

# Hospital Community Benefit Accountability

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*National Jewish Health*

August 31, 2022

Submitted to: Department of Health Care Policy & Financing



# Hospital Community Benefit Accountability Annual Report

Hospital Name:	National Jewish Health
Date:	8/30/2022
Submitted to:	Department of Health Care Policy & Financing

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# Hospital Community Benefit Accountability Report

## I. Overview

House Bill 19- 1320 requires non-profit tax-exempt general hospitals, Denver Health Medical Center, and University of Colorado Hospital to complete a community health needs assessment every three years and an annual community benefit implementation plan every year<sup>1</sup>. Each reporting hospital is required to convene a public meeting at least once per year to seek feedback on the hospital's community benefit activities and implementation plans. These hospitals are required to submit a report to the Department of Health Care Policy & Financing (the Department) that includes but not limited to the following:

- \* Information on the public meeting held within the year preceding September 1, 2021
- \* The most recent Community Health Needs Assessment
- \* The most recent Community Benefit Implementation Plan
- \* The most recent submitted IRS form 990 including Schedule H
- \* A description of investments included in Schedule H
- \* Expenses included on form 990

More information can be found on the Hospital Community Benefit Accountability webpage at:  
[Hospital Community Benefit Accountability Webpage](#)

Please direct any questions to the following email address:

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

<sup>1</sup> Long Term Care and Critical Access hospitals are not required to report.

# Hospital Community Benefit Accountability Report

## II. Checklist

### A. Sections within this report

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
	<a href="https://www.nationaljewish.org/about/community-health-needs-assessment">https://www.nationaljewish.org/about/community-health-needs-assessment</a>

### B. Attachments submitted with report

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

# Hospital Community Benefit Accountability Report

## III. Public Meeting Reporting

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

Date:	7-Jun-22
Time:	4 p.m.

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

The public meeting was a virtual event, via Zoom.

Describe your outreach efforts for the public meeting being reported:

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

Direct Outreach: Direct invitations via email were sent to a list gathered over the past year, including 139 individuals at various health, public health, government and other related organizations, as well as people who had self-identified interest in the meeting and requested an invitation. The email was sent three times in the two weeks prior to the meeting and reminders were sent the day before and the day of the event to all who had registered or expressed interest. In addition, National Jewish Health outreach staff directly contacted representatives from a list of organizations via email and phone. We also reached out internally via email and phone to other staff members who work with people in broad community programs or who have ongoing work with other projects that align with these efforts.

Web and Social: We used our social media tools to reach the public broadly. We created a Facebook post and pinned it to our website starting 10 days before the meeting. We supplemented this approach with posts on social media (Twitter and Facebook) on the days leading up to the event. We placed the information on our website prior to the meeting.

Advertising: We placed a paid advertisement in the Denver Post on Thursday, June 2, 2022. The ad was placed in the front section of the paper, page 13A, a 5 x7.5 sized, 4-color ad. The ad design was used throughout the public materials to make the meeting information more identifiable.

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

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

Feedback from attendees came in the form of requests for more information and questions, many of which were added to content and shared at the meeting or some were addressed specifically in the Q&A period of the meeting. In some cases we responded directly back to the individual.

Surveys. As follow-up, we did send a survey after the meeting (and repeated it three times over six weeks). The survey asked for more input on some topics, as well as giving us a better understanding of who we were reaching. While we are still analyzing the learning, one of our immediate steps taken has been to look at how often we send the survey tool into the community and how we help people connect with us through a more regular communication channel being opened. We feel that some people may have a comfort level responding this way that can help us gain ongoing insights.

We had several specific requests raised at or following the meeting. One request came from a participant asking what new classes might be available virtually for those who are homebound and further asking that we consider adding more virtual opportunities for learning. National Jewish Health has always seen education as a key component of its mission. We offer support groups and classes, many of which have been moved to virtual sessions during the pandemic and remain that way as they seem to best meet the needs of participants. We are reviewing the offerings we now have and identifying if there are classes and groups that can be expanded to be available more broadly to the public and if they can continue as virtual opportunities.

We also had questions raised about what we have been actively doing in terms of combatting systemic racism and advancing health equity. We are actively recruiting for an executive level leader for our Office of Diversity, Equity and Inclusion, an important demonstration of our commitment in this area and in bringing all of our programs across the organization together for greater focus and impact. We have a number of programs that really seek to improve access to care and health equity – care programs and ongoing research. We will continue to have this area as a focus and have appreciated the responses in from the community.

We heard from a number of other organizations asking how to participate in the work we do and how to keep the feedback loop open. We are looking at how to continue to improve in this area. One of the specific changes we have made is to add the community component to the regular outreach visits made by our outreach team. This team began interacting with several care access groups that work with underserved groups during the pandemic. This outreach began as a way to ensure the staffs of these groups had access to the vaccine during the pandemic and we continued to be in touch. We will continue to focus here.

## Hospital Community Benefit Accountability Report

### IV. Investment and Expenses Reporting

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

**Amount**

Total expenses included on Line 18 of Section 1 of submitted form 990	\$ 341,524,571.00
Revenue less expenses included on Line 19 of Section 1 of submitted form 990	\$ 35,706,089.00

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

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

- Cost of the investment. For this reporting purpose, “investment” means the hospital’s expense net of offsetting revenue for financial assistance and means-tested government programs, other community benefits such as community health improvement services and community benefit operations, and/or community building activities. See the IRS instructions for Parts I, II, and III of Schedule H of Form 990 at [www.irs.gov/pub/irs-pdf/i990sh.pdf](http://www.irs.gov/pub/irs-pdf/i990sh.pdf).
- For each Schedule H investment that addressed a Community Identified Health Need identify the following categories:
  - ✓ Free or Discounted Health Care Services
  - ✓ Programs that Address Health Behaviors or Risk
  - ✓ Programs that Address the Social Determinants of Health

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.

Schedule H Categories	Schedule H Amounts	All or part a Community Identified need (Y/N)	Amount for free or discounted health services	Amount for health behavior risks	Amount for social determinants of health	Amount for other community identified need category	Name and description of investments	Available supporting evidence
Financial Assistance at cost	\$ 143,447.00	Y	\$ 143,447.00	\$ -	\$ -	\$ -	Health care services provided for free or at reduced prices to low income patients.	See supporting file uploaded separately.
Unreimbursed Medicaid	\$ 10,130,305.00	Y	\$ 10,130,305.00	\$ -	\$ -	\$ -	Government sponsored means-tested health care programs and services.	See supporting file uploaded separately.

Schedule H Categories	Schedule H Amounts	All or part a Community Identified need (Y/N)	Amount for free or discounted health services	Amount for health behavior risks	Amount for social determinants of health	Amount for other community identified need category	Name and description of investments	Available supporting evidence
Unreimbursed costs of other means-tested government programs	\$ 602,137.00	Y	\$ 602,137.00	\$ -	\$ -	\$ -	Government sponsored means-tested health care programs and services for those not eligible for Medicaid.	See supporting file uploaded separately.
Unreimbursed costs of other means-tested government programs	\$ 236,739.00	Y	\$ 236,739.00	\$ -	\$ -	\$ -	Costs for programs to develop testing and provide free vaccine in support of efforts related to the COVID-19 pandemic.	See supporting file uploaded separately.
Community Health Education	\$ 870,804.00	Y	\$ -	\$ -	\$ 870,804.00	\$ -	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).	See supporting file uploaded separately.
Community-based clinical services	\$ 2,651,341.00	Y	\$ -	\$ -	\$ 2,651,341.00	\$ -	Operation of a pediatric asthma program with extended clinic hours, Immediate Care services provide 8 a.m. - 8 p.m. access to specialty care, including expansion of programs through safety-net clinics for respiratory care, amyotrophic lateral sclerosis patients, pulmonary, and scleroderma programs as well as behavioral health and specialized day programs for the most severe patients.	See supporting file uploaded separately.
Community benefit operations	\$ 899,098.00	Y	\$ -	\$ -	\$ 899,098.00	\$ -	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.	See supporting file uploaded separately.
Education for Health Professionals	\$ 3,216,541.00	Y	\$ -	\$ -	\$ 3,216,541.00	\$ -	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.	



Schedule H Categories	Schedule H Amounts	All or part a Community Identified need (Y/N)	Amount for free or discounted health services	Amount for health behavior risks	Amount for social determinants of health	Amount for other community identified need category	Name and description of investments	Available supporting evidence
Community Health	\$ 482,958.00	Y	\$ -	\$ -	\$ 482,958.00	\$ -	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.	See supporting file uploaded separately.
Research commitment	\$ 14,330,091.00	Y	\$ -	\$ -	\$ 14,330,091.00	\$ -	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. National Jewish Health researchers are leading a study that seeks to follow children in Puerto Rico from birth through 3-years-of-age to help understand the root causes of asthma. 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.	See supporting file uploaded separately.
Bad Debt	\$ 1,608,783.00	Y	\$ -	\$ -	\$ -	\$ 1,608,783.00	Other costs	
Medicare	\$ 26,038,048.00	Y	\$ 26,038,048.00	\$ -	\$ -	\$ -	Discounted government program	

## Hospital Community Benefit Accountability Report

### V. Additional Information

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

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

Note 1

See our attachment uploaded separately under the "Evidence of Investment Improvement" tab.

Note 2

Note 3

Note 4

Note 5

Note 6

Note 7

Note 8

Note 9

Note 10

## Hospital Community Benefit Accountability Report

### VI. 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
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## Hospital Community Benefit Accountability Report

### Appendix A - Definitions

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

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

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

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

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

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

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

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

Examples of Free or Discounted Health Care Services

- \* Charity care or financial assistance program excluding CICP
- \* Free services such as vaccination clinics or examinations

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

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

**Programs that Address the Social Determinants of Health** - funding or in-kind programs or services that improve social, economic, and environmental conditions that impact health in the Community. Social and economic conditions that impact health include education; employment; income; family and social support; and Community safety. Environmental conditions that impact health include air and water quality, housing,

and transit. Programs that Address the Social Determinants of Health include but are not limited to the following:

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

### **Reporting Hospital**

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

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



Hospital Community Benefit Accountability Report

Appendix B - Schedule H Crosswalk

Schedule H Part II Categories	Description	Community Benefit Report Category (Where more than one category may apply please refer to the definitions to determine how to report)
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	Programs that address the 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	Programs that address the 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	Programs that address health behaviors or risk; Programs that address the 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	Programs that address the 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	Programs that address health behaviors or risk; Programs that address the social determinants of health
Coalition building	Participation in community coalitions and other collaborative efforts with the community to address health and safety issues	Programs that address health behaviors or risk; Programs that address the 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	Programs that address health behaviors or risk; Programs that address the social determinants of

	environment, and transportation	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)	Will be considered on a case by case basis. Submit information and justification to the Department as to how it meets the Community Benefit category
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	Programs that address health behaviors or risk; Programs that address the social determinants of health; Free or discounted health care services

Other categories	Description	Community Benefit Report Category
Financial assistance policy	A policy describing how the organization will provide financial assistance at its hospital(s) and other facilities, if any. Financial assistance includes free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are unable to pay for all or a portion of the services. Financial assistance doesn't include: bad debt or uncollectible charges that the organization recorded as revenue but wrote off due to a patient's failure to pay, or the cost of providing such care to such patients; the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived therefrom; self-pay or prompt pay discounts; or contractual adjustments with any third-party payors	Free or discounted health care services





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

**National Jewish Health**

August 31, 2022

## About National Jewish Health

National Jewish Health is an academic, specialty care hospital located in Denver, Colorado, since first opening its doors in 1899. Care is provided at a variety of locations in Denver and across the state. National Jewish Health also has collaborations with Saint Joseph Hospital and SCL Health and the University of Colorado in Denver, as well as with Mount Sinai Hospital in New York City and Jefferson Health in Philadelphia. The main care and research campus for National Jewish Health is at 1400 Jackson Street in Denver, Colorado, 80206. National Jewish Health also provides critical care management and inpatient care at several hospitals in Denver and through telemedicine in five western states.

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

## Description/Evidence of Investment that Improves Community Health Needs

### COVID-19 Response and Programs

The global pandemic that began early in 2020 has continued to challenge communities throughout the world and here in Colorado. As the leading respiratory hospital in the nation, National Jewish Health has played a significant role in the pandemic response that has continued into 2022. National Jewish Health has invested millions of dollars over the two-and-a-half years to launch and continue a variety of programs to help protect the health of adults and children throughout our community.

Many COVID-19 patients continue to suffer persistent symptoms and ongoing functional impairment as they recover from the disease. In the past year, National Jewish Health expanded care for these patients and their unique symptoms quickly developing both adult and pediatric Respiratory Recovery Clinics, now focused as the **Center for Post-COVID Care and Recovery**. This program cares for patients by helping them return to their usual state of health and usual function. The clinics serve both existing National Jewish Health patients and the broader community. The clinics continue to see 30-50 patients each week.

The COVID-19 pandemic brought new and specific health concerns to pediatric patients with asthma and became a focus for the pediatric asthma program at National Jewish Health over the past few years. Testing was developed early in the pandemic to make it accessible for children and adults, as well as special clinics for emerging illnesses and for those with lasting challenges of long COVID.

## **COVID-19 Vaccination**

In December 2020, when the first vaccine received Emergency Use Authorization (EUA), National Jewish Health quickly began distributing vaccine. The hospital's team developed a process and online platform to manage and track vaccine appointments, vaccine received, and timing for first-dose and second-dose events, and then made it broadly available, including going into smaller communities to reach as many people as possible. National Jewish Health partnered with the **University of Denver, Saint Cajetan Catholic Church, South Suburban Parks and Recreation** and others in Denver to reach more people, including underserved populations. Distributing vaccine continued to be a focus well into 2022.

## **COVID-19 Collaborations and Community Support**

National Jewish Health collaborated with several organizations such as **Clayton Early Learning** to help educate parents, teachers and children about COVID-19, explore how that virus is transmitted inside and outside the classroom, how it impacts an early childhood educational setting, and to determine if there are any associations between health and later educational outcomes. National Jewish Health also partnered with the **University of Denver (DU)** to plan the safe return to campus for students and faculty, and continues to serve as the strategic health care partner for DU.

## **COVID-19 Research and Education**

Research has been important and National Jewish Health has focused resources on understanding the SARS-CoV-2 virus, how it spreads, how to best detect it, how to treat COVID-19 disease and how the disease impacts lung health. We have more than 80 research projects and clinical trials focused on COVID-19.

National Jewish Health critical care physicians discovered new COVID-19 treatments, helped weary colleagues and shared their experiences with hospitals across Colorado. Intensive care units at five Denver-area hospitals, which are managed and staffed by National Jewish Health physicians, completed an unprecedented 15 clinical trials of COVID-19 therapies. The antiviral medication remdesivir and anti-IL-6 therapies proved effective and are now integral elements of COVID-19 care in all hospitals.

## **Access to Specialty Care**

Throughout the pandemic, National Jewish Health made 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 Clinic** in 2021 to address urgent issues. The program is dedicated to getting the right care to each patient for urgent issues that don't qualify as an emergency, but require immediate attention. The clinic provides the community with diagnostic services, medical care and referrals, as needed, to other area hospitals.

## Free and Discounted Health Services

National Jewish Health provided \$10.9 million of free or discounted health services to people in need in our community, as reported in the most recent 2020 Form 990. This included care provided to Medicaid patients, participants in the Colorado Indigent Care Program and our own charity care, funded money raised from donors around the country.

## Programs that Address Health Behaviors or Risk

**Tobacco cessation.** Tobacco use continues to be a leading cause of preventable death in the U.S. and now vaping has been added to hook young people in to nicotine use. National Jewish Health developed a comprehensive evidence-based tobacco-cessation program that now operates in 21 states, including Colorado. National Jewish Health also has invested in significant services to reach teens who vape, including research to develop the program and meet the unique needs of our youth.

**Physical Activity.** The Walk-with-a-Doc program is now in its 11<sup>th</sup> year. Led by a National Jewish Health doctor, the program invites the public to monthly walks and health information sessions led by physicians and delivered in parks throughout Denver. The sessions are free and open to the public. As we emerge from the pandemic, these sessions help people safely resume healthy walking activities.

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

**Education.** An important element for patients and for caregivers, National Jewish Health provides a variety of education opportunities. Programs, which are outlined in the Community Health Needs Assessment help physicians improve diagnosis and treatment of patients' diseases and provides tools for patients to improve health-related behaviors.

## Programs that Address the Social Determinants of Health

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

**Morgridge Academy.** The Morgridge Academy is a free K-8 school for children whose chronic disease impedes their ability to attend and succeed in school. Housed wholly on the National Jewish Health campus, most of the children who attend the school come from low-income families and are eligible for free and reduced-cost lunch programs. Many suffer from asthma or a variety of respiratory or other illnesses such as diabetes, cystic fibrosis, allergies and others. By providing a situation to address their immediate health needs and a safe, nurturing environment for learning, the Morgridge Academy delivers an education that greatly improves not only their health, but also economic and social opportunities for these children. In addition, nurses and staff teach both the students and their family members how to care for themselves, avoid behaviors that worsen their disease and manage exacerbations of disease, thus reducing the burden of disease.

During the pandemic, the school moved mostly to remote learning which was important in continuing to monitor the health of the children and the needs of the families. The teachers of the school worked to deliver daily weekday meals for the children and their families to keep them on track with their health. This care has continued well into 2022 as National Jewish Health and its staff – teachers and caregivers – continue to support these children and provide the education that will help move them successfully toward their futures.

**Pediatric Asthma Tune Up and Wellness Program.** With one in 10 children impacted by asthma and that number likely as high as 20 to 30% in underrepresented communities, National Jewish Health has worked to address the toll of childhood asthma. National Jewish Health created the Asthma Tune Up and Wellness Program to improve asthma knowledge, inhaler technique and self-management through a variety of interactive educational tools and one-on-one practice with an asthma educator. The program also helps children and families implement and maintain lifestyle changes.

**The Miners Clinic of Colorado.** This program provides nationally recognized medical screening, diagnosis, treatment, pulmonary rehabilitation, education and counseling, and prevention services through free screening programs held at various locations around the state. This program was paused during the early stages of the pandemic, but resumed in the fall of 2021.

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

## **Medical Research for Improvements in Care and New Treatments**

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

In the most recent reporting year, National Jewish Health invested \$14 million in research in addition to receiving more than \$53 million in grant funding, mostly from the National Institutes of Health (NIH). As an NIH-funded Clinical and Translational Research Center, the center provides an infrastructure for community-based research in collaboration with the University of Colorado.

In recent years, research findings have included some of the most effective treatments yet for cystic fibrosis and new insights into how this illness is detected particularly for people of color; discoveries about the origins and course of asthma as well as several new treatments for this disease; the first-ever treatments for idiopathic pulmonary fibrosis; new treatments for food allergy and insight into its causes; strategies to motivate sleep apnea patients to adhere to prescribed therapy; and a novel therapy for vocal cord dysfunction.

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

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

# **National Jewish Health**

## **2022 Community Health Benefits Discussion**

**June 7, 2022**

### **Agenda**

#### **Overview and Our Commitment to Our Communities**

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

#### **Community Benefit Profile**

– Chris Forkner, Executive Vice President, Corporate Affairs

#### **Our Clinical Approach and Ongoing COVID-19 Work**

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

#### **Hospital Transformation Program**

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

#### **Research Mission and Community Program Highlights**

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

#### **Next Steps, Questions & Answers**

– Lauren Green-Caldwell, Vice President Communications  
and all presenters

**The virtual meeting is posted on our website:**

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



# Welcome

## Community Health Benefits Discussion

June 7, 2022



## Session Summary – Prepared after the meeting

- This deck covers the areas discussed by the speakers
- Questions were gathered from attendees in advance and covered by speakers at the end of the presentation
- 19 people participated in this meeting, attended virtually through the Zoom platform
- National Jewish Health senior leadership and community outreach leadership participated in this session, led the discussion and answered questions
- The virtual meeting is posted on our website:  
<https://www.nationaljewish.org/about/community-health-needs-assessment>





## 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.
- This zoom session is being recorded and will be available on our website beginning July 1.

Thank you for joining us!



## Introductions and Today's Agenda

### **Overview and Our Commitment to Our Communities**

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

### **Community Benefit Profile**

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– Lauren Green-Caldwell, Vice President Communications

## 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 to be dedicated to the study of TB, and the first research facility not in a medical school setting, that would be dedicated to research on the disease.

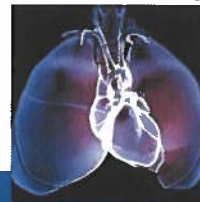
Efforts were advanced by creating the first self-contained facility for treating children with active TB, working on anti-TB drugs and creating treatment protocols

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

*"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

## 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.
- **COPDGene® Study – 10,500 patients, first results published.**
- **New Cancer Vaccine.**
- **First successful new drug trial in lymphangiomyomatosis (LAM) patients, deadly lung disease in women**
- **Multiple new diagnostic platforms for specific and high thru-put COVID testing.**

# National Jewish Health 2022

*Breathe Better. Start Here.*

**Highest Healthgrades scores, top 1% HCAPS rankings**

**NJkids**  
Dedicated Care  
*From America's Best Pediatric Specialists*

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

**For more than 123 years, leading respiratory hospital.**

**BEST HOSPITALS**  
U.S. News  
A WORLD REPORT  
PULMONOLOGY & LUNG SURGERY  
2021-22

**A FRESH APPROACH TO COPD**

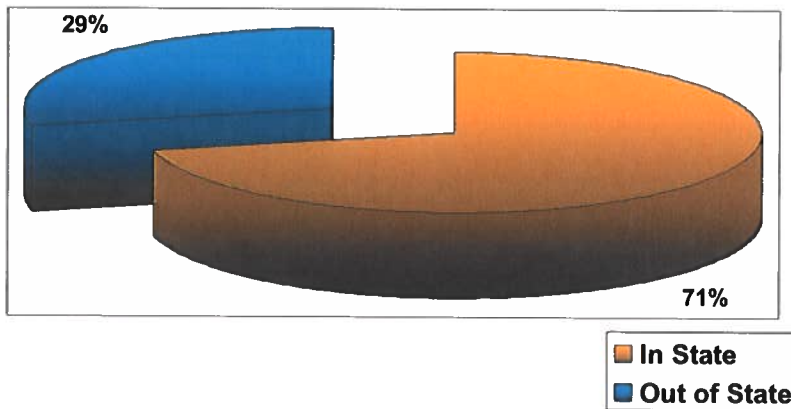
- Comprehensive Evaluation
- Individualized Treatment
- Chronic Disease Management

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

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



## National Impact – But Rooted in the Colorado Community



## Mission & Vision

### Mission

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

### Vision

**Our vision is to strengthen and enhance our role as the global leader in the treatment and research of respiratory, cardiovascular, rheumatologic, autoimmune, inflammatory and immunologic diseases. We pursue this vision by pioneering personalized health and medicine programs which embrace the paradigm shift from reactive medicine to proactive and preventive health delivery. Through our efforts, we pursue the discovery of cures for patients who seek treatment, and to bring new knowledge and innovation to help people worldwide.**



## Specialty Areas of Care – Adults

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





## Specialty Areas of Care – Pediatrics

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



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



## Strong Collaborations



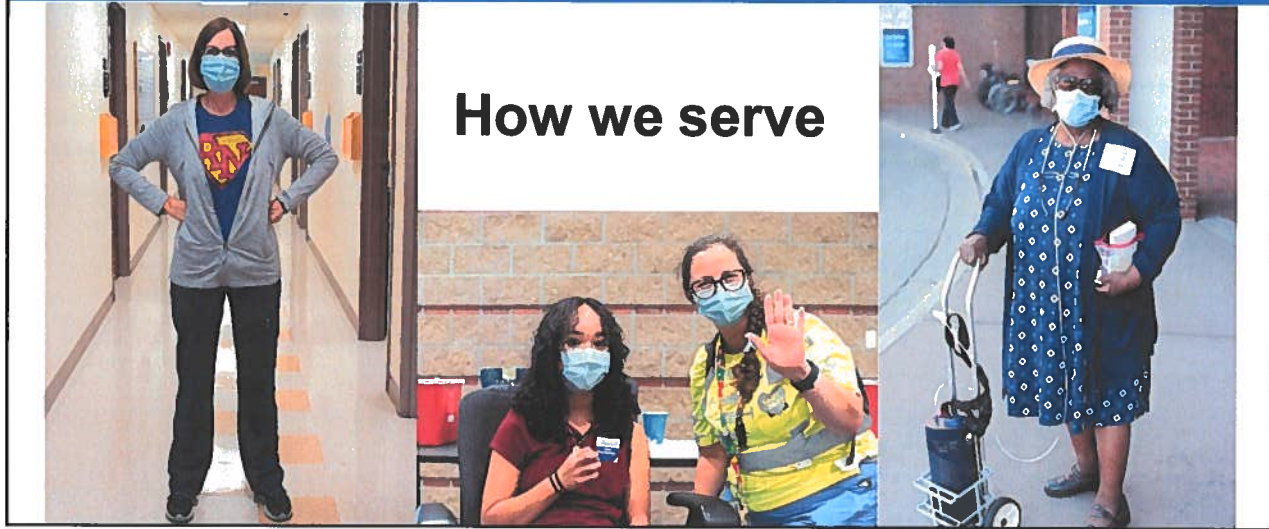
**Jane and Leonard Korman  
Respiratory Institute**



**MOUNT SINAI - NATIONAL JEWISH HEALTH  
Respiratory Institute**



## Community Benefit Profile



## Organization Profile – by the Numbers

Outpatient Visits:	105,882
Total Staff/Employees:	1,652
Colorado Locations:	24
Number of Physicians:	250



## What is Community Benefit?

Programs that are focused on addressing *identified* community health needs regardless of source or availability of payment, that provide measureable improvement in health status, access or use of health care resources.

*Within the framework of the CHNA, work to address one or more of these objectives:*

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

## Community Benefit by the Numbers

**National Jewish Health** provides significant benefits to our communities in Denver, across the State and the Country. In 2021, **9.5%** of unrestricted annual revenue was reinvested into our local communities.



### FY 2021

Charity Care and program shortfalls	\$10.9M
Health Professionals Education	\$ 3.2M
* Community Outreach, Benefit Programs/others	\$ 1.6M
Morgridge Academy	\$ .9M
Subsidized Health Services	\$ 2.7M
Research Net	\$14.3M

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

## Pandemic Response – Ongoing Care and Research

COVID-19 continued to create an unprecedented and urgent need for care, research and ongoing focus of our time and resources (including providing more than 60,000 vaccinations). These efforts began in 2020 and continued throughout 2021 and 2022.



## Center for Post-COVID Care & Recovery

- Ongoing, extensive care – children and adults
- More than 2,000 patients cared for since the Center opened
- Providing care, administering treatments, helping patients return to regular life





## Pandemic Response – Research

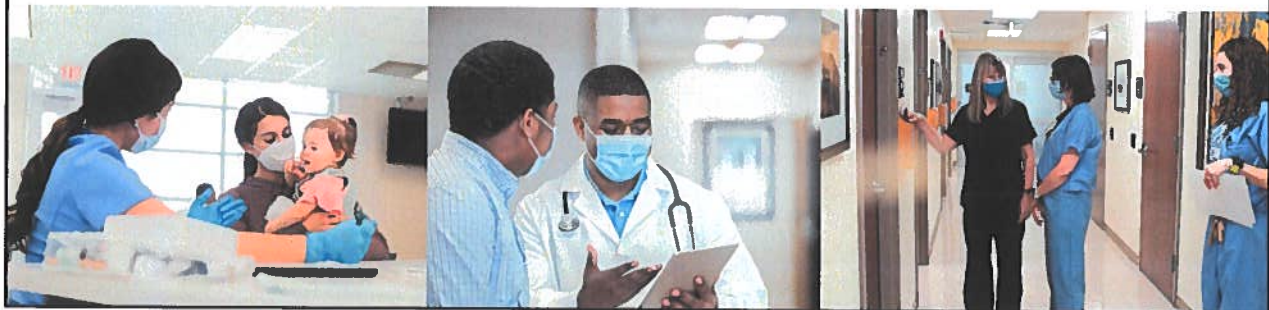
### COVID – 19 Research leadership

- Participation in key clinical trials for treatment and care, studies to develop new options for testing, and more
- More than 80 studies underway or submitted for NIH funding, ongoing
- Example of approved study: Identifying coronavirus infections in children and family members to understand the role children play in the pandemic



## Immediate Care

- Meeting the needs of current patients and broader local community when experiencing sudden, urgent symptoms, seven days a week
- Need identified during COVID and expanded, introduced spring 2021
- Nearly 1,500 patients seen since the program opened



## Critical Care – Statewide / National

- Management of 800 critical care beds in 5 states, including hospitals in Colorado; ongoing before pandemic, continuing today
- At height of pandemic in 2020, sent critical care and specialty physicians to our New York Respiratory Institute with Mount Sinai and to Los Angeles. Continue to manage ICU units at multiple Colorado hospitals
- Ongoing leadership for critical care response



## 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

# Research Mission



## NJH Research Priorities 2022

### Disease Focused

- Airways Disease  
Asthma and COPD
- Allergic & Immunological Diseases
- ARDS/Critical Care
- Diffuse/Fibrotic Lung Disease
- Occupational Lung Disease
- Lung Cancer

### Mechanism Focused

- Allergy
- Immunology
- Lung Injury Repair, and Fibrosis
- Lung Cell Biology
- Mucosal Inflammation

**Environmental, Genomic, and Immunologic Basis of Respiratory and Allergic Diseases**  
*Discovery Science and Innovative Treatments*

Genomics Data Sciences Precision Medicine Stem Cells and Regenerative Medicine Epidemiology/Outcomes

Center for Genes Environment and Health

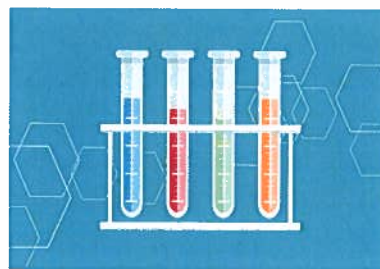
**Programs and Centers**

Center for Environment, Climate, and Health

## Research – Changing Lives Now and Future

### Developing New Treatments – Sample of Published Work

- Study published in March demonstrates simple intervention to improve asthma outcomes for Black and Latinx adults
- Published study reveals a root cause of long COVID Symptoms
- Study confirms many patients with chronic illness have low antibody levels after second vaccination dose
- Study shows that later middle and high school start times helps parents as well as teens avoid sleep deprivation
- Study to understand increased use of hand sanitizer and potential allergies



## Community Health Focused Research Programs

### Sample Studies in Progress

- **AsthmaNet** – National Trials to address asthma in vulnerable populations
- **COPDGene®** – One of largest national studies ever to investigate underlying genetic factors in COPD. Led by doctors at National Jewish Health and continuing into next 10 years



- **Warfighters Lung Disease** – Led by doctors at National Jewish Health to help understand the illnesses suffered by soldiers returning home from Southwest Asia
- **Vaccine research** – A variety of studies continue over many years to help determine how they work and how to make them more effective

## Community Program Highlights



A portion of our campus set aside for community garden.

## Community Outreach Programs

- **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
- **Asthma Toolkit.** A program of outreach to communities throughout the state to provide training of health centers, school programs that reach low-income and areas with low access to care
- **COVID Care and Research.** Massive institutional effort which continues to be ongoing as discussed earlier in this presentation

## Morgridge Academy

### K–8 Free Day School for Children with Chronic Illnesses

- Serves 70-90 chronically-ill children grades K-8
- Addresses medical and social issues to help children succeed
- Learning includes school curriculum, focus on managing illness
- Families included in outreach to help create better understanding of the needs of their child
- Meals included, special efforts during pandemic to ensure meals for children and families, ongoing support



## Vaping and Tobacco Use – Quitline

- Tobacco use continues to be leading cause of preventable disease and death in the United States – 1 out of 5 deaths every year
- Smoking related illness in the United States costs more than \$300 billion each year
- **Quitline** – has helped more than 2M with their quit attempts
- Focus for at risk populations: LGBTQ and American Indian Communities
- Now serving 20 states, including Colorado

### My Life, My Quit™

- Introduced in 2019 and expanding
- Vaping – e-cigarette use risen to 27% among teens and young adults
- Collaborative approach to finding answers



## National Jewish Health – Areas of Focus

### **Pediatric Asthma**

- Continuing high rates of asthma and ER visits by children in local community, plus effects of pandemic, indicate unmet need. Focus continues for research, diagnosis and treatment.

### **Education**

- Educating doctors, patients and community members through access to targeted programming, library of patient education and professional education programs.

### **Access to Specialty Care**

- Expanding and adding programs that bring care and education to underserved populations – tapping expertise from the Morgridge Academy approach plus focus for the Center for Post-COVID Care and Recovery and services provided through Immediate Care.

## Questions?

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

## 2022 Community Meeting Registrations

	Contact Name	County	Organization
1	Amy Trautman	Arapahoe	Community
2	Alexis Alltop	Denver	Healthier Colorado
3	Dede de Percin	Denver	Mile High Health Alliance
4	Stuart Jenkins	CO	Healthier Colorado
5	Mattie Brister	Denver	Mile High Health Alliance
6	Sheila Davis	CO	Colorado Department of Public Health and Environment (CDPHE)
7	Cynthia Miley	CO	Colorado Department of Health Care Policy and Financing
8	Claudia Frey-Grant	Denver	Safety Net Clinic
9	Ann Marie Stein	USA	National Jewish Health
10	Ruth Aponte	Adams	Community
11	Sandy Rangel	Arapahoe	National Jewish Health
12	Dawne Hostetter	Denver	National Jewish Health
13	Angela Klawitter	Denver	National Jewish Health
14	Betty Trampe	Denver	Community
15	Mandy Ashley	CO	Health care consumer advocacy organization
16	Jessica Berry	CO	National Jewish Health
17	Aaron Hoy	CO	National Jewish Health
18	Eliza Nolte	Denver	National Jewish Health
19	Michelle Wolins	Jefferson	Community



**Invited Organizations List – Invitations via email – initial invitations and 2 reminders.**

<b>Organization</b>
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Colorado Department of Public Health
Colorado Department of Public Health
Colorado Department Public Health & Environment
CDPHE Colorado Health Assessment and Planning System
CDPHE Office of Health Equity
CDPHE Center for Health and Environmental Data
CDPHE Health Facilities and Emergency Medical Services
JeffCo Public Health Department
Denver Chamber of Commerce
Greater Englewood Chamber of Commerce
Aurora Chamber of Commerce
West Metro Chamber of Commerce
South Metro Denver Chamber of Commerce
Salud Clinic Health Centers
Clinica Tepayac
Clinica Colorado
Stride Community Health Center
Colorado Community Health Network
Healthier Colorado
Colorado Center for Law & Policy
Colorado Association of School Executives
Colorado Association of School Nurses
Colorado Human Services Directors Assoc.
Colorado Rural Health Centers
Denver Regional Council on Governments
Disability Law Colorado
Department of Saving People Money in Healthcare
Department of Human Services
Department of State
Colorado Commission on Higher Education
Denver City Council
State Representatives and Staff
Every Child Pediatrics
Denver Health Community Health Clinics, Family Medicine
Denver Health Community Health Clinics, Pediatrics

2040 Partners for Health  
Community Health Provider Alliance  
Community Health Association of Mountain/Plain States  
Mile High Health Alliance  
Advanced Pediatric Associates  
Aurora Health Alliance  
Bruner Family Medicine Clinic  
Caritas Clinic  
Colorado Access  
Colorado Asthma & Allergy  
Colorado Coalition for the Homeless  
Colorado Mental Wellness Network  
Colorado Office of Suicide Prevention  
Colorado Wellness Center for Girls  
Denver Adolescent Therapy Group and Stevenson Therapy Group  
Denver Children's Home  
Dove Creek Community Health Clinic  
East Side Family Health Center  
Food Bank of the Rockies  
High Plains Community Health Center  
Inner City Health  
Lowry Pediatrics  
Mental Health Center of Denver Crisis Services Walk-in Clinic (Colfax Avenue)  
Mountain Family Health Centers  
Peak Vista Community Health Centers  
People's Clinic HCH Outreach  
Porter Hospital- Mental Health  
Resolute Youth Services  
Rocky Mountain Crisis Partners  
Roundup River Ranch  
Second Wind Fund  
Seton Women's Center  
Uncompahgre Medical Center  
Valley-Wide Health Systems, Inc.  
Regional Accountable Entity (RAE)  
Safe2Tell

**OIL**

◀FROM 11A

that the move could eventually backfire.

"The risk is that the price of oil in general goes up because of the European sanctions. And if the price goes up a lot, the risk is that Russia starts to earn more, and Europe loses the bet," he said.

Russia has also not shied away from withholding energy from its way. Russian state energy giant Gazprom said it is cutting off natural gas to Dutch trader GasTerra and Denmark's Oersted company and is also stopping shipments to Shell Energy Europe that were bound for Germany.

Germany has other suppliers, and GasTerra and Oersted said they were prepared for a shutoff.

Gazprom previously stopped the flow to Bulgaria, Poland and Finland.

Meanwhile, the EU is urging other countries to avoid placing trade barriers on farm products as Russia's war increases the risks of a global food crisis.

Ukrainian President Volodymyr Zelenskyy has said Russia has prevented the export of 22 million tons of Ukrainian grain, much of it meant for people across the Middle East and Africa.

He accused Moscow of "deliberately creating this problem."

The EU oil embargo, part of a new package of sanctions that will also target Russia's biggest banks and state media outlets accused of spreading propaganda, covers crude oil and petroleum products but has an exception for oil delivered by pipeline.

That exception was demanded by Hungarian Prime Minister Viktor Orbán. Hungary gets more than 60% of its oil from Russia, much of it through the Soviet-era Druzhba pipeline.

The EU estimated around 90% of Russian oil will be banned by the end of the year.

That figure includes a ban on all Russian oil delivered by sea — which accounts for two-thirds of the EU's imports from Russia — plus a decision by Germany and Poland to stop using oil from the northern branch of the Druzhba pipeline.

The compromise laid bare the increasing difficulty of reaching consensus among EU leaders when important national interests are in play.

Agreeing on another round of measures is likely to prove much tougher. Next on the agenda is whether to target natural gas, which is much harder to cut off. That's because it represents a larger percentage of Europe's energy mix.

**POWELL MEETING**

**Biden plots inflation fight with Fed chair**

By Josh Book, Christopher Rugaber and Zeke Miller  
The Associated Press

WASHINGTON — Focused on relentlessly raising rates, President Joe Biden plotted inflation-fighting strategy Tuesday with the chairman of the Federal Reserve, with the fate of the economy and his own political prospects increasingly dependent on the actions of the government's central bank.

Biden hoped to demonstrate to voters that he was attuned to their worries about higher gasoline, grocery and other prices while still insisting an independent Fed will act free from political pressure.

Like Biden, the Fed wants to slow inflation without knocking the U.S. economy into recession, a highly sensitive mission that is to include increasing benchmark interest rates this summer. The president said he would not attempt to direct that course as some previous presidents have tried.

"My plan to address inflation starts with simple proposition: Respect the Fed, respect the Fed's independence," Biden said.

The sit-down on a heat-drenched late-spring day was Biden's latest effort to show his dedication to containing the 8.3% jump in consumer prices over the past year. Rising gas and food costs have angered many Americans heading into the midterm elections, putting

Democrats' control of the House and Senate at risk. Biden is running out of options on his own. His past attempts — oil releases from the strategic reserve, improving port operations and calls to investigate price gouging — have fallen short of satisfactory results.

High prices have undermined his efforts to highlight the low 3.6% unemployment rate, leaving a growing sense of pessimism among Americans.

Tuesday's meeting was the first since Jerome Powell was renominated in November by Biden to lead the central bank and came two weeks after his confirmation for a second term by the Senate.

It also represented something of a reversal by Biden as inflation weighs heavily on voters' minds. The president asserted in April 2021 that he was "very fastidious about not talking" with the independent Fed and tried to avoid being seen as "telling them what they should and shouldn't do."

The White House, along with the Fed, initially portrayed the inflation surge as a temporary side effect caused by supply chain issues as the U.S. emerged from the pandemic.

Republican lawmakers were fast to criticize Biden's \$1.9 trillion coronavirus relief package from last year as pumping too much money into the economy and causing more inflation. That narrative also has held some sway with

leading economists who say the financial support was excessive even though it helped the job market roar back.

Inflation has shown signs of moderating but is likely to remain far above the Fed's 2% target through the end of this year. Gas prices are expected to keep rising, particularly now that the European Union has agreed to cut off 90% of its oil purchases from Russia. That will force the EU to buy more oil from elsewhere, and it drove oil prices to \$115 a barrel Tuesday.

This was only the fourth meeting between the president and the Federal Reserve chair, though Powell breakfasts as often as once a week with Treasury Secretary Janet Yellen, who also attended Tuesday's meeting along with Brian Deese, the White House National Economic Council director.

Ahead of the meeting, Biden suggested that he and Powell were aligned on addressing inflation.

"My predecessor demeaned the Fed, and past presidents have sought to influence its decisions inappropriately during periods of elevated inflation," Biden said in an op-ed posted Monday by The Wall Street Journal. "I won't do this. I have appointed highly qualified people from both parties to lead that institution. I agree with their assessment that fighting inflation is our top economic challenge right now."

In contrast, President Donald Trump repeatedly attacked Powell after the Fed chair oversaw moderate interest rate hikes in 2018 and continued his public criticism even as Powell cut rates in 2019.

Biden's endorsement of the Fed's policies — a stance echoed by congressional GOP leaders — gives Powell important political cover for a series of sharp interest rate hikes intended to rein in higher prices. Yet the higher rates could cause layoffs, raise the unemployment rate and even tip the economy into recession.

Amid worries the U.S. economy may repeat the high, persistent inflation of the 1970s, the cooperation between Biden and Powell represents a crucial difference from that time and could make it easier for the Fed to restrain higher prices. In the early 1970s, President Richard Nixon pressured Fed chair Arthur Burns to lower interest rates to spur the economy before Nixon's 1972 reelection campaign. Nixon's interference is now widely seen as a key contributor to runaway inflation, which remained high until the early 1980s.

"That's why comparisons to the 1970s are wrong," said Sebastian Mallaby, a senior fellow at the Council on Foreign Relations and author of a biography on former Fed Chairman Alan Greenspan, "The Man Who Knew." The president's essay was striking because he explicitly backed the Fed.

Biden faces an increasingly global challenge as energy and food costs have jumped after Russian President Vladimir Putin ordered the invasion of Ukraine in February. Simultaneously, China imposed lockdowns tied to coronavirus outbreaks that further strained supply chains. This has left the European Union nursing record inflation and the risks of a recession, while U.S. consumers are increasingly disgruntled by gas prices averaging a nominal record of \$4.62 a gallon.

Powell has pledged to keep ratcheting up the Fed's key short-term interest rate to cool the economy until inflation is "coming down in a clear and convincing way." But those rate hikes have spurred fears that the Fed, in its drive to slow borrowing and spending, may push the economy into recession. That concern has caused sharp drops in stock prices in the past two months, though markets rallied last week.

Biden, in his op-ed, indicated the record-setting pace of job creation in the aftermath of the pandemic would slow dramatically, suggesting more moderate levels of 150,000 jobs per month from 500,000. That, he said, would be no warning of weakness but "a sign that we are successfully moving into the next phase of recovery — as this kind of job growth is consistent with a low unemployment rate and a healthy economy."

**PROFITS**

◀FROM 11A

in margins. The windfall sent stocks surging in a wave of market exuberance but potentially

beyond what business fundamentals merited. The price-to-earnings ratio — an indicator of how much investors are paying for each dollar of corporate profit — for all of the companies in the S&P 500 climbed to 23 at its peak, compared with an average of 18 for the decade before the pandemic. At such an elevated price-to-earnings ratio, stock prices were particularly vulnerable to a sell-off.

And now there are good reasons for investors to be concerned about profits. Many federal stimulus programs created during the

pandemic have ended or are ending. The Fed is raising interest rates. And corporate executives are warning that the supply chain problems that have helped them boost profits last year have become a burden.

Deere, the maker of agricultural, construction, gardening and other equipment, said that material costs were still rising, and that it lacked parts to complete certain products, delaying sales. Cisco, which makes computer networking equipment, also complained that it couldn't get certain components.

Particularly worrisome to investors are signs that demand for some goods and services is flattening or even falling. Walmart noted that higher food costs appeared to have reduced demand for other items. And while Target expected de-

mand for apparel and home goods to fall as the government stimulus wore off, the company "didn't anticipate the magnitude of that shift," CEO Brian Cornell said.

That said, many companies did well in the first three months of the year and have offered upbeat projections about the rest of it.

Only 97 of the companies in the S&P 500 reported earnings that fell short of analysts' expectations and 373 businesses exceeded them, according to S&P.

The stocks of Macy's and Dollar General jumped Thursday after the companies' executives gave optimistic outlooks. "While macroeconomic pressures

on consumer spending increased during the quarter, our customers continued to shop," Macy's said in a statement. The retail chain increased its profits forecast.

Even Deere and Cisco — two companies that warned about supply chain problems — said there was no drop-off in demand for their products.

Wall Street analysts, generally an optimistic lot, remain so now. They have chopped their profit projections for many sectors — companies selling bigger ticket items to consumers — but increased them for others, energy in particular. Even as economic uncer-

tainty has deepened, the analysts have steadily increased their forecasts for the yearly earnings of all the companies in the S&P 500 and expect earnings to rise 10% this year and next, according to data from FactSet.

But O'Rourke said analysts typically didn't cut estimates until companies issued public warnings that business was starting to sour. Such warnings might not come in earnest until second-quarter earnings are reported starting in July.

"Analysts in general know the numbers have to come down," O'Rourke said. "They just want something to base it on."

**HOUSING**

◀FROM 11A

an inflection point. "Mortgage costs are more than 30% higher than they were a year ago and prospective buyers will likely start to rethink what they can afford. Sellers may already be responding, with

the rate of price cuts now on the rise, to meet buyers where they are. Price growth will likely begin to come back toward earth as many buyers are priced out and inventory rises," Handy said in a commentary on the Case-Shiller numbers.

Aldo Svaldi: 303-954-4410, asvaldi@denverpost.com or @AldoSvaldi



## Community Health Benefits Discussion

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

**Public Meeting | Community Health Benefits Discussion**  
 Tuesday, June 7, 2022 | 4 p.m. – 5 p.m. MDT  
 Register at [www.njhealth.org/CommunityMeeting](http://www.njhealth.org/CommunityMeeting)  
 Zoom link provided upon registration.

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

To register online, go to [www.njhealth.org/CommunityMeeting](http://www.njhealth.org/CommunityMeeting)  
 Send questions to [feedback@njhealth.org](mailto:feedback@njhealth.org) or call Angela at 303.728.6532.

**Legal/Public Notices** DenverPost.com

**REGIONAL TRANSPORTATION DISTRICT**  
**DENVER, COLORADO**

Public Notice of RFP 2022-2025  
 Triennial Maintenance Business Enterprise (MBE) Goal

In accordance with requirements of the U.S. Department of Transit (DOT) and 49 CFR 612.22, the Denver, Colorado, hereby notifies the public that it is requesting proposals for the Triennial Maintenance Business Enterprise (MBE) goal which represents the percentage of work to be accomplished by MBE firms on construction, construction, construction and procurement contracts of Federal-aid transit projects and grants during the Federal Fiscal Year of 2022-2025. The overall proposed MBE goal for RFP 2022-2025 is 14.5%. The MBE Goal includes all information pertaining to RFP goal and a description of how it will be selected is available for inspection from 8:00am to 5:00pm (Mountain Time) at the RTD Executive Offices located at 1600 Blake Street, Denver, Colorado 80202 for 30 calendar days following the publication of this notice. A digital version can be made available for virtual review via Microsoft Teams meeting upon request made through the RTD's Small Business Office a bid or request for information (RFI) document. Written comments regarding this goal will be accepted for 14 calendar days from the date of publication of this notice. The comments are for informational purposes only and may be presented at the same meeting as described above, and to the assigned Civil Rights Director, Federal Transit Administration, 1561 Stout Street, Suite 13-301, Denver, Colorado 80202.

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Public notices are a community's window into the government. From zoning regulation to local budgets, governments have used local newspapers to inform citizens of its actions as your right to know. You know where to look, when to look and what to look for to be involved as a citizen. Local newspapers provide you with the information you need to get to stay informed. Notices are meant to be noticed. Read your Legal Notices and get involved!



## Community Health Benefits Discussion



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

**Public Meeting | Community Health Benefits Discussion**  
**Tuesday, June 7, 2022 | 4 p.m. – 5 p.m. MDT**

Register at [www.njhealth.org/CommunityMeeting](http://www.njhealth.org/CommunityMeeting)

Zoom link provided upon registration.

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

To register online, go to: [www.njhealth.org/CommunityMeeting](http://www.njhealth.org/CommunityMeeting)

Send questions to [feedback@njhealth.org](mailto:feedback@njhealth.org) or call Angela at 303.728.6532.