

New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	ConnexCare Oswego Relocation
2. Name of Applicant	Northern Oswego County Health Services, Inc. d/b/a ConnexCare, Inc.
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Health Management Associates (HMA)</p> <ul style="list-style-type: none"> • Melissa Corrado • Kristina Ramos-Callan • Anissa Lambertino • Alessandra Cambell • Alex Wadell • Leticia Reyes-Nash
4. Description of the Independent Entity's qualifications	<p>HMA is a national research and consulting firm in the healthcare industry, founded in 1985. We have more than 500 colleagues in 20 offices around the United States. Our extensive roster of colleagues has expertise in service delivery, facility operations, health equity, health disparities, social drivers of health and health related social needs, diversity, equity, and inclusion, and anti-racist practice expertise. Many of our colleagues with service delivery and operations expertise are specifically familiar with New York State health care facility leadership and CON development. HMA's health equity experts include population health researchers and epidemiologists, former State and municipal public health policy leaders, and former health and human services administrators, government officials, and community-based organization leaders.</p> <p>Our firm has extensive data gathering and analysis experience with both quantitative and qualitative methods, accessing public and proprietary data sources. We are frequent practitioners of stakeholder engagement and group facilitation, and routinely conduct stakeholder feedback analyses, often in the form of focus groups, surveys, and key informant interviews as part of Community Health Needs Assessments.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	8/15/2023

6. Date the HEIA concluded	10/6/23
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7. Executive summary of project (250 words max)

ConnexCare, a Federally Qualified Health Center, seeks to relocate an extension health center from 10 George Street, Oswego (Oswego County), NY 13126 to 120 East First Street, Oswego (Oswego County), NY 13126 (1.5 miles away). The new facility will increase its primary care capacity by 50% and add dental services. It is projected that the relocation of the health center will occur on or about August 1, 2024, pending all necessary approvals. There will be no closure or disruption of services.

8. Executive summary of HEIA findings (500 words max)

The service area of the proposed project (Oswego, NY) has several vulnerable and underserved populations, including those who are low-income, un- or underinsured, people living in rural areas, immigrants, those with disabilities, individuals who are LGBTQIA+, and those with chronic disease. As a HRSA Federally Qualified Health Center, ConnexCare is focused on the health care needs of the community, particularly those who are underserved. As such, ConnexCare is currently one of two main providers in the area that serves this population, and the proposed project to expand its capacity will ensure that they can increase their ability to meet this community’s needs. As part of its analysis, the Independent Entity collected and reviewed the required data and conducted stakeholder engagement activities. All stakeholders engaged unequivocally supported this project, stating that this project will bring much needed primary care and dental services to the local community. The Independent Entity confirmed that ConnexCare has adequate processes in place to ensure equitable access to services, including addressing language, transportation, cost, and cultural barriers to care. ConnexCare also has a strong partner network to promote the availability of services to the medically underserved populations identified. In sum, ConnexCare’s project to relocate and expand its Oswego clinic will have a positive impact on health outcomes and equity in the community, particularly for those who are identified as medically underserved.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

- 1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.**

See included document.

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

- Low-income people
- Racial and ethnic minorities
- Immigrants
- Women
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People with disabilities
- Older adults
- Persons living with a prevalent infectious disease or condition (depression)
- Persons living in rural areas
- People who are eligible for or receive public health benefits
- People who do not have third-party health coverage or have inadequate third-party health coverage
- Other people who are unable to obtain health care
- Not listed (specify):

3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

Data for each medically underserved group identified above was benchmarked per Zip Code Tabulation Area against data from U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Exception: Rural Population Source: U.S. Census Bureau, 2020 Census Demographic and Housing Characteristics File.

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

By expanding access to primary care, behavioral health, and dental care services, this project has potential to improve access, connection, and quality of care for all of the underserved populations noted above. ConnexCare can work to solidify referral relationship and warm handoffs to ensure members of these groups are aware of expanded capacity to Primary Care, Dental Care, and behavioral health services.

For people who are low income, and people who are uninsured or underinsured lacking third party insurance or inadequate insurance, and other people unable to access care, the expansion of access in the FQHC setting, which accepts all patients regardless of their ability to pay, is an important expansion of access and service delivery.

For people who are low-income and have transportation limitations related to their socio-economic status, and for people with disabilities who may have mobility limitations, the relocation of the health center to a more transit-accessible site is an important augmentation of the access to care. While ConnexCare already provides transportation assistance to individuals who need help getting to the Oswego health center for care, the new location is within a few hundred feet of the nearest bus-stop, making the health center much easier to get to for those patients who rely on public transportation without additional assistance from ConnexCare.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

As a HRSA Federally Qualified Health Center, ConnexCare’s patient base is primarily comprised of individuals who are low-income and are un- or underinsured. In 2022, ConnexCare as a whole served a total of 29,049 patients, of which 72% were at or below 200% of the federal poverty level. A significant portion of patients currently served by ConnexCare also suffer from one or more chronic conditions, including hypertension (39.55% of patients) and diabetes (17.04%). ConnexCare also is a primary referral provider for area groups that serve immigrant and undocumented individuals, including migrant health workers. There are several homes operated by Oswego County Opportunities (OCO), that house individuals with I/DD. ConnexCare serves as the primary care provider for most of those individuals. OCO also is a major support provider for youth and adolescents who identify as LGBTQIA+ and ConnexCare partners with them to provide safe, positive, and welcoming healthcare. Finally, given ConnexCare’s location, most of its patients also live in rural communities. While the City of Oswego is not considered rural, all the surrounding ZIP codes are from which ConnexCare draws a majority of its patient base.

These groups are expected to continue to use the services offered by ConnexCare in its proposed relocation.

6. What is the availability of similar services or care at other facilities in or near the Applicant’s service area?

ConnexCare is the only HRSA Federally Qualified Health Center (FQHC) in the Oswego service area. The main provider alongside ConnexCare is Oswego Health, the nonprofit hospital system that has a hospital in Oswego with lab stations and medical imaging sites, as well as two urgent care facilities by WellNow in Fulton and Central Square. Other providers include the Oswego

County OB/GYN (the only provider of these services) and Farnham Family Services (a local nonprofit addiction treatment center).

The inadequate ratio between providers to patients in Oswego County remains a challenge. Based on the latest County Health Ranking, the ratio of population to primary care physicians is 2420:1 (compared to NY average of 1,170:1), the ratio of population to dentist is 2,170:1 (compared to NY average of 1,220:1), and the ratio of population to mental health providers is 600:1 (compared to NY average of 300:1), and the ratio of population to primary care providers other than physicians (this includes nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists who can provide routine and preventative care.) is 950:1 (compared to NY average of 700:1). An estimated 11.3% of adults do not have a usual source of care.¹

The challenging healthcare environment in Oswego affects affordability. As shared by several stakeholders interviewed, there is limited availability of charitable care options. These challenges were exacerbated by the COVID pandemic, and the community is still struggling to recover.

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

ConnexCare’s clinic expansion will increase access and improve timeliness of service delivery for its existing patient population by expanding capacity for service delivery. ConnexCare’s catchment area for this facility includes 18 Zip Code Tabulation Areas (ZCTA). ConnexCare is the dominant health center program provider in 12 of these ZCTA with more than 97% of the share of patients versus providers offering similar services. The table below includes the historic market share for each ZCTA and each health center program that serves them².

ZCTA	Post Office Name	Health Center Program(s) Serving ZCTA	Patient Share 2022
13302	Altmar	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	100.00%
13027	Baldwinsville	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	56.35%
		SYRACUSE COMMUNITY HEALTH CENTER, INC.	36.35%
		EAST HILL FAMILY MEDICAL, INC.	3.83%
		MOSAIC HEALTH, INC.	3.48%
13033	Cato	EAST HILL FAMILY MEDICAL, INC.	34.53%
		FINGER LAKES MIGRANT HEALTH CARE PROJECT	23.72%
		MOSAIC HEALTH, INC.	23.42%
		NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	18.32%
13036	Central Square	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	97.50%
		SYRACUSE COMMUNITY HEALTH CENTER, INC.	2.50%
13069	Fulton	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	98.73%
		SYRACUSE COMMUNITY HEALTH CENTER, INC.	0.70%
		MOSAIC HEALTH, INC.	0.57%
13074	Hannibal	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	87.20%

¹ Data retrieved from 2023 County Health Rankings & Roadmaps: <https://www.countyhealthrankings.org/explore-health-rankings/new-york/oswego?year=2023>

² Health Resources and Services Administration. 2023. “UDS Mapper” (Web Application). <http://www.udsmapper.org>. Accessed 9/28/23.

ZCTA	Post Office Name	Health Center Program(s) Serving ZCTA	Patient Share 2022
		MOSAIC HEALTH, INC.	10.88%
		EAST HILL FAMILY MEDICAL, INC.	1.92%
13083	Lacona	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	97.43%
		NORTH COUNTRY FAMILY HEALTH CENTER, INC.	2.57%
13090	Liverpool	SYRACUSE COMMUNITY HEALTH CENTER, INC.	69.23%
		NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	30.77%
13111	Martville	MOSAIC HEALTH, INC.	53.57%
		NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	38.74%
		EAST HILL FAMILY MEDICAL, INC.	7.69%
13114	Mexico	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	100.00%
13126	Oswego	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	97.28%
		MOSAIC HEALTH, INC.	1.87%
		SYRACUSE COMMUNITY HEALTH CENTER, INC.	0.62%
		EAST HILL FAMILY MEDICAL, INC.	0.23%
13131	Parish	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	100.00%
13132	Pennellville	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	100.00%
13135	Phoenix	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	98.57%
		SYRACUSE COMMUNITY HEALTH CENTER, INC.	1.43%
13142	Pulaski	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	99.31%
		NORTH COUNTRY FAMILY HEALTH CENTER, INC.	0.69%
13145	Sandy Creek	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	98.15%
		NORTH COUNTRY FAMILY HEALTH CENTER, INC.	1.85%
13156	Sterling	MOSAIC HEALTH, INC.	75.06%
		NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	24.94%
13167	West Monroe	NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.	97.28%
		SYRACUSE COMMUNITY HEALTH CENTER, INC.	2.72%

There are 32 licensed dentists in Oswego County, according to the New York State Education Department office of the professions. Approximately 26 are Medicaid program participants. ConnexCare anticipates adding capacity for dental services will improve access to such services for Medicaid beneficiaries and other medically underserved populations in the region by adding one dentist and two dental hygienists.

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

ConnexCare is currently meeting all the obligations outlined. The ability of ConnexCare to continue to meet these obligations will not be affected by the implementation of the project.

9. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

As a result of this project, ConnexCare will increase its primary care capacity by 50% and add dental services, which will require ConnexCare to increase its staffing levels. Like most health care providers, ConnexCare continues to face workforce-related challenges. And, as with most rural providers, ConnexCare is limited in its ability to attract a dwindling supply of primary care physicians. This issue is being addressed through the hiring of Advanced Practice Providers (APPs) (i.e., nurse practitioners and physician assistants) and the deployment of a management model that integrates physicians, APPs, and care managers into a team-based approach to care. Under this system providers work up to the highest level of their licensure, and the patient benefits from receiving the optimum level of care in the appropriate setting.

ConnexCare also faces increasing challenges in the recruitment and retention of qualified support staff, which have been exasperated by the COVID-19 pandemic, resulting in unprecedented inflation of workforce salaries. To remain competitive, in January of 2022 ConnexCare adjusted all starting base salaries for non-exempt employees to \$15 per hour. Existing staff were adjusted from this point based on their position and years of service with the organization. ConnexCare will continue to regularly complete a marketplace analysis to ensure that staff is offered competitive wages and benefits. An environment that encourages a strong work/life culture is promoted and proven in our day-to-day management and accommodation of staff needs.

With the implementation of our cloud-based phone system and EMR in 2022, ConnexCare has been able to offer a hybrid work model for non-patient direct care staff to try to recruit skilled workers in finance and referrals. Staff would have the opportunity to work four or five days per week, depending on their personal needs and that of the business.

10. Are there any civil rights access complaints against the Applicant? If yes, please describe.

There are no civil rights access complaints against the applicant.

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

The proposed project is being pursued by ConnexCare in alignment with its current strategic growth plan and in response to community need. In the past five years, ConnexCare opened a health center in Central Square, NY (December 2021) and one school-based health center in Mexico Elementary School, Mexico NY (October 2021). ConnexCare has established, well-refined processes that are effective in launching these sites, including work plans, communication strategies and supporting materials, equipment and supply lists, experience in obtaining regulatory approvals, and a full set of policies and procedures, all of which will be adapted to the

proposed site. This experience will ensure that the site will be opened on time and will maximize effective strategies to quickly engage individuals in services.

The investments that ConnexCare has made in the past strengthen its network, expand capacity, and correct physical plant limitations and deficiencies. These investments were not made in ConnexCare's Oswego health center. The current Oswego site is operating at maximum capacity and the physical space limits its ability to expand to fully meet community need. Further, the existing site is aging and would require significant investment to maintain it. The proposed project will allow ConnexCare to move into a new, modern location that significantly expands its capacity to provide primary care services, as well as add dental services. All stakeholders interviewed indicated that expanded capacity in these areas is needed in the community.

STEP 2 – POTENTIAL IMPACTS

1. **For each medically underserved group identified in Step 1 Question 2, describe how the project will:**
 - a. **Improve access to services and health care**

Low-income People: People who do not have third-party health coverage or have inadequate third-party health coverage; and other people who are unable to obtain health care

As a Federally Qualified Health Center, the clinic will provide care regardless of the patient's ability to pay. ConnexCare's clinic expansion and relocation will increase the health center's capacity to provide services to people who reside in the health center's service area. The project will expand access to physical health care services by 50%, increase continuity of care by creating access to on-site behavioral health care, and add dental care for people who are low-income and/or people who are Medicaid beneficiaries. Stakeholders interviewed noted that access to dental care for Medicaid beneficiaries was poor, and that this addition of care will help improve access.

Immigrants

As a Federally Qualified Health Center, ConnexCare provides care to individuals who are uninsured, underinsured, or who are otherwise unable to access health care coverage. This includes providing limited primary care service and prescription drugs to people who may be undocumented. Expanded capacity for primary care services at the health center will enable increased access to care for this community.

Lesbian, gay, bisexual, transgender, or other-than-cisgender people

ConnexCare is already a provider of health care for LGBTQIA+ populations in the Oswego area, and in particular serving youth in the region by providing culturally responsive and gender affirming care. The expansion of health center adds capacity to provide care to this population.

People with disabilities

ConnexCare anticipates the expansion of health center capacity will be beneficial to people with disabilities, especially those residing in the City of Oswego and the nearby town of Mexico. Both the Oswego City and Mexico, NY have higher than average numbers of people with disabilities who reside in those communities. In addition, the location of the new clinic building is more accessible via public transportation and features more accessible entry points with paved sidewalks adjacent to the facility. These features make the site more easily accessible for people who may have mobility limitations or use mobility assistive equipment such as rollators, walkers, wheelchairs, and scooters.

Persons living with a prevalent infectious disease or condition (depression)

According to 2021 data from the New York State Office of Mental Health, Oswego County has the highest rates of psychiatric inpatient readmissions in New York State. In addition, Oswego County lags behind NYS Prevention Agenda objectives on several Mental Health and Substance Use Disorder indicators, including overdose deaths (29.6/100K vs 14.3/100K target); frequent mental distress among adults (16/100K vs 10.7/100K target New York State Prevention Agenda objectives (14.3); and binge drinking during the past month (23.8/100K vs. 16.4/100K). ConnexCare's expansion of behavioral health services access on-site at the health center will increase access to mental health care and integrated physical and behavioral health services in a region that is a designated mental health care professional shortage area.

Persons living in rural areas

Oswego's rural areas are characterized by high levels of poverty, especially in the northern and eastern parts of the county³. Expanded capacity at the health center should improve access to care for rural populations who may experience difficulty with affordability of care.

b. Improve health equity

ConnexCare's relocation and expansion of physical health care services and additions of dental care services and behavioral health services improve health equity in the region by making it easier for marginalized, medically underserved communities to access care. Access to care is a major social driver of health and contributes to disparities in health care outcomes. Increasing capacity and accessibility of care at this health center location is a potential mitigating factor.

c. Reduce health disparities

The addition of dental care and behavioral health care at the ConnexCare site in Oswego may contribute to the reduction of health disparities across all populations. Oswego County is behind the region and/or the State in several injury, behavioral health, and oral health indicators.

³ Oswego County Health Department and Oswego Health, 2022. Community Health Assessment and Community Health Improvement Plan 2022-2024

Indicator	Oswego	Central NY	Statewide
Self-inflicted injury hospitalization (per 10K)	10.9	8.7	4.7
Age adjusted self-inflicted injury hospitalization (per 10K)	11.3	9	4.5
Self-inflicted injury hospitalization (per 10K) aged 15-19 years	26.3	21.5	11
Caries per outpatient visit rate, aged 3-5 years (per 10K)	289	179.2	133.9
% Medicaid enrollees aged 2-20 w/ at least one dental visit in the last year	41.4	37.2	45.5
% Medicaid enrollees aged 2-20 w/ at least one preventive dental visit in the last year	38.6	33.6	41.2
% children aged 2-20 w/ at least one dental visit in government sponsored insurance programs	42.8	40.5	46.6
Oral cavity and pharynx cancer incidence rate (per 100K)	21.3	17.1	14.3
Age adjusted oral cavity and pharynx cancer incidence rate (per 100K)	16.4	13.1	11.4
Oral cavity and pharynx cancer mortality rate (per 100K)	4.3	3.1	2.8
Age adjusted oral cavity and pharynx mortality rate (per 100K)	3.4	2.2	2.1
Oral cavity and pharynx cancer mortality rate aged 45-74, (per 100K)	8.1	5.7	4.7

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

Identified medically underserved population	Unintended Positive Impact	Unintended Negative Impact
Low-income people	<i>Improved affordability of care</i>	None foreseen
Immigrants	ConnexCare to pursue hiring of staff representative of growing immigrant population and explore relationships with CBOs to address needs of immigrant communities	None foreseen
People with disabilities	<i>No unintended impacts foreseen</i>	
LGBTQIA+	Expanded access to gender affirming care for young adults and increased continuity of care for this population via strengthened ties to SUNY Oswego Student Health	None foreseen
Persons living with a prevalent infectious disease or condition	<i>No unintended impacts foreseen</i>	
People living in rural areas	<i>No unintended impacts foreseen</i>	Relocation further into city of Oswego may marginally lengthen distance to care; limited parking may be seen as a barrier to rural residents who primarily rely on personal cars for transportation.
People who do not have third-party health coverage or have inadequate third-party health coverage	<i>No unintended impacts foreseen</i>	

Identified medically underserved population	Unintended Positive Impact	Unintended Negative Impact
Other people who are unable to obtain health care	<i>No unintended impacts foreseen</i>	

3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

This project will expand ConnexCare’s capacity to provide indigent care to the community. In 2022, ConnexCare served 4,671 unique patients at its current Oswego site. Of those, 2,485 (53.7%) individuals had Medicaid/CHIP/Other Public as their primary insurance, 1,256 (26.8%) had commercial, 891 (19%) had Medicare, and 39 (0.9%) had no insurance. This project aims to increase the primary care capacity of the health center by 50%, add dental capacity, and expand behavioral health capacity. As such, ConnexCare anticipates that the payer mix will be proportionally the same, which will increase the number of individuals who are indigent by at minimum 50%.

As a Federally Qualified Health Center, ConnexCare accepts all patients, regardless of their ability to pay. ConnexCare makes this widely known in the community and among its partners, encouraging those who are uninsured to seek care from ConnexCare. They make available information to patients regarding the availability of its sliding fee scale offering significantly reduced cost of services, with individuals who are less than 200% of the current federal poverty level (FPL) eligible to pay a nominal fee for all services.

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

Access to public transportation is a limiting factor to healthcare access in Oswego County. This was highlighted as a major unmet need of 56% of respondents in the Oswego County Health Department Strategic Planning Stakeholders Survey in 2019. The NYS Maternal and Child Health Needs Assessment Workgroup’s listening session in 2019 further affirms that geographic isolation/transportation is preventing residents and their families from being healthy and safe. The Oswego County School District noted that many students walk to school and many parents do not own a driver’s license or vehicle. Furthermore, the northern and eastern portions of the county are sparsely populated and rural in nature and characterized by a high level of poverty and geographic isolation.

There is limited access to public transportation in most rural areas in Oswego County as many roadways do not have sidewalks. According to the U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates, less than 1% of Oswego County’s population uses public transportation to get to work. Approximately 9% of Oswego County households do not own a

vehicle. Given the lack of public transportation options and the rural nature of our service area, having a vehicle is essential for many residents to commute and reach essential services.

As a Federally Qualified Health Center, providing transportation access is a required service. ConnexCare makes arrangements and provides resources that address health care access and utilization barriers by collaborating with other health care and human services providers in the service area. For example, ConnexCare contracts with Oswego County Opportunities, Inc. for transportation services. The contract includes the following provisions:

- ConnexCare arranges and coordinates transportation services for patients identified as having a transportation barrier impacting their ability to seek services within the ConnexCare network.
- OCO, Inc. pre-screens requests for travel with existing Oswego County Public Transit (OPT) routes prior to arranging for individualized direct transport.
- OCO, Inc. then bills ConnexCare at the OPT rate for transit coordinated within an established route or at the Private Pay rate of \$25.00 for one-way transportation provided within the County.

For those who do use public transportation, the new health center location is on a local bus line (Route 1A).

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

The new location on East 1st Street is in a downtown, urban setting with smooth paved roads and sidewalks, which makes the facility more accessible for patients with mobility limitations. The downtown urban setting is also more pedestrian friendly, due to multiple paved sidewalks surrounding the building, and is directly on a public bus route, making the health center more accessible for people who use public transportation due to their mobility limitations or inability to drive.

ConnexCare worked with King + King Architects on facility design. The existing building’s main entrance was already accessible for individuals with mobility impairments. The primary care and dental suites, all waiting areas, exam rooms, dental exam rooms, offices, support spaces, and circulation within suites were all designed to be compliant with ADA requirements. This includes providing clearances at all doors, turning radius within rooms, height of millwork worksurfaces, and mounting heights of equipment and amenities.

Meaningful Engagement

6. List the local health department(s) located within the service area that will be impacted by the project.

The local health department is the Oswego County Health Department, located at 70 Bunner Street, Oswego NY 13126 (www.health.oswegocounty.com).

7. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

Yes. The Director of Public Health, Vera J. Dunsmoor, MSNE, RN, provided the following statement in support of the project:

“The Oswego County Health Department supports ConnexCare in the move and expansion of services in Oswego County. The expansion of exam rooms available by 50% compared to their current capacity and the addition of dental and behavioral health services in this new location is welcomed.

While the County and City of Oswego are not very racially or ethnically diverse, approximately 92% identify as white, 1.4% black and 3.1% Hispanic, non-white, in the City of Oswego. In addition, 25% of the population lives in poverty, compared to the poverty level of Oswego County, which is 15.7%.

In Oswego County, approximately 28% of the population have Medicare or means-tested public coverage. Expansion of services in the Oswego City community will be a benefit. Currently in Oswego County, 42 primary care providers for every 100,000 population, 46 dentist per 100,000 population and 152 mental health professionals per 100,000 population.”

8. Meaningful engagement of stakeholders: Complete the “Meaningful Engagement” table in the document titled “HEIA Data Table”. Refer to the Instructions for more guidance.

See document.

9. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern about the project or offered relevant input?

The groups most affected by the project are people with low-income, people who do not have third-party health coverage or have inadequate third-party health coverage (people who are un-insured or under-insured), and other people who are unable to obtain health care.

An additional group that may be positively affected by the project are LGBTQIA+ individuals who have historically had difficulty accessing care, especially for trans and non-binary individuals.

Stakeholders who responded to request for comment and/or engaged in key informant interviews have expressed positive feedback about the project and excitement for its potential

to significantly expand access to physical health, behavioral health, and dental care services for these populations. No concerns were raised about the project from engaged stakeholders.

10. How has the Independent Entity’s engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

The Independent Entity (IE) engaged in key informant interviews with local public health officials, leaders of other health services organizations, and community-based social service organizations with frequent contact with the medically underserved communities identified. The IE’s engagement with these parties brought to the fore the access problems that specifically affect people who are low-income (such as Medicaid beneficiaries), uninsured, and those who are unable to obtain health care (such as people who are undocumented).

In particular, engagement with a stakeholder from the local university specifically called out the benefit of having expanded access to health care services for LGBTQIA+ individuals, especially those who currently receive gender affirming care on campus. They also pointed out the importance of connections to timely reproductive health care services. This stakeholder pointed out that services for members of the LGBTQIA+ population, and for people who need reproductive health care are in short supply in the county. They see this as an important opportunity to expand care for such populations.

11. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

The Independent Entity attempted direct engagement of the patient population, which includes medically underserved populations, for feedback via a survey and written feedback opportunity posted at the clinic for a three-week comment period. No patients elected to respond.

STEP 3 – MITIGATION

- 1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**
 - a. People of limited English-speaking ability**
 - b. People with speech, hearing or visual impairments**

ConnexCare accepts all patients, regardless of their ability to pay and irrespective of their preferred language needs. It is the policy of ConnexCare to take reasonable steps to serve patients with limited English proficiency (LEP) or with disabilities. ConnexCare takes reasonable steps to provide meaningful access to its services. Patients entering or calling the health centers with LEP are offered interpretation services upon arrival. ConnexCare will not ask a patient’s

family or friend to interpret. Services are available through a contracted service. Assessment of patient’s language preference and learning needs are performed upon arrival to the health center and documented within the electronic medical record for future reference.

ConnexCare respects a patient’s right to receive effective communication in a manner they understand. Every attempt is made to ensure meaningful access to ConnexCare services by persons with LEP or special communication needs, in compliance with Chapter 4 of the Health Resources and Services Administration Health Center Program Compliance Manual for Federally Qualified Health Centers. ConnexCare utilizes multiple services to meet this need, specifically: AMN Interpreting Service, Empire Interpreting Services, and TTY Operator. To ensure that language needs are always met, ConnexCare’s answering service has access to all of the above services as well.

To that end, ConnexCare should consider the following steps to ensure communication of expanded services to the community.

Post information about the move and its timeline in high visibility locations in the facility and the surrounding community, including:

- pharmacies
- post-offices
- public transportation vehicles and stops/shelters
- community/recreation/senior centers
- supportive housing and shelter facilities
- schools
- faith-based organizations such as churches and temples
- social service providers, including benefits enrollment offices, food pantries, etc.
- community-based organizations
- Other community gathering spaces

To ensure additional visibility and outreach to increase awareness of the change/expansion in medically underserved populations, ConnexCare should proactively connect with community-based organizations and service providers that cater to the needs of the medically underserved populations identified. This may include partners like centers for independent living, social service support organizations, advocacy groups, and case management agencies.

ConnexCare should also ensure the change is announced to the community in the most prevalent languages used by the community in locally available media – in print, on the web, in social media announcements, and radio, as appropriate.

c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

Not applicable, applicant has adequate plans to ensure effective communication.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

ConnexCare may consider conducting additional proactive outreach to medically underserved communities in specific geographies to ensure awareness of the new clinic location and its expanded capacity and new services. This may include marketing campaigns with messaging that may appeal to the population, as well as efforts to strengthen ties with community-based organizations and advocacy groups that work with the population. The following table indicates populations and the locations where their rate was higher than the benchmark for that demographic indicator. *Populations for which sub-county level data are difficult to locate or unavailable are noted.*

Identified medically underserved population	Geography
Low-income people	Oswego; Fulton; Hannibal
Immigrants	<i>Data unavailable at sub-county detail</i>
People with disabilities	Mexico; Oswego
LGBTQIA+	Baldwinsville; Fulton; Liverpool; Phoenix
Persons living with a prevalent infectious disease or condition	<i>Data unavailable at sub-county detail</i>
People living in rural areas	Mexico; Pulaski
People who do not have third-party health coverage or have inadequate third-party health coverage	Mexico; Hannibal
Other people who are unable to obtain health care	<i>Data unavailable at sub-county detail</i>

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

The applicant may consider specific efforts to continue to recruit and retain diverse and representative membership to the health center’s board, as well as engage in listening sessions or conduct focus groups with impacted stakeholders to inform engagement approaches to reach underserved populations.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

Providing culturally affirming care is essential for ensuring equitable access to health services in underserved communities. As a matter of course, ConnexCare considers individual patient preferences, language, age, culture, values, and needs, including mental health needs.

Though, as demonstrated previously, the population of greater Oswego area is not especially diverse, ConnexCare is diligent about its diversity, equity, and inclusion (DEI) efforts. ConnexCare providers all receive annual cultural sensitivity training to ensure they have the necessary skills and knowledge to provide culturally affirming care. They also seek to hire staff,

as well as board members and community representatives, that are reflective of the people they serve to help guide the care provided to ensure it considers their culture and values. ConnexCare monitors changing demographics closely and adjusts its services to meet growing needs. For example, currently ConnexCare is observing a growing Filipino population in Oswego and are actively seeking to hire staff that are from that community to better meet the needs of this population.

Given that ConnexCare is also serving youth, they have a particular focus on supporting children that identify as LGBTQIA+ since they may face additional barriers to accessing quality health care due to discrimination and stigma. One way that ConnexCare ensures culturally affirming care for LGBTQIA+ adolescents is to respect their views as they transition and to use their preferred name, which is noted in their chart. ConnexCare training covers topics such as LGBTQIA+ health disparities, evolving gender identity, and how to work sensitively with parents and families. Furthermore, coordinating physical and mental health care services can support the overall health and well-being of individuals, including those who identify as LGBTQIA+. ConnexCare seeks to achieve this by collaborating with its mental health professionals and providing access to adult and youth LGBTQIA+ support groups such as those offered by Oswego County Opportunities, a local social service provider with whom they have a close working relationship. ConnexCare, as a provider of culturally responsive and gender affirming care, fills a critical gap in service delivery members of the LGBTQIA+, and is committed to working closely with other providers in the county to accept referrals for such care and ensure continuity of care for those in need. For example, ConnexCare will work to develop a strong relationship with the student health services at SUNY Oswego, to ensure that students on the campus who are leaving school and settling into post-college life are connected to care once they graduate.

STEP 4 – MONITORING

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

As a Federally Qualified Health Center, ConnexCare has a rigorous quality improvement infrastructure that it will use to monitor the potential impact of this project on the community and the patients it serves. ConnexCare conducts a community needs assessment to track community health trends and needs, including health disparity information. This information is used by ConnexCare leadership and its Board of Directors to inform changes in service design and delivery, including increasing service capacity and the addition of new services to meet need.

To obtain patient feedback directly, ConnexCare completes patient satisfaction surveys on a weekly basis for all service lines. Text and email notifications are sent on Fridays to patients seen that day and the full week prior. Survey results are compiled and summarized as a network as

well as by site, to see how each site compares in total to the overall network, for each survey question. The results are reviewed monthly at each site based and department meeting as well as at ConnexCare’s Quality Management Committee meeting, with opportunities for improvement discussed and positive candid comments shared among the appropriate groups. A summary of the results is included in its overall quality report that is provided to the Board of Directors monthly.

Through its Quality Management program, ConnexCare also tracks numerous quality and outcome measures. Data for these measures is collected, aggregated, and visually displayed utilizing a variety of tools. Tools utilized include but are not limited to process maps, tables and graphs, dashboards, and narrative language describing the findings contained in the analytic data displays utilized. ConnexCare stratifies its data by race/ethnicity to monitor health disparities and uses this information to design interventions to help address any inequities.

ConnexCare will leverage these resources to monitor negative project impacts and make any necessary adjustments.

2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

ConnexCare may wish to enhance its efforts to conduct routine collection of race, ethnicity, language, disability and sexual orientation and gender identity data in its records so that it may stratify outcomes and health indicators to identify disparities in access, utilization rate, and outcomes. ConnexCare may also elect to conduct routine audits of its electronic health records to review patient demographics and ensure that the population served at the clinic is representative of the demographics of the region. Where an expected demographic is underrepresented, ConnexCare may consider conducting root cause analysis to identify any potential barriers to access or engagement.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

Nothing additional.

----- SECTION BELOW TO BE COMPLETED BY THE APPLICANT -----

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

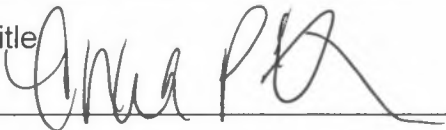
I, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the ConnexCare Oswego Relocation that has been prepared by the Independent Entity, Health Management Associates.

Tricia Peter Clark

Name

President and CEO

Title



Signature

10/13/2023

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

In the first six months of operations at the new site, ConnexCare will observe patient satisfaction survey data and collect ad-hoc qualitative feedback to determine what, if any impact the relocation has on patient perceptions of access and ease of transportation relative to both public bus routes and availability of parking for patients that rely on person vehicles. Any potentially negative impacts of the project relative to accessibility of the site will be

mitigated with case management outreach to patients to assess for transportation assistance needs, and referral to ConnexCare's existing transportation assistance services.

New York State Department of Health

Health Equity Impact Assessment Conflict-of-Interest

This Conflict-of-Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.

Section 1 – Definitions

Independent Entity means individual or organization with demonstrated expertise and experience in the study of health equity, anti-racism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and if so how, the facility's proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

Conflict of Interest shall mean having a financial interest in the approval of an application or assisting in drafting any part of the application on behalf of the facility, other than the health equity assessment.

Section 2 – Independent Entity

What does it mean for the Independent Entity to have a conflict of interest? For the purpose of the Health Equity Impact Assessment, if one or a combination of the following apply to the Independent Entity, the Independent Entity **HAS** a conflict of interest and must **NOT** perform the Health Equity Impact Assessment:

- The Independent Entity helped compile or write any part of the Certificate of Need (CON) application being submitted for this specific project, other than the Health Equity Impact Assessment (for example, individual(s) hired to compile the Certificate of Need application for the facility's project cannot be the same individual(s) conducting the Health Equity Impact Assessment);
- The Independent Entity has a financial interest in the outcome of this specific project's Certificate of Need application (i.e. individual is a member of the facility's Board of Directors or advisory board); or
- The Independent Entity has accepted or will accept a financial gift or incentive from the Applicant above fair market value for the cost of performing the Health Equity Impact Assessment.

Section 3 – General Information

A. About the Independent Entity

1. Name of Independent Entity: Health Management Associates, Inc.
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)?

If yes, indicate the name of the organization:

3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?
Yes
4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

The Independent Entity has supported the Applicant on nine separate projects within the past 5 years. The work primarily was comprised of grant writing services, followed by project management, strategic planning, training and technical assistance services.

Projects include:

- 2018 – CNYCC Letter of Intent and Proposal Development (grant writing services)
- 2019 – HRSA New Access Point Grant (grant writing services)
- 2019 – HRSA Oral Health Service Expansion Grant (grant writing services)
- 2019-2020 – CNYCC Grant Implementation (project management/technical assistance services)
- 2020 – Data Access Seminar (training)
- 2020 – HRSA Rural Health Grant (grant writing services)
- 2021 – Strategic Planning (facilitation services)
- 2022 – HRSA Service Area (technical assistance)
- 2023 – HRSA School-Based Service Site Expansion Grant (grant writing services)

Section 4 – Attestation

I, Jeffrey DeVries (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Health Management Associates, Inc. (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment project provided for ConnexCare (APPLICANT) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment is true and accurate to the best of my knowledge, and fulfills the intent of the Health Equity Impact Assessment requirement.

Signature of Independent Entity:  _____

Date: October 13, 2023 | 3:46 EDT

**New York State Department of Health
Health Equity Impact Assessment Requirement Criteria**

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

Section A. Diagnostic and Treatment Centers (D&TC) - This section should only be completed by D&TCs, all other Applicants continue to Section B.

Table A.

Diagnostic and Treatment Centers for HEIA Requirement	Yes	No
Is the Diagnostic and Treatment Center’s patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?	X	
Does the Diagnostic and Treatment Center’s CON application include a change in controlling person, principal stockholder, or principal member of the facility?		X

- ***If you checked “no” for both questions in Table A***, you do not have to complete Section B – this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.
- ***If you checked “yes” for either question in Table A***, proceed to Section B.

Section B. All Article 28 Facilities

Table B.

Construction or equipment	Yes	No
Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? <i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and</i>		X

<i>less than or equal to \$6,000,000 for all other facilities are eligible for a Limited Review.</i>		
Establishment of an operator (new or change in ownership)	Yes	No
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity	Yes	No
Is the project a transfer of ownership in the facility that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
Acquisitions	Yes	No
Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
All Other Changes to the Operating Certificate	Yes	No
Is the project a request to amend the operating certificate that will result in one or more of the following: a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	X	

*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

- **If you checked “yes” for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
 - HEIA Requirement Criteria with Section B completed
 - HEIA Conflict-of-Interest

- HEIA Contract with Independent Entity
 - HEIA Template
 - HEIA Data Tables
 - Full version of the CON Application with redactions, to be shared publicly
- ***If you checked “no” for all questions in Table B***, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	If other, please describe	Is this person/group a resident of the project's service area?	Method of engagement (I.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
Stacy Alvord, Commissioner, Oswego County Department of Social Services	9/13/2023	public health experts		group serves residents in the service area	phone call	yes	no	
Vera Dunsmoor, Director of Public Health, Oswego County Health Department	9/27/2023	public health experts		group serves residents in the service area	email	yes	yes	Included in HEIA report narrative, Step 2, question 7
Lee Sullivan, Director of Services, The Arc of Oswego County	9/20/2023	community leaders	residents of the project's service area	group serves residents in the service area	phone call	yes	no	
Diane Cooper-Currier, Oswego County Opportunities (OCO)	9/25/2023	community leaders	residents of the project's service area	group serves residents in the service area	phone call	yes	no	
Angie Brown, Director of Student Health Services, Walker Health Center SUNY Oswego	9/19/2023	community leaders	residents of the project's service area	yes	phone call	yes	no	
Mary-Margaret Pekow, Executive Director, Catholic Charities of Oswego County	9/15/2023	community leaders	residents of the project's service area	group serves residents in the service area	phone call	yes	no	
Michael Backus, President and CEO, Oswego Health	9/8/2023	community leaders	residents of the project's service area	yes	phone call	yes	no	
Patient Feedback Forum (survey, various)	9/15 - 10/10	service area		yes	survey	n/a - no responses received		

GEO_ID	NAME	DP03_0119PE	DP03_0119PM	DP03_0062E	DP03_0062M	DP03_0074PE	DP03_0074PM	DP03_0005PE	DP03_0005PM	DP02_0067PE	DP02_0067PM	DP04_0058PE	DP04_0058PM		
Geography	ZCTA Name	Percent of FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL	Percent Margin of Error	Percent of FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL	Estimate of INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS) Total household income (dollars)	Margin of Error	Percent of INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS) Total household income (dollars)	Percent Margin of Error	Percent Margin of Error	Percent of EMPLOYMENT STATUS Population 16 years and over	Percent Margin of Error	Percent of EDUCATIONAL ATTAINMENT Population 25 years and over	Percent Margin of Error	Percent of VEHICLES AVAILABLE Occupied housing units	Percent Margin of Error
13302	Altmar	14.0%	+8.3	50,536	+6,898	16.8%	+5.2	7.1%	+2.3	79.2%	+6.4	10.6%	+6.2		
13167	West Monroe	10.6%	+7.0	70,104	+18,254	12.3%	+6.3	2.0%	+1.2	86.3%	+5.1	6.6%	+5.9		
13156	Sterling	1.6%	+1.8	57,857	+10,705	11.8%	+5.8	1.0%	+0.9	95.2%	+2.6	5.3%	+5.0		
13145	Sandy Creek	14.6%	+12.9	44,167	+13,198	16.1%	+9.2	9.4%	+4.9	83.9%	+7.5	2.7%	+3.0		
13142	Pulaski	8.5%	+3.1	77,803	+21,563	10.3%	+3.1	3.3%	+1.5	90.7%	+2.2	7.1%	+2.7		
13135	Phoenix	10.9%	+4.9	71,000	+6,855	16.2%	+4.1	4.8%	+2.2	89.5%	+3.6	6.3%	+2.9		
13132	Pennellville	14.2%	+11.2	64,656	+22,554	11.9%	+6.0	2.7%	+2.3	95.5%	+2.7	5.1%	+6.8		
13131	Parish	9.6%	+5.6	54,779	+7,807	12.2%	+4.2	6.5%	+2.9	85.2%	+4.3	2.8%	+2.0		
13126	Oswego	13.0%	+2.8	58,378	+3,901	15.7%	+2.4	5.2%	+0.8	91.7%	+1.4	11.5%	+1.8		
13114	Mexico	9.0%	+3.7	66,765	+6,527	12.5%	+4.2	1.6%	+1.2	85.9%	+4.9	3.6%	+2.2		
13111	Martville	28.9%	+10.9	60,845	+16,667	12.4%	+7.3	4.4%	+2.6	88.5%	+5.2	10.4%	+7.2		
13090	Liverpool	7.5%	+2.7	77,273	+6,549	5.4%	+1.3	3.2%	+0.9	93.9%	+1.3	5.4%	+1.3		
13083	Lacona	12.3%	+7.9	72,607	+9,881	17.3%	+5.8	4.1%	+3.2	89.3%	+4.2	3.4%	+1.8		
13074	Hannibal	7.1%	+4.1	66,786	+9,533	15.9%	+4.9	4.5%	+2.2	91.9%	+3.0	1.4%	+1.2		
13069	Fulton	16.0%	+3.2	54,754	+4,533	19.3%	+2.9	4.5%	+1.0	88.5%	+1.8	11.5%	+2.3		
13036	Central Square	5.8%	+2.5	74,762	+8,675	15.3%	+4.4	4.4%	+2.2	93.7%	+1.9	4.6%	+1.4		
13033	Cato	8.4%	+4.2	68,565	+7,202	13.3%	+4.0	3.4%	+1.7	94.3%	+2.0	5.8%	+2.7		
13027	Baldwinsville	6.7%	+2.6	81,806	+3,925	9.0%	+1.8	2.6%	+0.8	95.9%	+1.1	5.3%	+1.2		