Dear Nutrition Committee and Area Agency on Aging Board,

First I want to applaud the Nutrition Committee for their work on developing a formula that works with many factors to allocate this money fairly. Using a formula is the most equitable way of allocating limited resources.

Each of our Focal Points serves seniors at nutritional risk throughout Dane County. For most of the seniors attending these meals anywhere in the county, this meal constitutes their primary source of food for the day.

- To eliminate this meal for seniors anywhere in the county would be to put them at risk.
- To not provide this meal in areas of critical need also contributes to nutritional risk.

On the next page is the Nutrition Risk information provided by the Nutrition Work Group to the Nutrition Committee and to the AAA Board.

- For each of these nutrition risk factors, I have highlighted in yellow those focal points which have the highest ranking of risk for each factor.
- Four focal points have high rankings in four of the risk factors (Colonial Club, EMMCA, NESCO and West).
- One Focal Point has high rankings in two risk factors (South).
- No other Focal Points have the collection of high levels for multiple nutritional risk factors

On the following page is a bar graph that compares the proposed funding for these 5 focal points (assuming this was adopted in one year, which is not currently proposed.)

• EMMCA's proposed funding for 2016 will be between ½ to 1/3 of the funding of these other focal points with similar levels of nutritional risk.

In principle I am in favor of using either the formula the Nutrition committee is recommending to the AAA board or the formula that may be presented as a substitute (state suggested formula) because they will bring some objective assessment to the distribution of the nutrition funds. My concerns are as follows:

- Phasing them in over multiple years EMMCA is currently lagging behind in funding for the nutrition program. To phase this funding in over three years will only delay the small increase we are scheduled to get with these new formulas.
- 2. Without increasing the overall pool of money, EMMCA is left in the very uncomfortable spot of asking money to be taken away from existing programs to fund the very critical need that exists in our service area.
- 3. In looking at the whole funding formula (which I did not provide) each component in the formula is significant. Keeping the base to provide a funding foundation for each site is important, but when the percentage of remaining funds allocated to "Number of Meals Served" is as high as 50%, this again gives additional funding to focal points that have multiple sites. In the future, I would encourage no more than 25% allocated to the "Number of Meals served."
  - a. Base
  - b. Number of Meals served
  - c. HH Poverty Age 65+
  - d. Living Alone Age 65+
  - e. Population Age 75+
  - f. Rural Factor Elderly 60+
  - g. Minorities Age 60+

## **NUTRITIONAL RISK FACTORS**

Focal Point	HH Poverty - Age 65+		Living Alone - Age 65+		Population Age 75+		Rural Factor - Elderly (60+)		Minorities Age 60+	
	number of seniors	%	number of seniors	%	number of seniors	%	Area sq mi	%	number of seniors	%
A	88	2%	731	5%	1,082	4.50%	58.1	6.10%	74	1.80%
Colonial	421	10%	1,635	10%	2,347	9.80%	217.7	22.80%	271	6.60%
С	114	3%	466	3%	784	3.30%	45.2	4.70%	73	1.80%
EMMCA	615	14%	2,339	14%	3,718	15.60%	0	0.00%	583	14.30%
E	175	4%	558	3%	633	2.70%	0	0.00%	305	7.50%
F	138	3%	761	5%	1,093	4.60%	108.7	11.40%	95	2.30%
G	140	3%	780	5%	1,213	5.10%	0	0.00%	164	4.00%
NESCO	654	15%	1,635	10%	2,085	8.70%	0	0.00%	499	12.20%
1	82	2%	367	2%	780	3.30%	181.1	18.90%	27	0.70%
J	58	1%	440	3%	508	2.10%	43.2	4.50%	27	0.70%
South	690	16%	778	5%	775	3.20%	0	0.00%	634	15.50%
L	97	2%	415	3%	858	3.60%	126.4	13.20%	18	0.40%
M	207	5%	745	5%	1,211	5.10%	72.2	7.50%	51	1.30%
N	121	3%	744	5%	1,234	5.20%	103.7	10.80%	91	2.20%
West	729	17%	3,790	23%	5,534	23.20%	0	0.00%	1,170	28.70%
Total	4,329	100%	16,184	100%	23,855	100%	956.23	100.00%	4,082	100.00%

## Comparison of Funding for the 5 Focal Points with High Numbers of Seniors with High Nutritional Needs

