Identifier (i.e., Patient A, Employee B, Respondent 1) or Name (only if requested by stakeholder)	Organization (if applicable)	Date(s) of What required stakeholder group did they outreach represent?	If other, please describe	Is this person/organization a resident of the project's service area?	Method of engagement (i.e., phone calls, community forums, focus groups, surveys, etc.)	person/organization participate in the meaningful engagement?	person/organiz ation supportive of this project?	nization provide a	granted to share a statement or quote (250 word max), please include be
•	· · · · · · · · · · · · · · · · · · ·	1 *** *			3 - 1 - 1 - 1 - 1 - 1	3.3.	, ,,		•
Person A									
Person B	Erie County DOH Health Equity Department	8/13/2024 public health experts		yes	email, zoom meeting	yes	neutral	no	
Person C	Open Buffalo	8/29/2024 community leaders		yes	email, phone call, zoom	yes	neutral	no	
Respondent 1	•	9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 2		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	neutral	no	
Respondent 3		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	neutral	no	
Respondent 4		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 5		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 6		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	neutral	no	
Respondent 7		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 8		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 9		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 10		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 11		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 12		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 13		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 14		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 15		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 16		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 17		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 18		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	neutral	no	
Respondent 19		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 20		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 21		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 22		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	
Respondent 23		9/13/2024 residents of the project's service area		yes	Onsite survey	yes	yes	no	

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quote If permission is not granted to share a verbatim x), statement, please include a summary of the below: statement(s) below:

In discussions with the participants it was noted that while having the infusion center is a positive for the community, the move from one location to the other was not impactful. They also expressed that Transit Rd is not in an underserved area of Buffalo and may not serve those that live within the city.