2021 ANNUAL REPORT

Emerging Stronger



Breathing Science is Life.

Emerging Stronger

Over the past many months, the world has faced a oncein-a-century pandemic that continues to challenge us all. Through our focus on science, education and comprehensive care, National Jewish Health has stood strong, making massive efforts not only to defeat the pandemic, but also toward the ongoing medical challenges faced every day by our patients. We have compassionately delivered care, found new answers and pursued ever more effective treatments. We are **emerging stronger** from the trials of the past 18 months — more resilient, innovative and positioned to continue to lead in meeting the needs of our patients and our communities — today and in the future.

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LEADERSHIP LETTER

The global pandemic that began in early 2020 continued to challenge the world throughout 2021, as health care leaders came together to research the illness, develop new treatments and discover multiple safe and effective vaccines, as well as care for patients, both young and old. Throughout it all, National Jewish Health has been at the forefront, creating understanding, guiding research into new ways to test for and treat the illness, caring for those with COVID-related needs, and launching a massive vaccination effort, all the while carrying out our core mission to help those with lung, heart and immune-related diseases.

Our teams of doctors, caregivers, scientists and staff have pulled together, understanding that this coronavirus pandemic will significantly affect us for the foreseeable future. We have collaborated in unique ways to find answers, worked tirelessly to serve not only those affected by this new virus, but also those with other ongoing, long-term and serious illnesses. We have helped children and adults through this unprecedented time and emerged stronger, ready to continue the leading-edge care and research for which we have been known for more than 122 years.

Our National Jewish Health 2021 Annual Report details many of the ways in which our teams have worked and emerged stronger over the past year. We expanded our ability to provide unique molecular and antibody testing for COVID-19. We then took what we learned in those efforts and quickly provided large-scale, free vaccination events following the approval of vaccines in December 2020. Our teams, including faculty and staff from all care, research and administrative areas, and partners from the University of Denver, volunteered their time over weekends, days and evenings to help in parking lots, gyms, churches and meeting rooms — whatever it took to reach people with vaccinations.

Not only did we meet immediate needs here in Denver, but also our critical care doctors (who manage 800 critically ill patients daily in hospitals in five western states) traveled to hospitals in New York City in the initial early months of the pandemic and then again in the fall to Los Angeles to help when needs there became critical. Concurrently, we continued to care for patients suffering long-term effects of COVID-19 and opened a new Center for Post-COVID Care and Recovery.

Through these evolving pandemic-related needs, we also continued to grow our programs for those with other illnesses, including launching the Immediate Care service on our main health campus to meet patient needs in an urgent care setting. Our researchers launched many new studies and continued others that were already underway, as well as providing the expertise to help write and publish needed care guidelines in key disease areas.

Finally, throughout 2021, we continued to focus on completing our Center for Outpatient Health. Construction began just before the pandemic hit, and through the perseverance of our internal teams and our exemplary construction partners, the project proceeded despite the challenges of the pandemic. As a result, our target to open the new building in October 2021 was achieved, delivering much-needed space to support care for children and adults, as well as space for our clinical partners at SCL Health.

We invite you to read on and see how our teams have turned obstacles into opportunities, **emerging stronger** to continue serving our patients, our communities and the world.

Michael Salen

Michael Salem, MD, FACS President and CEO

Steven D. Kris *Chair, Board of Directors*



Steven D. Kris *Chair, Board of Directors* **Michael Salem, MD, FACS** *President and CEO*





PANDEMIC RESPONSE

When the COVID-19 pandemic began in early 2020, no one knew what the disease was, much less how to treat it. Across our organization, doctors, scientists and staff immediately took on the challenge to answer those questions and to care for patients affected by the virus. The many months that followed were marked by extraordinary collaboration between our teams within our institution and across the country, producing much needed breakthroughs in testing and treatments, all of which helped our communities. Read about some of these incredible efforts on the following pages.

COVID-19 TESTING EVOLVES Meets Changing Needs Of Pandemic

In the earliest weeks of the pandemic, we all were operating in the dark, uncertain who had COVID-19 or where it was spreading. A dire shortage of tests to identify infected people fueled fear and confusion among many people. But at National Jewish Health, we quickly addressed that challenge head-on as talented teams in the Advanced Diagnostic Laboratories and Center for Genes, Environment and Health set their priority on developing and validating tests that could answer a crucial question: Who has the disease?



Yongbao Wang, PhD, and Reeti Khare, PhD, show a microchip that can test up to 356 samples for COVID-19.

"Accurate, high-volume testing has been a crucial tool in our fight against this pandemic," said Yongbao Wang, PhD, director of Strategic Innovation for the Advanced Diagnostic Laboratories (ADx). "We can't effectively fight the pandemic if we don't know what we are facing. Testing tells us who has COVID-19 and where it is spreading."

The research, business and care sides of National Jewish Health quickly collaborated to develop COVID-19 tests. ADx staff revived a genetic testing machine that had not been in current use. Staff in the Center for Genes, Environment and Health examined and solved problems to find and create alternatives to the endless breaks in the supply chain, including substitutions for nasal swabs and vital testing chemicals when shortages threatened to disrupt our testing process.

"It was a great collaboration, with each group tapping its specific expertise to develop the tests that provided a crucial service to our patients and community," said Reeti Khare, PhD, director of the Infectious Disease Laboratory at National Jewish Health.

By March, COVID-19 testing was up and running. Although limited at first to a few dozen tests a day, testing quickly ramped up, providing crucial information to our intensive care physicians facing

an onslaught of patients at our partner Saint Joseph Hospital. In the next few weeks, the ADx Labs brought up two more testing lines capable of running more than 1,000 tests a day, and eventually as many as 5,000 per day.

A novel method to identify COVID-19 drove the ongoing evolution of our testing program. Standard testing uses genetic probes that emit a fluorescent signal when they bind to genetic material from the coronavirus. At National Jewish Health, a technique called mass spectrometry identified coronavirus genetic material by its molecular weight.

"Mass spectrometry is highly accurate and does not require fluorescent probes, which are expensive and have been hard to get during the pandemic," said Dr. Wang. "It also has much greater capacity than standard testing."

Using mass spectrometry, Dr. Wang and his colleagues developed and validated a COVID-19 test, leading to Emergency Use Authorization for the test. With capacity to run several thousand tests a day, National Jewish Health vastly expanded its testing program to serve public health agencies in Colorado, New Mexico, Wyoming, Montana and South Dakota. The program also provided rapid turnaround testing for many hospitals, educational institutions, businesses and the general public. Dr. Wang and his team then developed a test that could identify not only a coronavirus infection, but also which variant caused it. This advancement provided valuable information for ongoing efforts to monitor and control the pandemic.

In the summer of 2021, while variants continued to be of concern, coronavirus infections began dropping, bringing hope for an end to the pandemic. Most experts believe, however, that SARS-CoV-2, the virus that causes COVID-19, will continue circulating and causing infections, requiring ongoing testing and disease management, as will other respiratory viruses that need to be identified and treated. In preparation, National Jewish Health has developed a test that can detect coronavirus infections, as well as flu and respiratory syncytial virus (RSV), a common and potentially severe respiratory infection.

"Staff, faculty and physicians across the institution have risen to the challenge of the pandemic with foresight, expertise and noseto-the-grindstone grit to develop tests that have been crucial in our battle to defeat the pandemic," said Steve Frankel, MD, executive vice president of Clinical Affairs. He added that this approach will serve us well as we meet the ongoing challenges of this pandemic.

COLLABORATION FACILITATES PROGRESS

Staff with the Center for Genes, Environment and Health worked seven days a week for almost three months to prepare the deployment of these crucial tests and then helped administer them to patients. It was an arduous, but rewarding, process.

"Collaboration across departments was essential to launch the high-throughput testing. Coordination of all aspects, from equipment, supplies and staff to meeting regulatory benchmarks, required an enormous amount of time and effort for months. During a very stressful time for everyone, it was gratifying to know that we were contributing to an important piece of the puzzle for our patients and the community at large," said Tasha Fingerlin, PhD, director of the Center for Genes, Environment and Health.



Tasha Fingerlin, PhD, is the director of the Center for Genes, Environment and Health.

COVID-19 CRITICAL CARE Advances with Experience & Clinical Trials

During the pandemic's second year, National Jewish Health critical care physicians discovered new COVID-19 treatments, helped weary colleagues across the nation and shared their expertise with hospitals across the West.

"COVID-19 presented new challenges, but with experience and carefully conducted clinical trials, we discovered effective new medications, refined our protocols and individualized COVID-19 therapies,"









Top to bottom: Ken Lyn-Kew, MD, and Amen Sergew, MD; Ann Granchelli, MD; Joshua Solomon, MD; and Gabriel Lockhart, MD; helped in ICUs across the country.

said William Janssen, MD, section head of Critical Care. Intensive care units at five Denver-area hospitals managed and staffed by National Jewish Health physicians completed an unprecedented 15 clinical trials of COVID-19 therapies, compared to two in a normal year. The antiviral medication remdesivir and anti-IL-6 therapies proved effective and are now integral elements of COVID-19 care.

As COVID-19 surged across the country, National Jewish Health offered badly needed help on both coasts. When New York endured a devastating surge in 2020, 15 of our physicians relieved exhausted colleagues at our Respiratory Institute partner in the Mount Sinai Health System. In fall 2020, COVID-19 surged to critical levels in Southern California, and six of our physicians helped at Los Angeles hospitals.

"We were able to share the load and give some of the physicians and staff badly needed days to rest and recharge," said Ann Granchelli, MD, who helped in New York and Los Angeles. "It was exhausting but rewarding."



William Janssen, MD, leads the team of critical care physicians.

National Jewish Health critical care physicians shared their expertise through our e-ICU

program, which serves 25 Banner Hospitals across five western states. An e-ICU program allows expert physicians to help monitor patients continually through telemedicine. Our critical care physicians also helped at several hospitals aligned with our SCL Health partners. Staff at the hospital in Butte, Montana, were so impressed with National Jewish Health that they joined our e-ICU program.

In the summer of 2021, widespread vaccinations among older individuals kept surges in check while the more infectious Delta variant changed the demographics of critically ill COVID-19 patients from mostly elderly to younger, unvaccinated people.

"We are seeing so many 25- to 35-year-old patients with young families in our ICUs," said Dr. Janssen. "Even those who recover, have suffered life-altering experiences that will affect them and their families for years to come, some forever."

Dr. Janssen promises an unflagging commitment to all patients, vaccinated or not, "We do our best for everyone. We want them all to get well. And, we encourage all to get vaccinated."

VACCINATION Key Weapon in Battle Against COVID-19

As the nation watched and waited for the first vaccines to be approved for emergency use, National Jewish Health leadership worked with the Colorado Department of Public Health and Environment and others to create a multiphase distribution plan that was ready to launch when the COVID-19 vaccine arrived. Concurrently, faculty and staff from many departments at National Jewish Health collaborated to form our own intricate tactical plans to safely and effectively administer the vaccine.

"We had a great, multidisciplinary team that was focused on preparing to administer the vaccine across our organization and beyond. They worked on best practices with other hospitals and worked closely with the state to follow the guidelines. All efforts focused on getting the vaccine to people as quickly and safely as possible," explained Steve Frankel, MD, executive vice president of Clinical Affairs.

The National Jewish Health team developed a process and online platform to manage and track vaccine appointments, vaccine received, timing for first-dose and second-dose events and scheduling the many volunteers. Early on, vaccine supplies were limited and demand was high, so the vaccination team stayed on high alert and flexible for months to make real-time adjustments, as needed.

From December 2020 through June 2021, National Jewish Health vaccinated more than 70,000 people at mass vaccination events held in parking lots on the medical campus and at the University of Denver (DU) field house. In fact, DU became a key partner throughout the massive vaccination efforts, providing space, volunteers and support as part of the team. We also partnered with Saint Cajetan Catholic Church, South Suburban Parks and Recreation and the Birdcall restaurant to reach more people, including underserved populations.

"Many who wouldn't have gotten vaccinated were thankful that we brought the vaccine to them," said Kristi Melton, MSN, RN, vice president of Clinical Business Operations. Additional events were held for National Jewish Health employees and crews constructing our new Center for Outpatient Health.

"The mass vaccination events in the National Jewish Health parking lot were extremely successful," said Melton. "People who were eligible according to the state's plan scheduled vaccine appointments online. They arrived in the parking lot and stayed in their cars for the vaccine and observation period. It ran like clockwork."

"Those mass vaccination events deserved celebration because they represented concrete, demonstrable progress against the pandemic," said Dr. Frankel.











COMMITTED FOR THE LONG HAUL Caregivers Treat Patients with Long COVID

Almost as soon as National Jewish Health physicians began seeing patients with COVID-19, they realized those patients would need ongoing care after the acute phase of their disease had passed. Early on, National Jewish Health opened acute care clinics for both adults and children, and by mid-2020, opened the multidisciplinary Center for Post-COVID Care and Recovery. This clinic has evaluated more than 3,000 patients through July 2021 and continues seeing 40 to 50 new patients every week from Colorado and around the nation.



Pediatric pulmonologist Hara Levy, MD, examines a young patient.

The wide range of symptoms people suffer for weeks or months after their initial infection, colloquially termed "long COVID," has become a major element of the COVID pandemic.

"This is not one disease, it is many," said Nir Goldstein, MD, director of the Center for Post-COVID Care and Recovery. "So, we have pulled together a dedicated team of experts in pulmonology, cardiology, neurology, gastroenterology, rheumatology, infectious disease, allergy and immunology to understand the full constellation of symptoms that each patient suffers. We then deliver state-of-the-art care tailored to each individual."

Some symptoms are well understood, often arising from severe pulmonary viral illnesses or following acute care in intensive care units. Those symptoms can range from ongoing lung inflammation to scarring of the lungs, trauma to the airways and inflammation of the heart, known as myocarditis, all of which have wellestablished treatments.

Other symptoms, such as unexplained fatigue, rapid heart rates, "brain fog," and an inability to

exercise, are less easy to explain and treat. Medications may improve symptoms for some. For others, supportive care and rehabilitative therapy are the best-characterized treatments.

While adults account for the majority of long COVID patients, children and adolescents also can suffer debilitating symptoms of long COVID, which spurred National Jewish Health for Kids to develop the COVID Assessment Program for younger patients. Housed within the Pediatric Care Unit, patients and their parents come for several days to be comprehensively evaluated by a dedicated team of pediatric specialists who then develop treatment plans for their patients.

"We see slightly different symptoms in children with long COVID than in adults, often including new-onset asthma," said Hara Levy, MD, head of the Division of Pediatric Pulmonary Medicine. "We work hard to develop treatment plans that will help those children."

"By launching new programs for both adult and pediatric long COVID early in the pandemic, we have gained experience and expertise in addressing the long-term consequences of COVID-19," said Irina Petrache, MD, chief of Adult Pulmonary, Critical Care and Sleep Medicine. "But there is still so much we do not know."



Nathan Rabinovitch, MD, pediatric allergist and immunologist and Nir Goldstein, MD, pulmonologist discuss patient care in the Center for Post-COVID Care and Recovery.

Initial research has provided clues to some of the mysteries surrounding long COVID. Sophisticated exercise testing has indicated that malfunctioning mitochondria, the cells' energy factories, may contribute to the fatigue and exercise intolerance. National Jewish Health also is investigating dysregulation of the autonomic nervous system, which controls unconscious processes such as breathing, blood pressure, heartbeat and the function of other internal organs.

"We need more research to understand the causes and guide development of effective treatments for long COVID," said Dr. Goldstein. "We are actively seeking funding for this vital effort."

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Searching For Answers

Complex COVID case requires multidisciplinary approach

The second time Lillian Downs got COVID-19, she came to National Jewish Health. During her first bout with the disease, the previously healthy, active 16-year-old had spent three months in two different hospitals with a severe and bewildering set of symptoms, which included painful, open sores over her entire body. So, when she developed the disease for a second time, her parents quickly sought experimental antibody treatments at National Jewish Health that could reduce its severity. But when infectious disease expert Jared Eddy, MD, saw Lillian before the antibody infusion, he realized that she needed a more extensive evaluation.

"Her earlier lengthy hospitalizations, a second case of COVID-19 and the sores on her skin indicated that Lillian's situation was more complex than most COVID-19 cases," said Dr. Eddy.

Lillian saw a team of specialists at the National Jewish Health Center for Post-COVID Care and Recovery, including a pediatric pulmonologist, cardiologist, rheumatologist, gastroenterologist and immunologist.

"It was such a relief to get to National Jewish Health," said her mother, Elisa Downs. "We finally have a team that listens to us and is diving deeply into her case to understand it and find a solution."

Pediatric allergy/immunology fellow Chad Lomas, MD, has coordinated several specialists addressing different aspects of Lillian's condition. Cardiologist Ankie Amos, MD, helped control her episodes of extremely rapid heartbeats with medication. Pediatric pulmonologist Ronina Covar, MD, diagnosed new onset asthma and prescribed medications that improved her breathing. Rheumatologist Isabelle Amigues, MD, diagnosed Lillian with a rare autoimmune disease that can cause skin sores. Together, they continue to distinguish previous underlying conditions from long COVID and how best to address them together.

By the summer of 2021, Lillian's skin sores had almost completely disappeared, her rapid heartbeats had evened out and she was breathing better. She was able to taper off pain medications, and she regained her strength. She even ventured onto the soccer field for the first time in many months and looked forward to the start of school.

"The doctors at National Jewish Health have been so great," said Lillian. "I feel so much better."

"We are so grateful to National Jewish Health," said Elisa. "They have been so engaged, investigating all aspects of her case and searching, searching, searching for answers and treatments that can help our daughter. We couldn't ask for more."





EMERGING STRONGER

Much of the past year continued to be punctuated by concerns of the pandemic, but we forged ahead, caring for patients, advancing research and keeping education as priorities. Construction continued on schedule for our essential Center for Outpatient Health. We developed vital programs with our clinical partners at Saint Joseph Hospital and launched programs to meet care needs of our patients and the community. Read on to learn how National Jewish Health met health care needs over the past year.

CENTER FOR OUTPATIENT HEALTH New Space Provides for Patient Care

In October 2021, the National Jewish Health Center for Outpatient Health opened, providing much-needed space to better serve patients and the community. The state-of-the-art, five-story, 230,000-square-foot building contains 110 examination and procedure rooms and a new infusion center for adults and children.

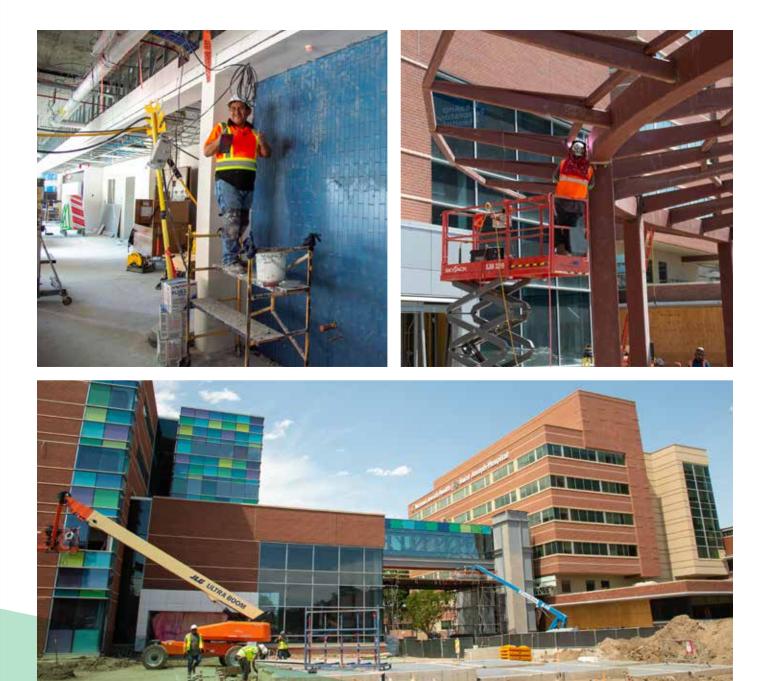
"The timing of the opening of the Center for Outpatient Health couldn't have been better. This extra space comes at a time when we're seeing an unprecedented demand for our services," said National Jewish Health President and CEO Michael Salem, MD. "We also are pleased that our partners at SCL Health system will have offices in the Center, providing primary care services here on our campus."

northwest corner of the main Denver campus and is connected to other clinical services in the Smith Building via a third floor skybridge. The building also enables the renovation of space in the other buildings on campus that continue to provide for care, research and education.

Funds for the project were raised through a Comprehensive Campaign that included engagement and generosity from our community of supporters in Denver and around the nation.



The Center for Outpatient Health is located on the



CONSTRUCTION THROUGHOUT THE PANDEMIC

Keeping construction of the Center for Outpatient Health moving forward during the COVID-19 pandemic was a key focus. National Jewish Health worked with general contractor Mortenson to ensure the health and safety of everyone working on the project. Mortenson leadership was quick to adopt recommended COVID-19 protocols and set priority on having its crew safe and healthy through the many months of building during a pandemic. National Jewish Health experts provided overviews of the pandemic and best practice information during the company's safety weeks and provided special vaccine events for the construction crew once the vaccine became available in late 2020.

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The Center for Outpatient Health opened on October 11, 2021.



HEART FAILURE PROGRAM Providing Leading-Edge Care

Congestive heart failure is a clinical syndrome in which the heart cannot supply enough blood to meet the metabolic demands throughout the body. This means that not enough blood and oxygen are pumped through the circulatory system to tissues. Heart failure affects more than 6 million Americans, and symptoms range from shortness of breath and fatigue to severe disability and death. The National Jewish Health Heart Failure Program, which opened in 2018, provides coordinated, leading-edge care for this important patient group.

"People often come to National Jewish Health because they're short of breath," explained Glenn Hirsch, MD, chief of the Division of Cardiology at National Jewish Health and Saint Joseph Hospital. "But it's not always just a problem with the lungs. With the addition of a Heart Failure Program, we can now really tease out what part is the lung and what is the contribution of the heart."

According to heart failure specialist and program founder Santi Yarlagadda, MD, heart failure is not a straightforward diagnosis. "It's a spectrum of disease. So many facets factor into the efficiency of the heart. Treatments range from medication to implanted devices such as implantable cardioverterdefibrillators (ICDs) or ventricular assist devices (VADs), or even heart transplants," she said.

Ankie Amos, MD, who joined the heart failure team in November 2019, adds, "The field is changing so fast. There's an important explosion of new data, new medications, new devices and new things to offer that patients don't know are available."

This unique program fills an important void in the community. "In Denver, there has not been a discrete effort to create a community-based advanced heart failure program, run by heart failure



Glenn Hirsch, MD, reviews echocardiogram images with sonographer, Ryan Hemje.

specialists, that focuses on patients who don't qualify for traditional advanced heart failure therapeutics such as VAD and transplant. There were really sick people who didn't have options," explained Dr. Yarlagadda.

The program's mission is to make top-tier care accessible to everyone in the community, regardless of where they are on the spectrum of heart failure or their ability to pay.

Even during the COVID-19 pandemic when many specialty areas took a back seat, the program continued to grow significantly. A second clinic was opened in March 2020 on the Saint Joseph Hospital campus through the joint operating agreement, and the team now includes Drs. Yarlagadda and Amos, as well as a nurse practitioner and nurse specialist.

Dr. Hirsch points out the importance of the approach of this program, "It spans campuses. We cover the outpatient side of managing heart failure through the phase where a patient may need hospital-based services or referral for a heart transplant or ventricular assist device. This program offers an amazing combination of experts throughout our organizations."



Ankie Amos, MD, and Santi Yarlagadda, MD, review a patient treatment plan.

UNIQUE EXPERTISE Comprehensive Approach for ILD

Managing a condition like interstitial lung disease (ILD) requires true expertise. There are over 200 types of this lung disease that can be caused by a wide variety of factors, but it is uncommon enough that most smaller practices will only see a handful of cases per year. National Jewish Health has developed one of the best ILD



Joshua Solomon, MD, is the director of the Interstitial Lung Disease Program.

programs in the country using a comprehensive approach to care. That model of care is one of the reasons many primary care practices refer their patients here.

ILD refers to a broad category of lung diseases that involve scarring and/or inflammation of the lungs, with patients generally presenting with breathlessness with or without a dry cough over weeks to months. Our doctors work as detectives, combing through patients' histories and exposures for more information before discussing cases as a group and developing treatment plans.

More than just prescribing drugs, treatment can involve ensuring a patient's oxygen levels are at an appropriate level or enrolling them in a pulmonary rehabilitation program.

"A major focus of the program is not simply saving patients' lives, but actually making them feel better and improving their quality of life," said Dr. Joshua Solomon, MD, director of the Interstitial Lung Disease Program. "We want to provide them with a sense that we are on a team together and will partner to address what matters to them most."

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Riding the Rails

Finding the right care for improved quality of life

Sometimes it takes a village to get the quality care you want, even if part of that village is a 16-hour train ride away from where you live.

Tom Montgomery, of Cambridge, Illinois, has dealt with a complicated form of progressive interstitial lung disease (ILD) for more than four years. When it started, he would wake up most mornings with violent coughing episodes that lasted up to 20 minutes and wreaked havoc on his body, causing back pain and hernias.

His local physicians struggled to make a diagnosis and to form a clear treatment plan. After being seen by another clinic for a time, his friend suggested he visit National Jewish Health due to its ranking as the top pulmonary hospital in the country.

So Tom boarded an Amtrak[®] train and rode the rails to Denver, where he met with a team that included four doctors in the areas of pulmonology, gastroenterology, cardiology and rheumatology.

"I was very impressed because they were very thorough," said Tom. "They coordinated so well together and put me through a battery of tests to leave no stone unturned."

The doctors helped clarify his diagnosis and changed his treatment plan, which included switching his medications to ones with less potential for long-term side effects. As his condition progressed, his doctors were able to offer new emerging therapies to help keep his lung disease stable.

"Tom is definitely an advocate for his own health and likes the fact that we have a multidisciplinary team to look at his condition," said Rebecca Keith, MD, a pulmonologist at National Jewish Health and part of Tom's team. "We've been able to work with his local doctors as his condition evolved and gave him access to state-of-the-art medications and treatment to slow the progression of his disease as long as possible."

He has now returned twice for follow-ups, each time assisted by ambassadors with the hospital's out-of-state program. These professionals act as the main liaisons between patients and the hospital to make sure each patient's visit is as smooth and efficient as possible. In Tom's case, they are pivotal in ensuring he is able to see his four doctors in short time spans, so he doesn't have to stay away from home too long.

He says his coughing has improved and the train rides are worth it because of the confidence he has in his doctors.

"I come for a better chance for a longer life and a better quality of life for a longer period," said Tom. "I believe the chances are, if you go to National Jewish Health, you will increase the odds of that happening."



IMMEDIATE CARE PROGRAM New Options for the Community



Left to right: Kristi Melton, MSN, RN; Carrie Horn, MD; and Kelli Lewis, MD; guided the development of the new Immediate Care Program.

Throughout the pandemic, National Jewish Health made innumerable adjustments, adaptations and innovations to meet the ever-changing needs of patients and the community. The success of the Acute Respiratory Clinics for patients with suspected COVID-19 or other severe respiratory illnesses highlighted a need in Denver for same-day, non-emergent care. To meet these needs, National Jewish Health launched the Immediate Care Program in the spring of 2021 to address urgent issues.

"With a long history of providing 24/7 care to our pediatric patients and with our deep expertise in critical care medicine, developing an immediate care clinic was a logical expansion of services," said Carrie Horn, MD, chief medical officer and chief of the Division of Hospital and Internal Medicine.

"Our new program treats broken and fractured bones, muscle strains and sprains, cuts and burns, rashes and hives, dehydration and intestinal issues, fevers and infections, and symptoms of the ear, nose and throat," she added.

Long known for being a multispecialty center, National Jewish Health added board-certified emergency physicians to its list of specialists. "Our team of doctors are the ultimate generalists," said Kelli Lewis, MD, medical director of Immediate Care. "We can treat a variety of urgent illnesses and minor injuries of all kinds, for adults and children." The program is dedicated to getting the right care to each patient for urgent issues that don't really qualify as an emergency, but need more immediate attention. "Keeping true to the National Jewish Health tailored-approach to care, the Immediate Care doctors and nurses address each patient with individualized treatment of the immediate complaint and a plan for follow-up care," explained Dr. Horn. Real-time consultation with our subspecialty providers is just a phone call away, and if a patient needs to be hospitalized or seen at an emergency department, our clinical partners at the Saint Joseph Hospital are ready to help.



ASTHMA CARE TUNE UP Program Helps Kids Manage Condition

Nearly one in 10 children are affected by asthma. This chronic airway disease accounts for 14 million missed school days each year and is the third leading cause of childhood hospitalizations nationwide. Poorly controlled asthma and childhood obesity are the main contributing factors and are the focus of the new Asthma Tune Up and Wellness Program created by the experts at National Jewish Health *for Kids.*

"We have seen that many families don't really understand asthma or how the medications help keep it controlled," explained Bruce Bender, PhD, head of the Division of Pediatric Behavioral Health. "We also know that obesity complicates asthma by restricting airflow and diminishing response to medications."

The Tune Up Program was designed for children who have missed five or more school days, had asthma hospitalizations or emergency room visits and other factors. The program combines a multidisciplinary team approach and the intensity of an inpatient hospital stay with personalized, hands-on patient education over three consecutive days.

The program improves asthma knowledge, inhaler technique and self-management through a variety of fun and interactive educational tools and oneon-one practice with an asthma educator. It also helps children and families implement and maintain lifestyle changes. "Obesity and asthma is an underappreciated comorbidity. The wellness part of the program is helping change behavior, which is hard, and yet so important in asthma care," said Nathan Rabinovitch, MD, a pediatric allergist with the program.

Working through the program, children set their own realistic and attainable goals for taking medication, being physically active or anything their team identifies will help them better



Maybree, a young patient from Arkansas, sets wellness goals.

manage their asthma. "We're seeing children take ownership of their health when they experience feeling better after following their treatment plans," said Dr. Bender.

The program is helping families live healthier lives too. "As patients and their families change what they eat and how often they move, our pediatric patients are reporting less chest and musculoskeletal pain, improved sleep quality and less rescue inhaler use," said Karen Gentile, MSN, RN, CPNP, a nurse practitioner in the program.

"The Asthma Tune Up and Wellness Program has already successfully helped many children make healthy lifestyle changes, improve asthma symptoms and help children become excellent asthma self-managers," said Dr. Bender.

HOW TECHNOLOGY IS HELPING

A sensor tracking device and smartphone app are used for medication reminders. "This device is amazing. It's really helping kids take their medicine on time," said Elizabeth Gyorkos, PA-C, an asthma expert with the program. "Though our program is just a few months old, this technology has helped increase medication adherence and decrease overuse of rescue inhalers. We're hopeful those trends will continue," said Ronina Covar, MD, a pediatric allergist on the team.



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Back in the Game

Young Patient's Asthma Now Under Control

Getting a little out of breath after sprinting down a soccer field is normal for most kids. Waking up in the middle of the night gasping for air is not.

Last spring, eight-year-old Genesis Avila began waking up during the night struggling to breathe. Her rescue inhaler, which should relax the airways and allow air to move in and out of the lungs, was not helping. She couldn't breathe normally.

"It was terrifying," said Sarahi Avila, Genesis' mom. "We made her sleep in our room to be right there in case she started struggling again." This happened three or four nights a week. "We were constantly worried that she would just stop breathing at school, soccer practice or at a friend's house."

Her doctor, Nathan Rabinovitch, MD, a pediatric allergy and immunology expert with National Jewish Health *for Kids*, referred Genesis to the hospital's new Asthma Tune Up and Wellness Program. "The Program was designed for children who are having a hard time keeping their asthma under control," explained Dr. Rabinovitch. "Over the course of three days, the program identifies trouble areas and then uses intensive patient education, hands-on learning and a new reminder technology to help patients and families learn more about asthma management."

For Genesis and her family, the program helped them to really understand asthma. "I used to think that an asthma attack meant that Genesis was not getting enough air into her lungs, but I learned from the Tune Up Program that it is harder for her to get air out during an asthma attack," said Avila.

Patient education is a big part of the Tune Up Program. Genesis learned exactly what happens inside her body when her asthma is triggered. "The videos were fun. They helped me understand more about my asthma," said Genesis. Her mom explained, "It made Genesis so happy to see in the videos how the muscles work during an asthma episode, and how the different medicines help her lungs calm down."

The program taught Genesis how to use the tools around her medicine properly, including the spacer. A spacer looks like a tube that attaches to the inhaler. It holds the puff of medicine so that the user can inhale it slowly to ensure the medicine reaches the lungs instead of getting swallowed. "The difference was amazing," explained Genesis's mom. "At the beginning of the program, her peak flow meter (which measures air pushed out of the lungs) reading was low at 150 and at the end of the program it was 250, which is good for her."

Another asthma management tool the program provided was a sensor/tracking device that attaches to her inhaler and sends a medication reminder to Genesis' cell phone. "We never have to remind her to take her medicine," explained her mom. "She hears the reminder and immediately goes to her inhaler. It has even helped her little brother take his asthma medicine every day, too!"

Genesis and her parents are big fans of the Asthma Tune Up Program. "Genesis is back to sleeping through the night. She is doing great with using the tools to manage her asthma. It's so good to see her tearing up the soccer field and not having breathing problems. This program has completely changed our lives," said Avila.

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RESEARCH HIGHLIGHTS

Our attention to moving research forward, developing new ideas that lead to treatments and solutions, investigating the causes of illnesses and focusing on better understanding of diseases continued to be priorities throughout 2021. Our scientists and physician researchers contributed in ways such as writing national guidelines for treatment of a variety of conditions faced by patients across the country. From allergies to the impacts of wildfire smoke, these experts advanced knowledge on problems that doctors can use now and build on for years to come.

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RESEARCH ACCOMPLISHMENTS

Basic, translational and clinical research that advances science and medicine has always been a cornerstone for National Jewish Health. In addition to the many ongoing studies on our campus, a research agreement with our partners at the *Mount Sinai – National Jewish Health Respiratory Institute* in New York will advance research collaboration between institutions. A similar agreement with our Respiratory Institute partners at Jefferson Health in Philadelphia is also underway. These collaborations have already led to new trials and a research retreat with all three institutions. Following are just a few of the studies from National Jewish Health faculty this past year.

Replacement with Non-Allergenic Joints Can Provide Relief

About 10% of the one million artificial joints used in replacements in the United States every

year will fail. A significant portion of those failures have no clear cause. For over a decade, Karin Pacheco, MD, and her colleagues have been studying sensitization ('allergy') to artificial joints as an underrecognized cause of joint failure.

Allergic reactions to some of the metals used in joint replacement hardware, or the bone cement used to secure them, also can cause joint failure, presenting with severe pain, itching, swelling, and loosening of the joint. Dr. Pacheco's team followed up with many of the patients they



Occupational health experts Karin Pacheco, MD, (left) and Annyce Mayer, MD, show artificial joints that have allergic components.

had evaluated at National Jewish Health for joint failure due to allergies. They found that those

who underwent replacement surgery with non-allergenic components reported significant relief, including improvements in specific symptoms of pain, swelling and instability.

"These types of allergies are an under appreciated cause of artificial joint failure," said Dr. Pacheco. "That's why it's so important to consider implant sensitization as a cause of unexplained joint replacement failure, to test for it before having the joint replaced, and to use non-allergenic materials in revision joints."

Health Effects of Air Pollution and Wildfire Smoke

In August 2020, James Crooks, PhD, identified an extreme impact of wildfires that had not been previously appreciated: Admissions to intensive care units increase significantly during wildfires. In a simulation of a weeklong severe smoke event, ICU admissions more than doubled, peaking 10 days after they first started and lasting days after the smoke had dissipated.

"With climate change bringing us more and more wildfires, we expect to see widespread, serious impacts on people's health," said Dr. Crooks.

Anthony Gerber, MD, director of Pulmonary Research, brings his expertise in genetics to help understand the role genes play in responses to wildfire smoke. He seeks to identify both people who are more susceptible to harm from smoke, and the biological mechanisms involved, which may suggest ways to reduce that harm. Dr. Gerber serves as the Chair of the Colorado Air Quality Control Commission, which develops programs and regulations to promote clean and healthy air and reduce greenhouse-gas emissions. Dr. Crooks serves on the Climate and Health Working Group of the Metro Denver Partnership for Health. Both men frequently address the media on topics of air pollution and health, helping to gain broader understanding of these critical areas.

"Air pollution is a complex phenomenon that can be difficult to understand," said Dr. Gerber. "It is important that we, as experts, help people understand the issues so they can avoid and mitigate health risks for themselves and their loved ones."

Study Finds Babies Born in Fall at Higher Risk for Allergic Diseases

Babies born in the fall are more likely to suffer from food allergies, asthma and hay fever later in childhood. That is what Jessica Hui, MD, and

her colleagues found during a study to understand why food allergies are on the rise.

The doctors determined that many allergic conditions start in infants with dry, cracked skin, which leads to a chain reaction of allergic diseases throughout life known as the atopic march. The team believes it stems from a weakened skin barrier that allows different bacteria, food particles and irritants to penetrate the skin and enter the body.



"When food particles are absorbed through the skin rather than being digested, the body sees them as foreign and creates antibodies against

them," Hui said. "Then, when a child eats this food, those antibodies recognize the food and trigger allergic reactions such as hives, vomiting or even anaphylaxis."

The doctors are now trying to understand why babies born in the fall are at a higher risk for allergies to help develop solutions to stop the atopic march.

Allergic Asthma Transforms Cells of the Airway

Max A. Seibold, PhD, and his colleagues showed that allergic asthma fundamentally transforms the human airway, reducing cells' ability to remove pollutants and fight infections. In a recent study, the team grew cells extracted from human airways and added cytokines, such as IL-13, which drives allergic asthma. Findings show that this basically converted the cells from clearing mucus to producing thicker mucus.

The team is now trying to identify molecular pathways to inhibit this effect.

Better understanding in this area could lead to the development of therapies to manage this very common chronic disease and others such as cystic fibrosis or COPD.

"There's no drug you can take to break up this pathologic mucus or to prevent the mucus from forming in the first place," said Dr. Seibold. "If we can develop a therapy to break up this form of mucus, then we can alleviate a lot of the symptoms that drive the real burden of those diseases and infections."



Researcher Max Seibold, PhD, identifies genetic determinants and biomarkers of complex lung issues.

A Future Transformed Cystic Fibrosis Patient Ready for Life's Next Steps

For a long time, John Demos wasn't sure if having kids was in the cards. He was born with cystic fibrosis (CF), which is known to cause infertility, but more than that, his life with a progressive, debilitating disease was incredibly challenging.

"I had enough on my plate through work, marriage, life and CF maintenance, which is daily," he said. "And we were always teetering on the edge of complications that could put me in the hospital."

Demos has been a patient at National Jewish Health, the nation's largest adult cystic fibrosis center, for more than a decade. His primary doctor, pulmonologist Jennifer Taylor-Cousar, MD, provides guideline-based therapy in a daily regimen of medications with every meal to maintain his weight and nebulizer treatments to control infections and break up the thick, sticky mucus that collects in his lungs. He also runs and cycles countless hours every week to further clear his lungs.

Maintaining his health was time intensive, and he still suffered from occasional coughing fits, which impacted his work and sleep. In 2019, Dr. Taylor-Cousar prescribed a brand new drug, Trikafta[®], to manage his symptoms. She was the lead investigator on the early trials of this drug that took place at National Jewish Health and around the world, which led to its approval.

Trikafta is actually a combination of three drugs. It improves the function of the CF chloride channel, which helps maintain the salt and water balance in many parts of the body. By improving chloride channel function, the drug alleviates mucus buildup in the lungs and sinuses, as well as in the digestive tract, among other benefits. Researchers found it would ultimately help 90% of people with CF.

Dr. Taylor-Cousar said as her CF patients moved to this new treatment, most noticed a significant improvement in lung function. Before long, hospitalizations from CF exacerbations dropped by more than a third.

"Before, we were prepared to have our patients die mostly in their 30s. Now with this medication, we are having conversations about how to keep them healthy in their 60s and 70s," said Dr. Taylor-Cousar.

Demos felt significant improvement within a week of starting the new medication. Gradually, his care team reduced his other medications and treatments in half. With less time and energy spent on therapy, he had more time for other things.

While the new regimen didn't directly affect his reproductive health, it did give Demos and his wife Chelsea the confidence to finally pursue family planning. "It was transformative, and I'm prepared for longevity. I know I'll be able to enjoy multiple decades with my kids," he said. "There are no guarantees in life, but there was a lower likelihood of that going well before this new medication."

John and Chelsea are now expecting their first child. More than just joy, he feels relief that this was possible. Dr. Taylor-Cousar said, "The care he received at National Jewish Health helped stabilize him for 10 years so that he would be healthy enough to see all the amazing benefits from this therapy that we helped develop."

And because of that, John Demos can look forward to being a father.



WRITING THE GUIDELINES

National Jewish Health doctors provide expertise that helps develop research-based clinical practice guidelines that are then used across the nation and around the world. Following are examples of guidelines developed over the past year with the direction of our researchers.

Six Recommendations Could Lead to Better Sleep

Jack Edinger, PhD, was part of a task force commissioned by the American Academy of Sleep Medicine to provide updated guidelines for psychological and behavioral treatments that target chronic insomnia in adults.

The task force reviewed relevant literature of treatments on the topic and made six recommendations for clinicians. The strongest recommendation was to use multicomponent cognitive behavioral therapy for patients, which combines strategies such as waking up at the same time every day and limiting time in bed to better fit sleep needs.

"These guidelines will inform conversations between doctors and patients so they can know which treatments are effective and which ones aren't supported by science," said Dr. Edinger. "They'll help structure habits to promote a more consistent and satisfying sleep pattern."



Insomnia expert Jack Edinger, PhD, led the conversation to update treatment guidelines.

He said about 10% to 15% of the adult population meet criteria for chronic insomnia, which includes symptoms like difficulty maintaining or initiating sleep, waking too early and suffering from associated daytime impairment.



Sheila Tsai, MD, a sleep specialist and professor of Medicine, talks to a patient about his sleep concerns.

Expert Panel Publishes NTM Treatment Guidelines



An NTM culture is prepared for testing.

A panel representing four international respiratory medicine and infectious disease societies drafted 31 recommendations to help clinicians better manage nontuberculous mycobacterial pulmonary disease (NTM). The panel was chaired by Charles Daley, MD, and included David Griffith, MD, and Gwen Huitt, MD, from the Division of Mycobacterial and Respiratory Infections.

The new guidelines assembled the most modern practices and now include sections for patients that are not responding to treatment and for patients for whom treatment should not be initiated.

Like the more well-known tuberculosis (TB), NTM infections often affect the lungs and have symptoms that are similar. Dr. Daley estimates, though, that at least 80,000 people in the United States are infected with NTM compared to 9,000 people infected with TB.

"Cases of NTM have been increasing in prevalence all over the world for over a decade," said Dr. Daley. "We have lots of TB guidelines, but most pulmonary and infectious disease doctors are going to see a lot more NTM than TB, so we think these new guidelines will be extremely helpful."

Physicians Define Process to Diagnose Hypersensitivity Pneumonitis

The American College of Chest Physicians published new guidelines this year to better diagnosis and evaluate hypersensitivity pneumonitis (HP), a disease characterized by scarring and/or inflammation of the interstitium — the area surrounding the lung's air sacs, blood vessels and airways. Evans Fernández, MD, spearheaded the effort and was the lead author.

There is no single test for the disease, and Dr. Fernández was struck by the over-testing and frequent misdiagnosis for the illness. He and his colleagues sifted through hundreds of scientific papers and consulted with additional experts to develop 14 major recommendations and a step-by-step algorithm that guides physicians through a process that builds evidence for or against the disease.

"Physicians should start with the least invasive tests and progress to more invasive tests only if more evidence is needed, ideally in the setting of consensus multidisciplinary discussion, patient preferences, prognosis and nature of the treatment," said Dr. Fernández. "We hope physicians will use these guidelines to improve the diagnosis of hypersensitivity pneumonitis to get patients the proper care more quickly and effectively."



Evans Fernández, MD, spearheaded the efforts to create diagnostic guidelines for HP.



Finding the Answer

Correct Diagnosis of HP Leads to Life-Changing Treatment

Linda Silveira, MD, used to think of herself as a mover and shaker in her role as a family medicine physician in Colorado Springs, Colorado. She took pride in seeing her patients every day and doing whatever needed to be done to provide quality care with compassion. She would frequently skip lunch or work late to accommodate patients with urgent needs. But, in 2014 when she started to feel symptoms of what she would later learn was hypersensitivity pneumonitis (HP), that approach to work began to change.

Dr. Silveira found herself becoming the patient. She developed a persistent, dry cough, shortness of breath and fatigue that no amount of naps, long nights of sleep or cutting back on work could cure. Eventually, her declining health hastened her retirement.

"I loved what I did and didn't have any plans to retire, but moving and shaking was not a possibility at the end of my career," she said. "The fatigue just really slowed me down in terms of steam."

She sought answers from many doctors, who slowly ruled out allergies, infections and rheumatoid disorders as culprits. In 2020, she finally found an answer when she met National Jewish Health pulmonologist Evans Fernández, MD, who diagnosed her with HP.

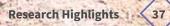
"She was a tough case, with a lot of potential explanations, but the data ultimately pointed to HP," said Dr. Fernández. "I think she was relieved to finally have an answer, and it was gratifying for us to give her a therapy she would respond to."

Hypersensitivity pneumonitis is a lung condition in which a person's immune system reacts to foreign substances in the air they breathe such as mold, dust or bacteria. This leads to lung inflammation that causes problems in absorbing oxygen and exhaling carbon dioxide. Both Dr. Fernández and Dr. Silveira suspect she was reacting to either bacteria or mold from well water in her home or from her hot tub.

Unfortunately, Dr. Fernández says HP can resemble many lung diseases, making it challenging to arrive at the correct diagnosis.

He prescribed two medications for Dr. Silveira and put her on oxygen. Her condition improved over several months, and she now needs only one medication and is off the oxygen. While she remains retired, she now moves and shakes as a health care volunteer and even says she can out-hike most people.

"The care I received at National Jewish Health has been outstanding, and I consider myself quite fortunate to be treated by some of the best providers nationwide," she said. "It's been a journey, but thankfully, it has taken a turn for the better, and I am so grateful for that."



FINANCIAL REPORT

As the global COVID-19 pandemic pushes on, National Jewish Health continues to pivot and adapt to the changing world around us. We are providing high throughput COVID and antibody testing services in Colorado as well as several surrounding states. We have provided thousands of patients and community members with much needed COVID-19 vaccines through our mass vaccine events without charge, and we have provided those children and adults suffering with the virus inpatient and outpatient acute care, needed medications, and a Center for Post-COVID Care and Recovery to care for their ongoing challenges. Our patients with other respiratory, cardiac, immune and related diseases have returned for much needed care.

Despite the ongoing pandemic, National Jewish Health had continued strong financial performance. While the pandemic limited patient visits, the strong performance of the reference laboratories helped drive increased patient revenues and improved collection rates. As a result, net patient service revenue grew over 20% to \$178.5 million. Due to the strength of the National Jewish Health standalone clinical performance, revenue from joint ventures was lower than in previous years, but is expected to return to normal levels as the latest COVID-19 surge subsides. Researchers continue to be hard at work, receiving \$57.3 million in grant revenues from federal and nonfederal sources, including a number of grants for the study and novel treatment of COVID-19.

Thanks to the ongoing support and generosity of our many donors around the country, our development efforts raised \$36.3 million. The Development team demonstrated their ability to adapt to a virtual environment, hosting some of the most successful events in National Jewish Health history without increasing the costs of fundraising, which decreased \$1.2 million from 2020. The National Jewish Health portfolio benefited from strong financial markets and successful investment strategies which resulted in \$28.3 million of investment returns.

While revenues increased 17.5%, tight expense controls limited the growth in expenses to 8.2%. While hospitals around the country struggled financially, fiscal 2021 saw some of the greatest

challenges, but also the highest increase in Net Assets in National Jewish Health history.

National Jewish Health implemented ASC 842, the new Financial Accounting Standards Board pronouncement on lease accounting. While this standard had very little impact on the income statement, it did add \$8 million in assets and liabilities to the balance sheet. Overall, the change in Net Assets (\$53.7 million) is a 337% increase over the 2020 change in net assets (\$12.3 million), and cash and cash equivalents increased by \$18.2 million.

The new Center for Outpatient Health is on track and on budget for an October opening. We have kicked off the implementation of a new electronic health record and billing system which will go-live in October of 2022, and have successfully recruited a number of new faculty for our expanding clinical and research programs. Over our more than 122-year history, National Jewish Health has weathered many storms. Though we continue to experience challenges related to COVID-19, we are excited and optimistic for our continued growth and success.

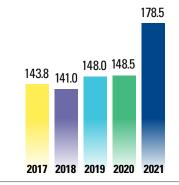
Larry Silverstein Treasurer

CONSOLIDATED STATEMENTS OF ACTIVITIES (MILLIONS)

Revenues, Gains and Other Support	2021	2020
Net Patient Service Revenue	\$178.5	\$148.5
Health Initiatives Revenue	13.5	13.8
Revenue From Joint Ventures	1.6	10.2
Grant Revenue	57.3	61.3
Contributions	36.3	33.5
Investment Returns	28.3	2.8
Other Income	79.3	55.7
Total Revenues	\$394.8	\$325.8
Expenses		
Academic Services	\$106.9	\$109.8
Clinical Services	162.8	129.5
Other Services	13.2	13.9
Admin, Fiscal and Support Services	51.1	52.0
Fund Development	7.1	8.3
Total Expenses	\$341.1	\$313.5
Increase in Net Assets	\$ 53.7	\$ 12.3
Net Assets Beginning of Year	\$239.1	\$226.8
Net Assets End of Year	\$292.8	\$239.1

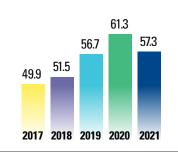
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION (MILLIONS)

Assets		
Cash and Cash Equivalents	\$ 44.3	\$ 26.1
Accounts Receivable — net	70.1	65.8
Investments — at fair value	152.5	128.2
Other Assets	49.5	36.0
Property, Plant and Equipment — net	137.6	93.8
Total Assets	\$454.0	\$349.9
Net Assets and Liabilities		
Net Assets and Liabilities Accounts Payable and Current Liabilities	\$ 53.6	\$ 51.9
	\$ 53.6 19.3	\$ 51.9 23.6
Accounts Payable and Current Liabilities		
Accounts Payable and Current Liabilities Long-term Debt	19.3	23.6
Accounts Payable and Current Liabilities Long-term Debt Other Long-term Liabilities	19.3 88.3	23.6 35.3



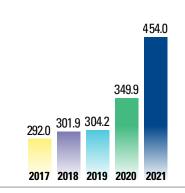
Patient Service Revenue (millions)

The strong performance of our reference laboratories helped drive patient revenues and improve collection rates.



Grant Research Revenue (millions)

Researchers continued to work hard this fiscal year and received grant revenues from federal and non-federal sources including a number of grants for the study and novel treatment of COVID-19.



Net Assets and Liabilities (millions)

Increased revenues and tight expense controls limited growth in expenses which contributed to the highest increase in Net Assets in National Jewish Health history.

Financial Report

NATIONAL JEWISH HEALTH FACULTY

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*Practices at National Jewish Health South Denver

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Advanced Practice Clinicians

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Affiliates

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Secondary Appointments

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Emeritus

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Department of Immunology and Genomic Medicine

Philippa Marrack, PhD, Chair Tasha Fingerlin, PhD, Co-Chair

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Secondary Appointments

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Willi Born, PhD

ADJUNCT PROFESSORS Steven Dow, DVM, PhD Anne-Laure Perraud, PhD

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Bruce E. and Wendy F. Mosler Fund for Treatment and Research of Pediatric and Adult Asthma 2010 New York Real Estate & Construction Industries Dinner Joseph & Gail Moss Asthma Research Fund Gail & Joseph Moss

Theodore and Maxine Murnick Family Endowed Fund for Pediatric Asthma Research Theodore & Maxine Murnick

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Morris Perlmutter Fund for Research in Immunology Sunya P. Kronstadt, Family and Friends

Mary Pickford Fund for Emphysema Research Mary Pickford Foundation

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Mitchel & Florence Kutner Rambar Memorial Fund Ann R. & Edgar Clark

Rhode Island Fund for LUNG LINE Rhode Island Friends

Rhode Island Fund for Pediatric Asthma Research 2006 Humanitarian Award Luncheon

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Justyn C. Rosen Family Resource Center Justyn C. Rosen

The Eleanor T. and Samuel J. Rosenfeld Endowed Fund for Asthma Research

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Barbara & LeRoy Rubin Fund for Asthma Research Barbara & LeRoy Rubin

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Thomas J. and Laurie Saylak Fund for Underprivileged and Chronically III Children

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The Klara and Larry Silverstein Fund for Pediatric Asthma and Allergy Research and Treatment

2013 New York Real Estate & Construction Industries Dinner

Amy Simkowitz-Rogers Fund Sara Simkowitz, Thomas Rogers, & Lucy & Isidore Simkowitz

The Roselyn Simon Memorial Fund for Asthmatic Children Brian Simon, Randy Simon, Robert Simon, MD, Gary Steiner & Rabbi Baruch Cohon

Samuel W. Spain Endowment for Excellence in Graduate Education Mrs. Goldve M. Spain

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Leonard and Shirley Sterling Research Fund Leonard & Shirley Sterling

Michael & Eleanore Stobin Laboratory for Pediatric Research Eleanore & Michael Stobin

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RESEARCH AND EDUCATIONAL SUPPORT

The following corporations, foundations, organizations and individuals provided research grants, contract and educational support for a variety of investigators and laboratories at National Jewish Health.

Actellon Clinical Research, Inc. Aimmune Therapeutics, Inc. Alex's Lemonade Stand Foundation **Allinaire Therapeutics** Alpha One Foundation AlphaNet, Inc. American Heart Association American Lung Association American Thoracic Society Arena Pharmaceuticals, Inc. Argenx BV AstraZeneca Pharmaceuticals LP aTYR Pharma, Inc. Augusta University **Bayer HealthCare** Pharmaceuticals, LLC **Bellerophon Pulse** Technologies, LLC Benaroya Research Institute bioMerieux, Inc. Body Vision Medical, LTD **Boehringer Ingelheim** Pharmaceuticals, Inc. **Boettcher Foundation** Bond Avillion 2 Development LP **Boston Children's Hospital Brigham & Women's Hospital** Bristol-Myers Squibb Company **Brown Foundation** Children's Hospital of Philadelphia Children's Hospital of Pittsburgh Cincinnati Children's Hospital **Medical Center Colorado Department of Public** Health & Environment **Colorado State University** Complexa, Inc. **COPD** Foundation

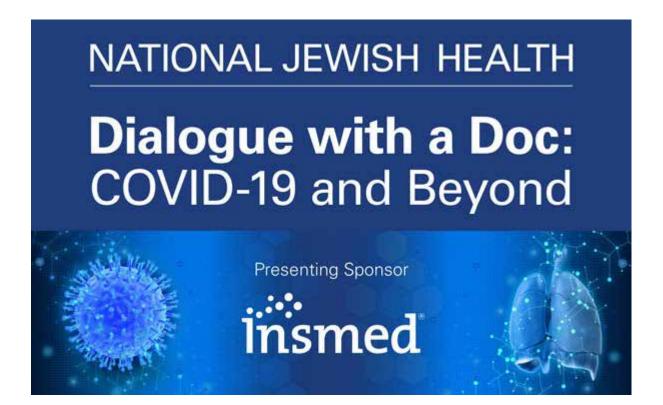
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NATIONAL JEWISH HEALTH EVENTS

Innovation has been a central aspect of care and research at National Jewish Health since 1899. During the pandemic, our Development team found creative ways to engage virtually with our supporters for events that are normally held indoors. Many thanks to all who have participated in our events and who have given generously to support our efforts. It is because of the dedication of all our supporters that all our events throughout the current health crisis have raised the same net income as previous years, helping National Jewish Health to continue fighting the pandemic, making discoveries and delivering the best in care.



DIALOGUE WITH A DOC: COVID-19 AND BEYOND

Beginning in July 2020, this virtual series offered 15 webinars, about one per month. Experts from National Jewish Health presented, discussed and answered questions regarding conditions we treat and the impact COVID-19 was having on those diseases. Topics covered in the one-hour sessions included respiratory illnesses, asthma research and treatment, advances in childhood and adult allergy research and treatment, and more. These sessions were well received from people around the country and the world and earned a rating of "Excellent" from surveyed participants. Visit njhealth.org/DocSeries to view archived discussions.

California

Los Angeles Real Estate and Financial Services Breath of Life Golf Classic Chairs Anthony Behrstock, Commonwealth Land Title

David Sonnenblick, Sonnenblick-Eichner Company

Colorado

Celebrity Night & Day Golf Classic *Chairs* Vic Lombardi Marc Steron

Cooking with Chef Troy Guard – Virtual Event Class Sponsors Lindsey & Stanton Dodge

Greiner Electric Dish Sponsors

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Driving Hope Auto Show

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Hoops & Hoopla –Virtual Event

Coaches Craig Gallogly, CED Bill Gregor, Mortenson Construction Gunnar Jacobs, Monigle Richard Kalisek, Coalfire Jerry Laflen, BKD, LLP Crystal Peden, The CPI Group Gabrielle Shirek Jake Shirek, Marcus & Millichap Andrea Stadig, Mortenson Construction Tom Tarver, Greiner Electric Kris Wintroub, Greiner Electric

Florida

The New Directions Luncheon – Virtual Event Speaker Diane K. Shah Groundbreaking Journalist and National Jewish Health Trustee Honorary Chairs Susan W. Goldstein Judy Haas Anne Jacobson Elyssa Kupferberg Carole Vollman Mahler Jane Mandell Myrna Norwitz Jan Savarick Sheila Stern Shirley Stern Elaine Weinberg

Perfectly Paired: An At-Home Virtual Wine Tasting Experience

Co-Hosts Debbie Gaines-Askowitz Shirley Stern

Georgia

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Honorary Chair Thomas A. Greco, Hilco Global

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Capital Area Breath of Life Golf Classic Campaign Alan Bubes, Co-Chair Michael Scheffres, Co-Chair Solvin Gordon, Honorary Co-Chair Robert Keats, Honorary Co-Chair Dale D. Schuble, Honorary Co-Chair



VIRTUAL BEAUX ARTS BALL

On March 6, 2021, our biggest Denver fundraising event, the Beaux Arts Ball, went virtual, and for the first time, the event was free and open to all. The original cast of the Broadway musical "The Prom," entertained guests with renditions of tunes from the show that were cleverly recrafted to feature National Jewish Health and its mission. The annual video provided insights into how the organization turned its respiratory, cardiac and immune expertise to serving COVID-19 patients and leading vital research. The "Fund-A-Need" portion of the event focused on supporting the massive COVID-19 efforts at National Jewish Health. A surprise \$1-million-dollar-match challenge, and an amazing show of support, helped the Ball break all fundraising records with more than \$3 million raised and thousands of people from Colorado and across the U.S. watching.

Presenting Sponsor Morgridge Family Foundation

Theme and Entertainment Sponsor Iris and Michael Smith

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National Jewish Health A VIRTUAL WINTER'S EVENING

Our 52nd Year Celebrating the New York Real Estate & Construction Industries

A VIRTUAL WINTER'S EVENING

On December 12, 2020, the 52nd annual National Jewish Health Winter's Evening raised more than \$860,000 to help fund COVID-19 treatment and research. This event celebrated the New York real estate and construction industries and recognized the extraordinary team of National Jewish Health doctors who served on the frontlines in New York City during the initial COVID-19 surge. The virtual event allowed people from around the country to attend, enjoy the entertainment of award-winning comedian Sebastian Maniscalco, and support the hospital.

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Larry A. Silverstein Silverstein Properties, Inc.

Event Chairs

Robert J. Ivanhoe, Greenberg Traurig, LLP Gary Jacob, Glenwood Management Corp. Jonathan L. Mechanic, Fried, Frank, Harris, Shriver & Jacobson, LLP Stephen B. Siegel, CBRE

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The Chairman's Award for Special Achievement is presented by the chair of the Board of Directors to recognize those who have made exceptional contributions to National Jewish Health.

2020

Sheila Stern

2019

The Greiner Family Ronald S. Friedman

2015 Murray D. Fischer

2013

Anne & Norman K. Jacobson Neva & Marvin I. Moskowitz

2011

Boettcher Foundation Adolph Coors Foundation Kenneth L. Tucker

2010

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2008

Edelstein Family Foundation Mrs. Edith S. McAllister Milton Schneiderman

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2001

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2000

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1999

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1998

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1997

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1996

Leonard Boxer Larry Buchanan Kenneth Chirba Cary Marmis Henry Zarrow Jack Zarrow

1995

Joseph Berenbaum, Esq. Sunya Kronstadt Michele S. Marvins New York AIR Society

1994

Robert L. Mettler Carol D. Nichols Randy Rutherford

PRESIDENT'S AWARD

The President's Award, presented by the president of the institution, pays tribute to business and philanthropic leaders whose support goes far beyond the usual to promote the mission and vision of National Jewish Health.

2018

Robert E. Helpern

2017

Erwin W. Gelfand, MD

2014

William Gold II Philip H. Karsh Edward A. Robinson

2013

The Hearst Foundations Dr. Antonio J. L. Simoes

2011 Roger A. Silverstein Allan Zidell

2010 Rich Baer Natalie Zucker

2009 Diane & Charles Gallagher Family Foundation

2008 Monfort Family Foundation

2005

Myra Levy Sherman McCorkle Drs. Harold & Mary Zirin

2003

Thomas M. Flexner James D. Kuhn Milton Morris Wendy Siegel

2002

Molly Blank

2001 Sorul & Charles I

Seryl & Charles Kushner

Louise & Richard Alderson

1999

The Honorable Ben Nighthorse Campbell, U.S. Senator

1998 Norman Brownstein

1996 Alan Landsburg

LORBER AWARD

The Arthur B. Lorber Award for Distinguished Services is the highest award given at National Jewish Health. It is named in memory of Arthur Lorber, who led the transformation of the Denver Sheltering Home from an orphanage to the premier treatment center for respiratory diseases in the country. Recipients show leadership in an area that has impacted our reputation, service, science or mission.

2017

Carrie & John Morgridge

2012 The Honorable Daniel K. Inouye, U.S. Senator

2010 Michael & Iris Smith

2008

Norman Brownstein, Esq. Wendy Siegel

2004

Herbert L. Ash

2002

The Fund to Cure Asthma Nancy & James Berry Hill Marjorie & Stephen Raphael Albert D. Angel

2001

Sunya P. Kronstadt 1999 Robert L. Mettler

1997 Carol D. Nichols

1996 Peter M. Henson

1995 Burton M. Tansky **1994** Larry A. Silverstein

1993 Leonard M. Perlmutter

1991 J. Peter Grace

1990 Philippa Marrack, PhD, & John Kappler, PhD

1989 Conrad D. Stephenson

1988 Cecil Green & Howard V. Rickenberg, PhD **1987** Richard S. Farr, MD

1986 Robert L. Silber & David S. Touff

1985 Arthur Robinson, MD

1984 Dollie & Jack Galter

1983 Richard N. Bluestein

1982 Andrew Goodman

LEGACY OF HOPE

The Legacy of Hope is a society established to recognize all those supporters who have included National Jewish Health in their estate and financial plans, including a will, charitable gift annuity, trust or insurance policy. These gifts will live on for generations, helping to ensure that National Jewish Health will continue its mission. The following names are new Legacy of Hope members who added National Jewish Health to their estate plans July 1, 2020 – June 30, 2021.

ARIZONA Karen M. Rebb

CALIFORNIA

Vicky L. Balmot Marcia Braunstein Glenn & Maxine Farber

COLORADO

Anonymous Anonymous Anonymous Ida Marlene Beam James K. Gyurman Mr. & Mrs. John A. Icabone Margie Z. McNamara*

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PENNSYLVANIA Anonymous David Gerstman, M.D. SOUTH DAKOTA Jackie Jones

VIRGINIA Anonymous

WASHINGTON

Anonymous Retired Tech. Sgt. Fredd Halpert USAF

BEQUESTS

Those who remember National Jewish Health in their estate plans leave a lasting legacy in support of our programs. During fiscal year 2021, the friends listed below remembered National Jewish Health with bequests that will further our mission.

ARIZONA Sol J. Cohen

Sol J. Conen

ARKANSAS Alvin S. Tilles

CALIFORNIA

Susan Allan Sadock Feretzis Georgiana Geerds Phyllis Goldman Astrea Garner Gorin Jacquelyn L. Green James E. Grindlinger Jack Hersh Marvin D. Kahn Hertha Sandra Leshner Max S. and Eva I. Levi Bertha J. Nebenzahl Norman K. Newell Harry W. Ofshay Ellamae Simmons

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MISSOURI Robert B. Kahn George Witsma

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PENNSYLVANIA

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SOUTH CAROLINA

Anna Lurey

SOUTH DAKOTA

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Ken & Lois Borecky Fund-National Jewish Center for Immunology of the South Dakota Community Foundation

TEXAS

Carolyn F. Hyman Fund at East Texas Communities Foundation

Nancy H. Bowen Judy W. Renick

WEST VIRGINIA

Meyer Bell John E. Ewart

HONOR ROLL OF PHILANTHROPY

Lifetime Achievement Societies

The Frances Wisebart Jacobs Founder's Society, the Chairman's Society and the President's Society pay tribute to the lifetime giving of individuals, foundations and corporations whose steadfast support serves as inspiration to others and whose dedication has helped make National Jewish Health a world-renowned institution.

Frances Wisebart Jacobs Founder's Society

\$10,000,000+

Anonymous (CO) Estate of David & Leigh Eddings Morgridge Family Foundation Iris & Michael Smith

The Chairman's Society

\$5,000,000 - \$9,999,999

Anonymous* (MI) The Molly Blank Fund of The Arthur M. Blank Family Foundation Michele & Martin Cohen Feiner Family Foundation/Mr. & Mrs. Michael A. Feiner Estate of Milton Morris Klara & Larry Silverstein/Silverstein Family Trust Tuchman Family Foundation

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This group of donors demonstrated loyalty and support for our visionary projects by committing to multi-year pledges in 2021, allowing National Jewish Health to fulfill its mission to care, to discover and to educate.

\$10,000,000+ Iris & Michael Smith (CO)

\$500,000 - \$999,999

Marshall & Helene Abrahams and Family (CO) Mr. & Mrs. Norman Brownstein (CO) Tom and Margie Gart Family Fund (CO)

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HONOR ROLL OF PHILANTHROPY

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National Jewish Health is grateful for the generous contributions from individuals, corporations and foundations across the country and around the world. The following is a list of those who made gifts of \$500 or more in fiscal year 2021.

\$1,000,000 or more

Feiner Family Partnership/Feiner Family Foundation/Mr. & Mrs. Michael A. Feiner (CO) Morgridge Family Foundation (CO) Iris & Michael Smith (CO) The Stead Foundation (AZ)

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