine

Aurora Chamber of Commerce

Aurora Health Alliance

Aurora Public Schools

Bruner Family Medicine Clinic

Caritas Clinic

CDPHE Center for Health and Environmental Data

CDPHE Colorado Health Assessment and Planning System

CDPHE Health Facilities and Emergency Medical Services

CDPHE Office of Health Equity

CDPHE Public Health Practice, Planning, and Local Partnerships

CHARG Resource Center /Heartland Clinic

Clinica Colorado

Clinica Tepeyac

Colorado Access

Colorado Access

Colorado Association of School Executives

Colorado Association of School Nurses

Colorado Asthma & Allergy

Colorado Center for Law & Policy

Colorado Coalition for the Homeless

Colorado Commission of Indian Affairs

Colorado Commission on Higher Education

Colorado Community Health Alliance

Colorado Community Health Network

Colorado Consumer Health Initiative

Colorado Department of Human Services

Colorado Department of Public Health

Colorado Department Public Health & Environment

Colorado Health Institue

Colorado Human Services Directors Assoc.

Colorado Rural Health Center

CommonSpirit-St. Elizabeth Hospital

Community Health Association of Mountain/Plains States

Community Health Provider Alliance

Community Health Services, Inc. (Denver Health)

Denver Adolescent Therapy Group & Stevenson Therapy Group

Denver American Indian Commission

Denver Chamber of Commerce

Denver Children’s Home

Denver Health Community Health Clinics, Family Medicine

Denver Health Community Health Clinics, Pediatrics

Denver Indian Center

Denver Indian Health and Family Services

Denver Regional Council of Governments

Department of Human Services

Department of Public Health and Environment

Department of Saving People Money in Healthcare

Disability Law Colorado

Division of Insurance with the Department of Regulatory Agencies

Douglas County Health Department

Dove Creek Integrated Healthcare

DPS School District 1

East Side Family Health Center

Economic Development Council of Colorado

Every Child Pediatrics

Food Bank of The Rockies

Four Winds American Indian Council

Greater Englewood Chamber of Commerce

Greenwood Pediatrics

HCPF

Healthier Colorado

High Plains Community Health Center

Inner City Health

JeffCo Public Health Department

Jefferson County Public Health Clinic

La Casa-Quigg Newton Family Health Center

Local and State Government Officials

Lowry Pediatrics

Mountain Family Health Centers

Northeast Health Partners

Office of Saving People Money on Health Care

Peak Vista Community Health Centers

People's Clinic HCH Outreach

Porter Hospital- Mental Health

Pueblo Community Health Center, Inc.

Rocky Mountain Health Plans

Rocky Mountain Indian Chamber of Commerce

Roundup River Ranch

Salud Clinic Health Centers

Second Wind Fund

Seton Women's Center

South Metro Denver Chamber of Commerce

Stride Community Health Center

Sunrise Community Health

Uncompahgre Medical Center

Uptown Community Health Center, Inc.

Valley Wide Health System

Wellpower

West Metro Chamber of Commerce

Westminster Public Schools

2026 Community Event Registrations

March 31, 2026

	Contact Name	County	Organization
1	Megan Devenport	Denver	CHARG Resource Center/ Heartland Clinic
2	Lisa Barker	Denver	Community
3	Jessica Berry	Douglas	Community
4	Michelle Mosko	Denver	Community
5	Michelle Wolins	Jefferson	Community
6	Annie Brokenleg	Denver	Denver Indian Health Family Services
7	Kristina Robinson	Denver	Community
8	Mary Halpin	Denver	Community
9	Evelien Van West	Israel	Other
10	Mirwais Baheej	Colorado	Senior Policy Advisor on Long COVID and Post-Viral Planning
11	Amy Trautman	Colorado	Community
12	Danny Lowell	Jefferson	Community
13	Sandy Rangel	Arapahoe	Community
14	Aaron Hoy	Douglas	Community
15	Angela Klawitter	Denver	Community
16	Michael Hill	Douglas	Douglas County Health Department- Local public health agency
17	James Johnston	Denver	HCPF
18	Erica Galindo	Jefferson	HCPF, HTP
19	Cynthia Erickson Mitchell	Jefferson	Community
20	Jacob Berg	Arapahoe	Community
21	Cindy Link	Denver	Community

2026 Community Meeting Attendees

	Contact Name	County	Organization
1	Sandy Rangel	Adams	Community
2	Amy Trautman	Colorado	Community
3	Angela Klawitter	Denver	Community
4	Danny Lowell	Jefferson	Community
5	Rachel Robinson	Denver	Community
6	Erica Galindo	Jefferson	HCPF, HTP
7	Jessica Berry	Douglas	Community
8	Cynthia Erickson Mitchell	Jefferson	Community
9	Michelle Wolins	Jefferson	Community
10	Mirwais Baheej	Colorado	Local Government Agency
11	Mahamoud Ahmed	Arapahoe	Community
12	Aaron Hoy	Douglas	Community

Hospital Community Benefit Accountability Report

Narrative Evidence of Investment

National Jewish Health

2026

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 has an active clinical partnership with Saint Joseph Hospital, a part of the Intermountain Health system, is an accredited teaching affiliate of the University of Colorado in Denver and operates Respiratory Institute partnerships with Mount Sinai Hospital in New York City and Jefferson Health in Philadelphia.

The main care and research campus for National Jewish Health is 3.3 miles east of downtown, near the corner of Colorado Boulevard and East Colfax Avenue, at 1400 Jackson St. in Denver. National Jewish Health operates a primarily hospital-based outpatient model of care and is licensed for 46 inpatient beds to provide care for both adults and children. National Jewish Health also has clinics in Golden, Highlands Ranch and Thornton, Colorado, and provides critical care management and inpatient care at several hospitals in the Denver metro area and through critical care telemedicine for Banner Health in five western states.

In addition to outpatient and inpatient care, National Jewish Health houses and operates the Morgridge Academy on its main Denver campus. As a Colorado Department of Education approved facility school, Morgridge Academy was designed to meet the medical and academic needs of children who have chronic conditions.

National Jewish Health was founded as a nonsectarian, nonprofit hospital. Since its beginning, National Jewish Health has been dedicated to providing health-related education for patients, families and medical doctors and caregivers. That mission continues today. National Jewish Health is the only facility in the world dedicated exclusively to groundbreaking medical research and treatment of children and adults with respiratory, cardiac, immune and related disorders.

Executive Summary

Since its founding in 1899, National Jewish Health has been committed to the respiratory health and well-being of the Denver community. In compliance with House Bill 19-1320, we are required to complete a community health needs assessment every three years along with an annual community benefit implementation plan.

Our Community Health Needs Assessment (CHNA), conducted in 2025, has established a framework for the ongoing reporting of our community benefits and targeted actions. This report documents National Jewish Health activities related to these requirements, including our programmatic and financial contributions in 2025, a summary of our 2026 annual public meeting, our 2025 implementation plan, and our 2025 CHNA report. The completion of this work highlights our institution’s commitment to heal, discover and educate as a preeminent health care institution. We serve by providing the best integrated and innovative care for patients and their families; understanding and finding cures for the diseases we research; and educating and training the next generation of health care professionals to be leaders in medicine and science.

Initiative Reporting

The National Jewish Health 2025 Implementation plan priorities were identified in the 2025 CHNA where quantitative data and valuable community input identified three key areas of focus:

- **Access to Specialty Care** — The local high rates of emergency care and hospitalizations for asthma and COPD, poor air quality, an aging population and availability to specialized care among Medicare and Medicaid populations indicate that patients in our community need better access to the respiratory knowledge and expertise of National Jewish Health. We ensure that all patients have access to care by scheduling on a first-come, first-served basis, regardless of ability to pay. National Jewish Health is also addressing access to multispecialty care by adding faculty clinicians in high need specialties, including rheumatology, neurology and pediatric pulmonology.
- **Education** — Provider and consumer surveys noted that both health care providers and patients could benefit significantly from better understanding respiratory health and ways to protect it, including educating physicians about how specialty care can help them care for difficult respiratory cases and educating patients about managing their diseases, protecting their lung health and finding specialists and other helpful resources.
- **Pediatric Respiratory Health** — Public health rates of asthma emergency room visits and hospitalizations among children living in the National Jewish Health community, along with universal mention of asthma, food allergy and eczema among pediatric community health providers, suggests this is a large, ongoing community health need. National Jewish Health has added pediatric pulmonary physicians to increase patient appointment availability and add to our extensive pulmonary expertise in treating children with acute, chronic and complicated respiratory conditions.

2026 Community Survey

To help understand the health needs within the local community, the hospital conducts annually surveys with local consumers, community providers, and with National Jewish Health physicians and researchers. In addition, the organization also meets with community members and collaborates on a variety of projects.

Our 2026 community survey identified diabetes, chronic illness and air pollution as top health priorities. Community members asked hospitals to provide more education, address indoor air quality as a social determinant of health, and offer greater support for nutrition, depression and anxiety. Community physicians reported that asthma, COPD, diabetes, cardiovascular disease and tobacco use place the greatest burden on patients, while barriers to care include appointment wait times, housing and basic needs challenges, chronic disease management, health care and medication costs, limited urgent care access, CPAP access, low health literacy and the need for more resources for complex and non-English-speaking patients.

The institution’s efforts to increase access to multispecialty care, educate consumers and providers and support pediatric respiratory health include a wide variety of programs. These programs also focus on health behaviors, risk, social determinants of health and medical research for improvements in care and new treatments.

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

The programs described below show how National Jewish Health addresses and helps improve our community health needs areas of focus:

1. Access to multispecialty care. 2 Education. 3 Pediatric respiratory health.

Air Quality. The five counties comprising the National Jewish Health community, Adams, Arapahoe, Denver, Douglas and Jefferson, all suffer from poor air quality, ranking ask the 6th worst area for ozone pollution by the American Lung Association in 2025.

National Jewish Health improves pediatric respiratory and community health through air quality education and research focused on children and people with chronic disease. Our free school program, Clean Air Projects, offers lesson plans and online resources to help students, teachers and families better understand air pollution and ways to protect respiratory health. This program is used by elementary, middle and high schools in the Denver area. Ongoing research examines how wildfire smoke, smog and other pollutants affect overall health. Additional educational information about the effects of air quality of health, especially for adults and children with chronic and respiratory diseases is on our website. In addition, our Center for Environment, Exposure and Health leads research regarding how wildfire smoke, smog and air pollution are impacting all areas of health and provides free resources to help consumers prevent exposure and protect health.

Chronic Care Management According to Academy Health, approximately 22% of Coloradoans live with at least one chronic condition and of those, nearly 70% face multiple ongoing health issues. If not well managed, these conditions can worsen quickly leading to emergency department visits, hospitalization, loss of quality of life and death.

The National Jewish Health Chronic Care Management™ program expands access to multispecialty care and patient education for adults with complex chronic conditions. Using connected devices, like blood pressure cuffs, pulse oximeters and smart scales, and real-time monitoring by care teams can quickly identify health concerns, adjust treatment and help patients better manage their conditions from home. Nearly 1,000 participants in cardiology, pulmonology, infectious disease, rheumatology and gastroenterology have experienced fewer hospitalizations and emergency visits, improved symptoms and a better quality of life.

Community Garden. There are critical shortages in food access, climate resilience and social connectivity that are provided by community garden space. Gardens help reduce rising food costs and address food deserts and help combat the public health crisis of loneliness by fostering genuine neighborly connections.

Since 1993, the hospital has set aside a portion of its campus for the Gove Community Garden, which provides space for over 80 individual gardeners. The hospital maintains the grounds and provides security and access to water. For the last 25 years, the garden has been managed by staff from Denver Urban Gardens who provide skills and resources for people to grow and harvest their own healthy food. A couple of the plots are reserved for people with disabilities, and they donate to various organizations, including Project Angel Heart.

Current Worker Medical Surveillance and Respirator Fit Testing. Each year in Colorado, there are more than 100 work-related deaths due to injury, illness or work-related exposures. In the Denver metro area, there are 1.6 million workers who need consistent respirator fit testing programs for safety and regulatory compliance. (Source CDPHE.)

To expand access to respiratory specialty care and educate workers about protecting their lung health, the National Jewish Health Division of Environmental and Occupational Health Sciences provides medical surveillance and respiratory protection programs for employees exposed to workplace hazards. For more than 15 years, our team has delivered exams, respirator fit testing, lung function testing, training and clinical care while helping employers meet OSHA and other safety requirements.

To increase access to multispecialty care and educate workers about protecting respiratory health, the team from our Division of Environmental and Occupational Health Sciences provides medical surveillance and respiratory protection programs.

E-consult Services. Physicians, especially in rural or underserved areas, need access to quick consultations with specialists on cases to help decide next steps for patients before they drive a significant distance for medical care.

National Jewish Health hosts an online physician consultation program to assist community providers and primary care physicians in the treatment of their patients with chronic illness. National Jewish Health experts are available to electronically answer questions and provide guidance on treating patients. This is a free service offered by National Jewish Health to help bridge the gap between primary care and specialized medicine by targeting access, equity and cost-efficiency.

Former U.S. Department of Energy (DOE) Workers. Until 1992, the Rocky Flats Plant was a major U.S. nuclear weapons manufacturing complex just northwest of the Denver metro area. Between 1952 and 1989, there were more than 16,000 workers at Rocky Flats. The federal government determined that these workers were exposed to unsafe levels of radiation and toxic chemicals and made them eligible for the DOE Former Worker Medical Screening Program.

Since 2005, National Jewish Health has partnered with the National Supplemental Screening Program to provide free health screenings for former DOE and nuclear weapons workers who may have been exposed to hazardous substances or radiation. These screenings increase access to multispecialty care, help identify work-related health conditions, connect participants with care and improve understanding of occupational health risks. To date, the program has provided more than 1,500 screenings while supporting research that promotes safer workplace practices and lower exposure risks.

Free and Discounted Health Services. The Denver community has a critically high need for free and discounted health services driven by the end of pandemic-era Medicaid coverage, rising uncompensated costs and significant barriers to care.

In fiscal year 2025, National Jewish Health provided charity care services worth $14,268,427 million more in uncompensated care of Medicaid patients. National Jewish Health places no restrictions on Medicaid patients, they receive the first available appointment with

specialists, not limited to the first available Medicaid appointment. This helps increase access to multispecialty care for all patients and respiratory care for children.

Health Content. According to Pew Research, half of Americans struggle to determine if health information they read is accurate and not conflicting. About 85% say they trust information from health care providers.

As part of the National Jewish Health mission to educate, we are dedicated to maintaining and building a free health library of educational health-related information, authored exclusively by experts at National Jewish Health, and provided both in print and online. Our website has more than 9,000 pages and had more than 2 million unique visitors last year. It offers educational content that explains diseases and how to live better with them, health information articles and infographics, patient handouts about diseases (MedFacts) and tests (TestFacts), comprehensive patient education resources ("Understanding" booklets) for in-depth overviews on specific diseases, and educational and instructional videos. This information is updated on a regular basis, so it stays current for readers and new topics are added each year. In the last 18 months, we've created or updated approximately 150 condition pages, infographics, videos and health information articles. National Jewish Health also works with local and national media outlets to share accurate health information and news with the public. See Appendix A for a list of web content updated or created and media stories from the last fiscal year.

Immediate Care for Urgent Needs. In Denver County, high emergency department (ED) usage for chronic conditions (35.3% asthma, 30% COPD) indicates poor disease management. ED visits for injuries and falls highlight a significant community need for nonemergency medical care.

Meeting a community health need that was identified during COVID-19, the Immediate Care Clinic was created in 2021. This full-service clinic approach has increased access to urgently needed care for thousands of adults and children in the Denver area who have experienced unexpected illnesses and minor injuries. Last year, more than 1,600 community members were served.

Long COVID. As of April 28, 2026, the Centers for Disease Control and Prevention estimate that for most of the country, COVID infections are declining or likely declining, while 6% to 7% of adults are currently experiencing long COVID symptoms. As of early 2025, an estimated 374,000 of Coloradans are currently suffering from long COVID symptoms.

The National Jewish Health Center for Post-COVID Care and Recovery was created during the pandemic to expand access to specialized care for adults and children with lingering COVID symptoms and functional impairment. The program continues to care for these patients through multispecialty treatment combined with ongoing research to better understand long COVID, improve recovery and advance preparedness for future respiratory pandemics.

Lung Cancer Screening. Colorado and Denver have among the lowest incidence of lung cancer (0.037%) in the country but also one of the lowest rates for lung cancer screening, according to the American Lung Association. Only 11.2% of Coloradans who were eligible to be screened in 2025 were screened. Lung cancer screening by CT scan can detect lung cancer early when it is more treatable. About 32% of lung cancer cases are identified at an early stage, which leads to a higher survival rate.

National Jewish Health helped develop national lung cancer screening standards and created a dedicated Lung Cancer Screening Program to expand access to multispecialty care for high-risk patients. The program provides screening, lung nodule monitoring and coordinated cancer care, while community outreach and annual screening events help educate underserved populations and improve access to early detection services.

Medical Research. Denver's unique environmental factors such as high altitude, dry climate and poor air quality create a critical need for research that can improve patient outcomes and foster equitable health care.

Research is core to the work at National Jewish Health. Most faculty and staff are involved in innovative clinical, basic and translation research on a wide variety of respiratory, immune and related diseases, which can help prevent these diseases, and deliver new treatments and medications that benefit Colorado and national communities. Our research endeavors directly facilitate broader health care access by validating new therapies and removing traditional barriers, translate into accessible resources that empower patients to manage chronic conditions and focus on tailoring treatments for children to ensure medications and treatments are safe and effective.

In the most recent reporting year, National Jewish Health invested $21.3 million in research in addition to receiving more than $33.7 million in grant funding, mostly from the National Institutes of Health (NIH), and is in the top 6% of institutions in the country funded by the NIH (in absolute dollars). As an NIH-funded Clinical and Translational Research Center, the center provides an infrastructure for community-based research in collaboration with the University of Colorado.

Miners Clinic at National Jewish Health. Miners face significant health risks due to daily exposure to harmful airborne particulates, toxic chemicals, extreme physical environments and ergonomically taxing labor. These hazards can lead to incurable, lifelong respiratory diseases, chronic physical conditions and severe mental health challenges.

The Miner's Clinic program has increased access for hundreds of active and former mine workers to free multispecialty care through annual outreach and free health screenings offered by two specialized clinics.

1. **Black Lung Clinic.** Operational since 2002, this clinic offers free health screenings to coal, metal/non-metal and aggregate miners. There are approximately 21,000 active miners in Colorado. Miners are educated about health issues and primary care providers receive follow-up care recommendations and ongoing collaboration for patient health.
2. **Radiation Exposure Screening and Education Clinic**. Launched in 2009, this clinic offers free health screenings to the thousands of workers who were involved in mining, milling and transporting uranium in the pre-1991 uranium industry. Participants also receive patient education and assistance with filing compensation claims for those who developed illnesses from uranium mining exposure.

Morgridge Academy. School age children with chronic diseases such as asthma, allergies, cystic fibrosis, eczema and food allergies get behind academically due to health-related missed school days. For example, in Denver, about 11% of students have asthma, which is the #1 health reason students miss school. Students with asthma struggle more in class when their symptoms are not well controlled. Most public schools are not equipped to handle the health needs of children with chronic diseases.

National Jewish Health operates Morgridge Academy, a tuition-free K–8 school for up to 90 children with chronic health conditions. Combining specialized education with daily medical support helps students succeed academically and improve their health. Serving many low-income and historically underserved families, the school provides on-site registered nurses, health education and access to pediatric specialists. Our approach has helped reduce absences, improve disease management and support better learning outcomes.

The school also has an outdoor garden to help students learn about biology. Students plant, weed and harvest fruits and vegetables to take home to their families, and donate to others in need.

Patient Education Events. A Colorado Health Institute survey found most residents understand basic insurance terms, but 35% struggle with "co-insurance." According to the Colorado Hospital Association, only 12% of people can navigate complex health tasks; low health literacy affects 36% of adults, leading to higher costs and poorer health outcomes.

With education ever part of the National Jewish Health mission, our experts annually host and support many events that serve to educate patients and families suffering from chronic disease. For example, in 2025, we hosted the NTM & Bronchiectasis Patient and Family Course with 760 patients registered for the in person/virtual course. National Jewish Health experts also routinely speak at patient education events and conferences across the country.

Professional Education. Academic training is needed for the thousands of medical students in Colorado, and others from across the country, who will become physicians each year. Continuing medical education is required to maintain licensure and professional competency, and provide safe, high-quality care in a rapidly evolving.

National Jewish Health educates the next generation of health care providers and researchers through fellowship programs, graduate education and clinical training opportunities. Continuing medical education and community outreach programs also help thousands of physicians and other providers improve care for respiratory diseases in underserved communities, while two respiratory therapy degree programs are helping address national workforce shortages. More than 900 physicians have completed fellowship training at National Jewish Health. Community outreach programs have so far trained more than 500 physicians in 170 primary care practices that serve medically underserved populations in eastern Colorado, southern Colorado and the Denver metro area and the Navajo Nation in Arizona.

Smoking/vaping cessation. According to American Lung Association statistics for Colorado, 10.2% of adults smoke, 3% of high school students smoke, and 1.5% of middle school students smoke. 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.

National Jewish Health developed one of the nation’s largest and most successful evidence-based tobacco cessation program. The program started in Colorado and then expanded access so that it now operates in 26 states, including Colorado. We’ve also developed additional focused programs for especially impacted and vulnerable populations. The program has assisted nearly 3 million people with their quit attempts. We developed the My Life, My Quit™ program to address youth vaping. This program is now helping teens quit in 26 states and has enrolled approximately 10,000 youths. This program helps protect pediatric respiratory health.

Support Groups. About 22% of Coloradans have chronic diseases and support groups serve as essential bridges to help them learn more about managing comorbid conditions and finding a self-care community.

National Jewish Health serves as a host, to organize and lead several free community support groups for people suffering from various health issues such as alpha-1 antitrypsin and chronic obstructive pulmonary disease (COPD). These groups offer increased access to our experts and patient education. Additionally, we offer support groups for mindful meditation and those interested in transitioning to plant-based eating.

Telehealth. Telehealth is a vital component of the Denver health care landscape. It offers flexibility and increased access to care. Per the Colorado Health Institute, approximately 33% of Coloradans utilized video or phone appointments in 2025.

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

Walk-with-A-Doc. While Colorado has one of the lowest heart disease rates in the U.S., heart disease is still a leading cause of death in Denver County. In a local health profile for Denver County, more than 16% of the county is estimated to have a sedentary lifestyle and more than 14% smoke tobacco Both are contributing factors to heart disease.

The Denver Walk-with-a-Doc program, now in its 16th year, was launched and is led by a National Jewish Health cardiologist. The program invites the public to monthly walks and health information sessions led by our own cardiologists and other physicians and delivered in parks throughout Denver. The sessions are free and open to the public and give participants an opportunity to learn about important health issues, ask questions and learn first-hand the benefits of walking. Participation ranges from five to 25 people each month.

Appendix A -- Website Content

As part of the National Jewish Health mission to educate, we are dedicated to maintaining and building a free health library of educational health-related information, authored exclusively by experts at National Jewish Health, and provided both in print and online. Below are condition pages, infographics, videos and health information articles created or updated in the last 18 months.

Condition Information Pages – New and Updated

Atrial Fibrillation 3/1/2026

Breathing Pattern Disorder 3/6/2026

Bronchiectasis 1/1/2025

Bronchiolitis 5/1/2025

Cardiomyopathy 8/3/2025

Cardiotoxicity 6/25/2025

Chronic Cough 1/1/2026

Colon Cancer 7/9/2025

Connective Tissue Disease/ILD 2026

Coronary Artery Disease 9/1/2025

COVID-19 8/1/2025

Cryptogenic Organizing Pneumonia 2026

Cystic Fibrosis 3/31/2026

Diverticulitis 8/1/2025

Diverticulosis 8/1/2025

Dyspnea 3/31/2026

Eosinophilic Granulomatosis with Polyangiitis 8/1/2025

Esophageal Cancer 3/31/2026

Familial Pulmonary Fibrosis 2026

Food Allergies 1/23/2025

Gastroesophageal Reflux Disease 6/1/2025

Heart Failure 10/1/2025

Heart Valve Disease 4/1/2026

High Cholesterol 7/1/2025

Hypersensitivity Pneumonitis 2026

Idiopathic Pulmonary Fibrosis 2026

Interstitial Lung Disease 2026

Lymphangioleiomyomatosis 2026

Leukemia 4/1/2026

Liver Disease 8/1/2025

Lymphoma 4/1/2026

Multiple Myeloma 4/1/2026

Nontuberculous Mycobacteria 1/1/2025

Peripheral Artery Disease 8/14/2025

Primary Ciliary Dyskinesia 1/1/2026

Sarcoidosis 3/1/2026

Sjögren's Disease 8/26/2025

Ulcerative Colitis 7/13/2025

Health Information Articles – New and Updated

How Artificial Intelligence Is Helping Doctors Detect Lung and Heart Disease 11/4/2025

Seven Things Everyone Should Know About Interstitial Lung Disease 3/19/2026

Caring For Someone with ILD 3/19/2026

Common Treatments for ILD 3/19/2026

The Difference Between ILD and Pulmonary Fibrosis 3/19/2026

How Weather Impacts Your Allergies 4/7/2026

Understanding New EpiPen Guidelines 2/2026

How Biologics Bring Us Closer to an Asthma Cure 5/6/2025

Can You Trust AI Health Information? 4/7/2026

The Impact of Menopause on Lung Health 4/29/2026

How Aging Affects Your Lung Capacity 9/2025

Is My Cough Pneumonia 10/2024

Warning Signs of Rheumatoid Arthritis 4/29/2026

Clean Air Project – 2025

Signs You May Have an Immune Disorder 4/7/2026

What the Return of Measles Means 5/6/2026

What You Should Know About Kissing Bug Disease 9/2025

Stay Hydrated – Your Heart Depends On It 7/22/2025

The Effects of Ultra-Processed Foods on Your Health 08/2025

The Hidden Ways Sugar Affects Your Heart 2/2026

What Puts Pregnant Women at Risk for Heart Disease 2/2026

Signs of Irritable Bowel Syndrome 4/2025

Gut Health: Separating Fact from Fiction 3/2026

Signs You May Have an Immune Disorder 4/7/2026

Stay Hydrated: Your Heart Depends on It 7/22/25

What Does Your Headache Mean? 3/2026

Infographics – New and Updated

Best and Worst Cities for Asthma 4/2026

Best and Worst Cities for Ozone Pollution 7/2025

Best and Worst Cities for Season Allergies 3/2026

Cooking and Food Allergies 5/2026

Epinephrine Injection 2/2026

Help! How Can I Fall Asleep 1/2025

Keys for Catching Sjögren's Disease Early 1/2026

Knowing Your Radon Risk 12/1/2025

Live Better with COPD 5/2026

Love Your Numbers 1/1/2025

Lung Cancer at a Glance 3/2026

Nasal Wash Guide 3/2026

Shaking the Sodium Out of Your BBQ 1/2025

Stop Those Germs 5/2025

Surviving Spring Allergies 2/2026

The Scary Truth About Teen Vaping 5/2026

Tips for Living Better with Rheumatoid Arthritis 5/2026

Visualizing Bronchiectasis 1/2025

What Blood Pressure Numbers Mean 4/2026

What's Buzzing? How to Identify Insect Sting Allergy 5/2026

What's the Connection? Your Heart Can Affect Your Breathing 3/2026

What Is Thunderstorm Asthma 6/2025

When Is Asthma Peak Week? 8/2025

When Should You Be Worried About Heart Palpitations? 8/2025

Videos – New and Updated

Asthma vs. EILO 7/25/2025

Avoid Hidden Holiday Food Allergens 11/25/2026

Avoid Hidden Holiday Food Allergens – Part 2 11/25/2026

Back to School with Food Allergies 8/6/2025

Breathing Tips for 4th of July 7/2/2025

Campfires and Lung Health 6/30/2025

Can You Trust AI Health Info? 4/15/2026

CF and Pregnancy 5/1/2026

Colonoscopy Myths Busted – Get Screened 3/20/2025

Colonoscopy Myths Busted – No Symptoms 3/17/2025

Colonoscopy Myths Busted – Ways to Screen 3/17/2025

Colonoscopy Myths Busted – Prepping 3/20/2025

Colonoscopy Myths Busted – Women 3/18/2025

Colonoscopy Myths Busted -- Young People 3/19/2025

COVID Vaccine Guidelines 10/24/2025

CPAP Tips for Summer 6/24/2025

Easy Ways to Stay Active 2/15/2026

Fall Allergies 4/17/2025

Flu Season Surge 1/12/2026

From Severe Eczema and Food Allergies to Normal Life 1/14/2026

Good Handwashing Technique 10/15/2026

Heart Attack or Heartburn? 2/6/2026

Heartburn vs Heart Attack Symptoms 12/17/2025

How Air Pollution Can Affect Your Heart 2/2025

How Much Sleep Do Kids Really Need? 4/2025

How to Avoid Wildfire Smoke 7/11/2025

How to Stay Ahead of Seasons Allergies 5/5/2025

Hydrate for a Healthy Heart 8/16/2025

Learn About Blood Pressure 2/28/2026

Learn About Spring Allergies 3/22/2026

New EpiPen Guidelines 2/8/2026

Prepare for Flu Season 9/5/2025

Summer Asthma Tips 6/18/2025

Take Allergy Medications on Valentines Day 2/9/2026

Tips for World Heart Day 9/25/2026

Ultra-Processed Foods 9/26/2026

What Are Palpitations 2/6/2026

What Are Food Allergies 5/22/2026

What Is Atopic Dermatitis 2/2025

What Is a Colonoscopy? 3/2025

What Is Insomnia? 6/2025

What Is Sarcoidosis? 4/162026

When Should You Get a Colonoscopy? 2/28/2025

National Jewish Health also works with local and national media outlets to share accurate health information and news with the public. Below is a selection of news media stories from the last 18 months.

News Media Stories

Local

It's been 5 years since the first COVID case in Colorado. But doctors warn more viruses threaten public health, *Colorado Public Radio*, 3/10/25

Experts encourage vaccination as best way to prevent measles, *FOX31*, 3/9/2025

Trouble winding down in the summer? Doc gives advice on how to get better sleep, *Colorado Springs Gazette*, 6/18/25

Denver pulmonologist shares importance of protecting yourself from wildfire smoke, *Denver7,* 7/11/25

Denver's smoky skies, bad air quality could linger into this weekend, *Denver7*, 9/5/25

A piece of tape could one day help diagnose food allergies, *FOX31*, 2/13/25

Tips for making it to summer's end hydrated, heart healthy, *Colorado News Connection*, 9/11/25

Unusually high dust levels across Colorado causing allergy-like symptoms, *9News*, 7/1/25

Hospitals along the Front Range see spike in flu hospitalizations after the holidays, *Denver7,* 1/2/25

Boulder woman who thought she had severe allergies diagnosed with rare condition. *Denver7*, 4/7/25

Child confirmed to have measles, exposure warning at Aurora locations, *9News*, 5/29/25

National

Stressed About Allergy Season? Do This ASAP to Keep Symptoms in Check, *Well + Good*, 4/2/25

Eczema in Pictures: A Complete Visual Guide to Symptoms, *HealthCentral* 4/2/25

Is It Asthma or COPD? Clinical Pearls for Diagnosis by PCPs, *Medscape* 4/11/25

Navigating Respiratory Diseases: When to Refer Patients for Specialized Care, *Medscape,* 4/11/25

Why CDC cuts are being called 'the greatest gift to tobacco industry in the last half-century', *STAT*, 4/11/25

Lower-calorie Mediterranean diet and exercise limit bone loss, even during weight loss, study finds, *CNN*, 4/11/25

15 Common Science Myths and Misconceptions—Busted, *The Healthy*, 4/16/25

National Jewish Health Researchers Introduce 'Silicosarcoidosis': A Groundbreaking Term for a

Unique Occupational Lung Disease, *Scienmag,* 5/7/25

Novel test can detect different types of asthma via nasal swab, *NBC News,* 1/2/25

4 Sleep Problems Related to Heart Failure, and How to Manage Them, *Everyday Health*, 2/3/25

3 health conditions increase risk of liver damage if you drink, study says, *CNN*, 2/10/25

What Is EGPA and How Is It Treated? *HealthCentral*, 2/14/25

New Study Discovers Cheek Skin Biomarkers in Infants That Predict Atopic Dermatitis Before Symptoms Develop, *Scienmag*, 5/14

Smoking weed and consuming THC-laced edibles linked to early heart disease, study finds, *CNN* 5/28

Cardiologist Reveals Favorite Breakfast for a Healthy Heart, *TODAY.com*, 6/5

A Protein Shake Before Bed Revs Your Metabolism: Burn Fat + Build Muscle as You Sleep, Woman's World *6/5/25*

New research links skin barrier dysfunction to pediatric eosinophilic esophagitis, *MedicalXpress,* 6/7/25

'Popcorn Lung': Connecting the Dots to a Historically Difficult Diagnosis, *Medscape,* 6/18/25

How Obesity Affects the Heart*, HealthCentral*, 7/7/25

MASLD, MASH, and Obesity: A Dangerous Combination, *HealthCentral*, 7/8/25

Cardiologists Swear by This Nightly Habit To Reduce Hypertension, *Parade*, 7/5/25

Lower your risk of early death by some 40% with this lifestyle change, *CNN* 7/10/25

The 13 Best Nutrition-Tracking and Calorie-Counting Apps to Help You Reach Your Health Goals, *U.S. News & World Report*. 7/18/25

Crohn's Pain: Types and 5 Ways to Manage It, *EverydayHealth,* 7/28/25

How to Manage Skin Lesions From Eczema, *HealthCentral*, 7/29/25

Common heart attack drug doesn't work and may raise risk of death for some women, new studies say, *CNN* 8/30/25

Inhalational exposures in routine military activities raise likelihood for wheeze, dyspnea, *Healio,* 9/4/25

High-potassium foods could 'significantly' lower risk of heart failure, study finds, *FOX News,* 9/9/25

Gum disease and the Mediterranean diet are connected to inflammation. Here's how, *CNN*, 9/15/25

This Thumb Test May Indicate If You're At Risk For A Heart Problem, *HUFFPOST*, 9/19/25

A Partner's Guide to Spotting Sleep Apnea, *HealthCentral*, 9/30/25

The Worst Things You Can Do During Cold And Flu Season, *HUFFPOST,* 10/2/25

It's never too late: How older adults can restore optimal well-being, according to experts, *CNN*, 10/5/25

An Irregular Eating and Sleeping Schedule Can Threaten Heart Health, *EverydayHealth,* 10/29/25

Can Changing Your Child's Bathing Routine Help Their Atopic Dermatitis?, *EverydayHealth*, 11/30/25

What Doctors Should Know About Viral Sleep Trends, *Medscape*, 12/1/25

Submarine vets seek recognition, benefits for environmental exposure, *Navy Times*, 12/2/25

Colorado mom urges parents to check Christmas toys after daughter hospitalized, *FOX31,* 12/22/25