

AGENDA FOR THE TOWN OF BEAVERLODGE COUNCIL MEETING
 TO BE HELD MONDAY JANUARY 11, 2021 AT 7:00 PM
 IN THE WALKER ROOM AT THE TOWNE SQUARE, 1016 – 4TH AVENUE

1.0	<u>CALL TO ORDER:</u>	
2.0	<u>ADOPTION OF AGENDA:</u>	
3.0	<u>ADOPTION OF MINUTES:</u> 3.1 December 14, 2020 Regular Council Meeting Minutes	PP 2-4
4.0	<u>DELEGATIONS:</u>	
5.0	<u>OLD BUSINESS:</u> 5.1 Covid-19 Vaccination Priority - RFD	PP 5-24
6.0	<u>NEW BUSINESS:</u> 6.1 Policy - Long Term Service Awards HR 2020-10-13 6.2 ICF Listing Sheet	PP 25 PP 26,27
7.0	<u>CORRESPONDENCE:</u>	
8.0	<u>COMMITTEE AND STAFF REPORTS:</u> 8.1 Action List 8.2 Council Reports	pp 28 PP 29-32
9.0	<u>Closed Session:</u>	
10.0	<u>ADJOURNMENT:</u>	



REGULAR COUNCIL MEETING MINUTES
HELD MONDAY DECEMBER 14, 2020 AT 7:00 PM
WALKER ROOM 1016-4TH AVE, BEAVERLODGE, ALBERTA

COUNCIL	Mayor Gary Rycroft Deputy Mayor Gena Jones Councillor Cal Mosher Councillor Hugh Graw	Councillor Cyndi Corbett Councillor Judy Kokotilo-Bekkerus Councillor Terry Dueck Jeff Johnston, CAO
STAFF	Tina Letendre, Assistant CAO	Nichole Young, Executive Assistant Nick Kebalo, Public Works Manager

Prior to the start of the meeting Mayor Rycroft and Council held a moment of silence in honor of Leroy Durand, who passed away on the weekend. Leroy served 3 terms as Mayor and 6 terms as a Councillor.

CAO Jeff Johnston introduced Nick Kebalo as the Manager of Public Works.

- 1.0 **CALL TO ORDER** Mayor Gary Rycroft called the meeting to order. **7: 02 PM**
- 2.0 **ADOPTION OF AGENDA**
#294-2020-12-14 Councillor Cal Mosher
CARRIED: That the agenda be accepted with the following changes:
 - Removal of New Business items 6.6 & 6.7. These election related bylaws are no longer required as per Municipal Affairs.
 - Addition of New Business item 6.9 Seniors by Councillor Dueck
- 3.0 **ADOPTION OF MINUTES**
3.1 November 23, 2020 Regular Council Meeting Minutes
#295-2020-12-14 Councillor Cyndi Corbett
CARRIED: That the minutes of the November 23, 2020 Regular Council meeting be accepted as presented.
- 4.0 **DELEGATIONS**
4.1 Glenda Farnden – STARS Update via MS Teams
#296-2020-12-14 Councillor Hugh Graw
CARRIED: That council accept this information as presented and refer the request of extending their pledge for 2 more years to the Budget Meeting.
- 5.0 **OLD BUSINESS**

6.0 NEW BUSINESS

6.1 Appointment of Chief Administrative Officer

#297-2020-12-14 Mayor Gary Rycroft

CARRIED: That Council appoint Jeff Johnston as the Chief Administrative Officer for the Town of Beaverlodge as of Dec 1, 2020.

6.2 Signing Authority

#298-2020-12-14 Deputy Mayor Gena Jones

CARRIED: That Council remove Karen Gariepy as a signing authority for the Town of Beaverlodge and add Jeff Johnston, Chief Administrative Officer, as a signing authority for the Town of Beaverlodge.

6.3 Interim Budget

#299-2020-12-14 Councillor Judy Kokotilo-Bekkerus

CARRIED: That Council approve the 2021 Interim Budget based on 50% of the approved 2020 Operating Budget.

6.4 Appointment of Auditors – 2020 Audit

#300-2020-12-14 Councillor Judy Kokotilo-Bekkerus

CARRIED: That council appoint Myers Norris Penny as the Town's 2020 Auditors.

#301-2020-12-14 Councillor Terry Dueck

CARRIED: That Council directs Administration to pursue some comparatives for the 2021 Audit.

6.5 2021 Election – Appointment of Returning & Substitute Returning Officers

#302-2020-12-14 Councillor Cyndi Corbett

CARRIED: That Council appoint Jeff Johnston, CAO, as Returning Officer and that Tina Letendre, Assistant CAO, be appointed as Substitute Returning Officer for the 2021 General Municipal Election.

**Items 6.6 & 6.7 were removed.*

6.8 Amending Agreement – Safety Code Services Administration

#303-2020-12-14 Deputy Mayor Gena Jones

CARRIED: That Council approves these changes and agrees to proceed with the Amending Agreement regarding Regional Safety Code Administration.

6.9 Seniors – Alberta Government Covid 19 Vaccination Priority

#304-2020-12-14 Councillor Terry Dueck

CARRIED: That Council directs Administration to confirm the priorities in the vaccine rollout plan for the province of Alberta, specifically seniors, and bring that information back to the next Council meeting on January 11, 2021.

7.0 **CORRESPONDENCE:**

7.1 Beaverlodge RCMP – Enhanced Crime Reduction Unit Statistics

#305-2020-12-14 Deputy Mayor Gena Jones

CARRIED: That Council accept this report for information.

8.0 **COMMITTEE AND STAFF REPORTS**

8.1 Action List

#306-2020-12-14 Councillor Cyndi Corbett

CARRIED: That Council accept this report as presented for information.

8.2 Council Reports

#307-2020-12-14 Councillor Judy Kokotilo-Bekkerus

CARRIED: That Council accept these reports for information as presented.

8.3 Staff Reports

#308-2020-12-14 Deputy Mayor Gena Jones

CARRIED: That Council accepts these verbal and written reports as presented.

9.0 **CLOSED SESSION:**

nil

10.0 **ADJOURNMENT** Mayor Gary Rycroft adjourned the meeting.

8:13 PM

Mayor, Gary Rycroft

CAO, Jeff Johnston

Request for Decision

Government of Alberta Vaccination

Jeff Johnston, CAO

Supported By: Nichole Young, Executive Assistant
Meeting: Regular Council Meeting
Meeting Date: January 11, 2021
Agenda Category: Unfinished Business

Executive Summary

Councillor Dueck requested a letter be written to the Minister of Health and/or the Town of Beaverlodge's MLA expressing concern regarding the Government of Alberta's COVID-19 vaccination rollout priorities. Specifically, the priority/focus on Indigenous persons aged 65 over other persons 65. Council requested that Administration provide further information in regards to Premier Kenny's December 2nd speech and actual vaccination rollout.

Background / Proposal

Premier Kenney said in his speech on December 2, 2021 that Phase 1 of the vaccination plan will focus entirely on the province most at-risk populations, which include continuing care facility residents and staff, seniors aged 75 and older, First Nations residents 65 and older, and health care workers who may transmit COVID-19 to the most vulnerable.

This is in line with recommendations made by Canada's National Advisory Committee on Immunization (NACI) for first phase vaccine rollout. The data is based upon a number of factors including the following:

- Dr. Tom Wong¹, Chief Medical Officer for public health for Indigenous Services Canada highlighted that life expectancy is shorter in Indigenous people and the age of COVID-19 cases with severe consequences has been 15-20 years younger than the general population. (Yahoo News Canada).
- Some of the most common comorbidities for COVID-19² include diabetes, cardiovascular disease and chronic respiratory disease. Indigenous³ people have significantly higher rates of diabetes and adverse health consequences than the overall population. Diabetic's are 3 times more likely to have cardiovascular disease and Indigenous people have higher rates of diabetes than general population. Indigenous On-Reserve 17.2%, Indigenous Off-Reserve 10.3%, Metis 7.3% whereas the general population is 5% (Diabetes in Canada: Background. Ottawa:Diabetes Canada; 2020).
- In some Indigenous communities⁴, crowded multi-generational living makes segregation of at-risk groups challenging and precarious supply chain, infrastructure, and health systems are vulnerable to critical disruption. In these cases there may be value in completely immunizing entire communities where relatively small quantities of vaccine are needed to achieve the pandemic response goal. (COVID-19: Preliminary guidance on key populations for early immunization – Canada.ca National Advisory Committee on Immunization).

On December 29, 2020 Premier Kenney along with Minister Shandro & Chief Medical Officer, Deena Hinshaw provided a COVID-19 update including vaccination efforts so far. There is a video of their update but to quote Premier Kenney “ by February we anticipate rolling the vaccine out to seniors who are 75 years and older no matter where they live, First Nations on reserve and Metis persons on settlements who are 65 years and older and that is because that population is experiencing unfortunately significantly worse health outcomes from this virus.” This is further backed by the COVID-19 Vaccine Distribution⁵ information on the Alberta Government Website.

On January 5, 2021 Alberta Chief Medical Officer, Dr. Deena Hinshaw, while speaking with the provinces CAOs via webex, adamantly stated that the Government of Alberta’s vaccination priority protocol is not based on a person’s value to society but rather on risk specific to severe illness and/or death.

Options & Benefits/Risks

Option 1:

Write letter to Minister of Health and/or the Town of Beaverlodge’s MLA expressing concern with the Government of Alberta vaccination priorities specific to Indigenous peoples over 65.

Benefits/Risks:

A letter will likely have no impact on current vaccination priorities. Further, if a letter is written and becomes public there could be perceived/real reputational risk to the Town in light of movements like Black Lives Matter etc... especially given the Indigenous population in the Beaverlodge area.

Option 2:

Do not write letter to Minister of Health and/or the Town of Beaverlodge’s MLA.

Benefits/Risks:

By not writing the letter the Town would reduce its exposure to unnecessary reputational risk and negative local, provincial and national media attention. There is no risk to the Town by not writing the letter.

Costs & Source of Funding

n/a

Municipal Plans

1. Strategic Plan: n/a
2. Other Municipal Plans: n/a

Communication / Public Participation

Inform (one-way communication)

Goal: to provide balanced, objective information to citizens.

Tools: Public Notice Article Other

Consult (two-way communication)

Goal: To obtain feedback, listen and respond to public concerns.

Tools: Survey Open House Public Hearing Other

Involve (involve the public to ensure their concerns and aspirations are considered in decision)

Goal: to work with the public through the process

Tools: Public Notice Open House Community Workshop Other

Not Applicable

Administrative Recommended Action

It is Administration's recommendation that a letter to the Minister of Health and/or the Town of Beaverlodge's MLA expressing concern with the Government of Alberta vaccination priorities specific to Indigenous peoples over 65 not be written.

It is further recommended that Council acknowledge that the research done into establishing COVID-19 vaccination priorities is sound and is based upon scientific data.

Attachments

1. Yahoo News Canada – December 16, 2020 Elisabetta Bianchini “ Canada prepares to distribute the Moderna COVID-19 vaccine, particularly in the territories” [RFD Seniors 1 Source.pdf](#)
2. Article Source: **Comorbidities associated with mortality in 31,461 adults with COVID-19 in the United States: A federated electronic medical record analysis**
Harrison SL, Fazio-Eynullayeva E, Lane DA, Underhill P, Lip GYH (2020) Comorbidities associated with mortality in 31,461 adults with COVID-19 in the United States: A federated electronic medical record analysis. PLOS Medicine 17(9): e1003321. <https://doi.org/10.1371/journal.pmed.1003321>
[RFD Seniors 2 Source.pdf](#)
3. Diabetes in Canada: Backgrounder. Ottawa: Diabetes Canada; 2020 [RFD Seniors 3 Source.pdf](#)
4. NACI (National Advisory Committee on Immunization). Preliminary guidance on key populations for early COVID-19 immunization. Government of Canada. [RFD Seniors 4 Source.pdf](#)
5. Government of Alberta – COVID-19 Vaccine Distribution [Alberta Covid Vaccination Distribution Phases.pdf](#)

Approved by Chief Administrative Officer

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[RFD Seniors 1 Source.pdf](#)

[RFD Seniors 2 Source.pdf](#)

[RFD Seniors 3 Source.pdf](#)

[RFD Seniors 4 Source.pdf](#)

[Alberta Covid Vaccination Distribution Phases.pdf](#)



Canada prepares to distribute the Moderna COVID-19 vaccine, particularly in the territories

Elisabetta Bianchini

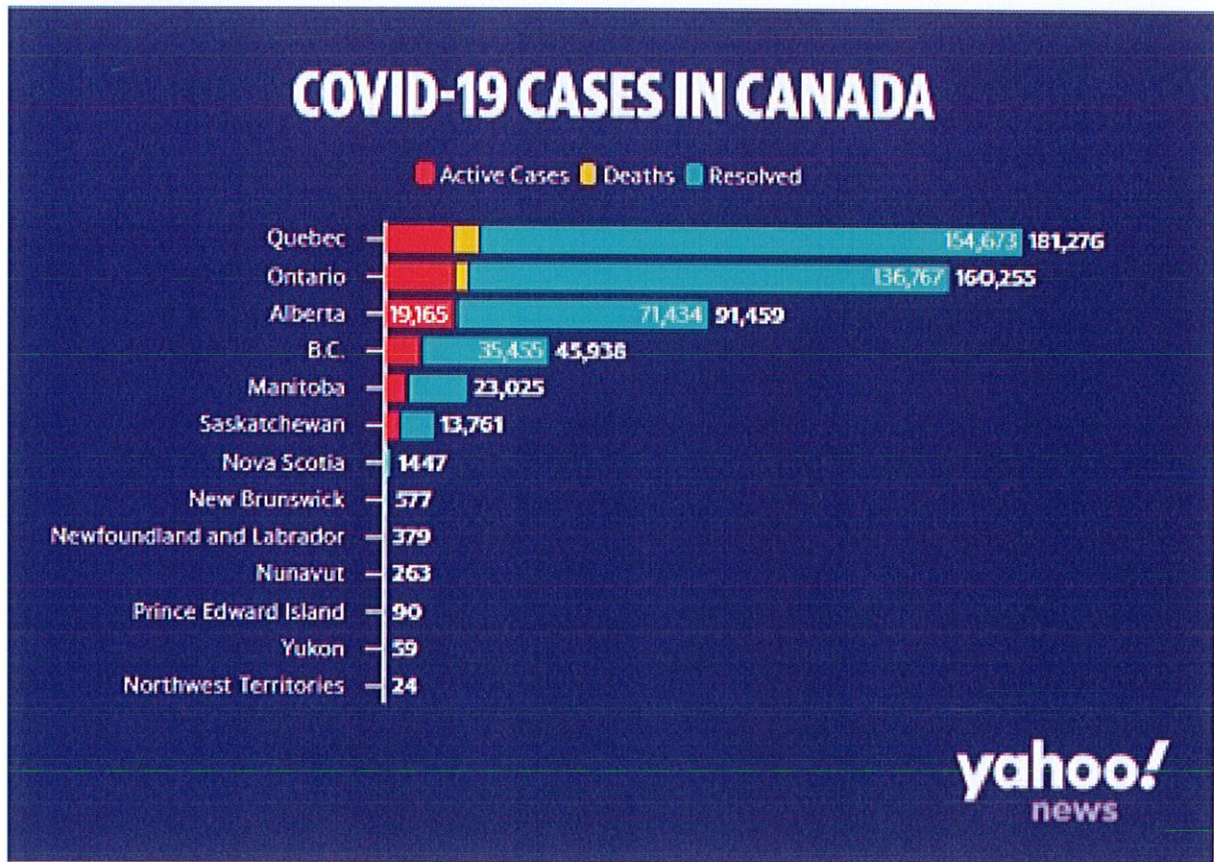
Wed., December 16, 2020, 1:25 p.m. MST · 2 min read



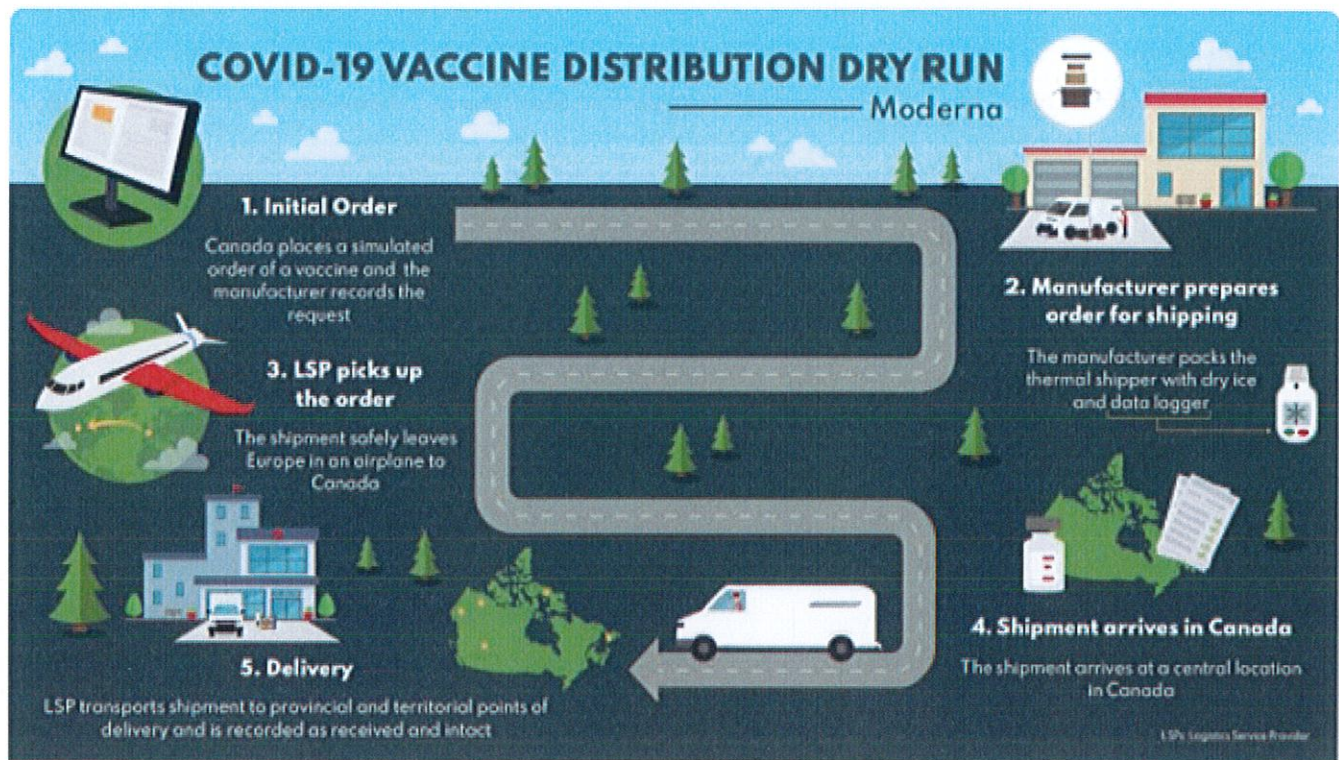
COVID-19 IN CANADA

COVID-19 in Canada

For more on today's top stories and the spread of the novel coronavirus across the country, please refer to our live updates below throughout the day, as well as our [COVID-19 news hub](#).



Major-General Dany Fortin, the vice-president of logistics and operations at the Public Health Agency of Canada and head of the country's vaccine distribution efforts, explained that work is being done to ensure there is "safe and efficient" distribution of the Moderna COVID-19 vaccine, once it receive Health Canada approval.



Public Health Agency of Canada

Maj.-Gen. Fortin said a dry run of the distribution process is ongoing to confirm the ordering, importation and shipment process for the Moderna vaccine, as part of a "phased approach to readiness."

This past weekend, five freezers procured by the Public Health Agency of Canada were delivered, by the armed forces, to Canada's territories in advance of the Moderna vaccine being approved.

Territorial leaders have said that they would prefer to have their allocation of the six million COVID-19 vaccines for the first quarter of 2021 to only be the Moderna product, not the Pfizer-BioNTech vaccine that has the ultra-cold temperature storage requirement.

Health Canada has not been able to provide a definitive answer on when the Moderna vaccine will be approved, but it is expected in the coming weeks.

Moderna vaccine doses are also going to be used to vaccinate Indigenous communities in Canada.

Do you trust the science behind the COVID-19 vaccine?



Retake 16,707 votes

As of Dec. 15, 6,390 First Nations, on reserve COVID-19 cases have been reported, with 2,472 of those cases considered active. Half of First Nations communities in Canada have experience COVID-19 cases, with significant number in Alberta, Saskatchewan and Manitoba.

Provinces will be responsible for ensure that allocated COVID-19 vaccine doses are sent to Indigenous communities, but Indigenous Services Canada will be involved as well.

"We are very actively discussing Indigenous people who might be disproportionately impacted," Dr. Evan Adams, deputy chief medical officer of public health for Indigenous Services Canada said on Wednesday. "That can mean those who are underserved, perhaps in rural and remote areas, but also those where we're seeing outbreaks."

Dr. Adams added that there have been some concerns about possible age considerations that should be made for Indigenous communities.

Dr. Tom Wong, chief medical officer of public health for Indigenous Services Canada, highlighted that life expectancy is shorter in Indigenous people and in Manitoba, the age of COVID-19 cases with severe consequences has been 15 to 20 years younger than the general provincial population.

Dr. Howard Njoo, Canada's deputy chief public health officer, said that provinces will have to priorities people for COVID-19 vaccine doses, within the nationally established priority populations. As more doses become available in the spring and summer of 2021, there can be a greater focus nationally on younger age groups and essential workers, outside of the health care sector.



Comorbidities associated with mortality in 31,461 adults with COVID-19 in the United States: A federated electronic medical record analysis

Stephanie L. Harrison, Elnara Fazio-Eynullayeva, Deirdre A. Lane, Paula Underhill, Gregory Y. H. Lip

Published: September 10, 2020 • <https://doi.org/10.1371/journal.pmed.1003321>

Abstract

Background

At the beginning of June 2020, there were nearly 7 million reported cases of coronavirus disease 2019 (COVID-19) worldwide and over 400,000 deaths in people with COVID-19. The objective of this study was to determine associations between comorbidities listed in the Charlson comorbidity index and mortality among patients in the United States with COVID-19.

Methods and findings

A retrospective cohort study of adults with COVID-19 from 24 healthcare organizations in the US was conducted. The study included adults aged 18–90 years with COVID-19 coded in their electronic medical records between January 20, 2020, and May 26, 2020. Results were also stratified by age groups (<50 years, 50–69 years, or 70–90 years). A total of 31,461 patients were included. Median age was 50 years (interquartile range [IQR], 35–63) and 54.5% ($n = 17,155$) were female. The most common comorbidities listed in the Charlson comorbidity index were chronic pulmonary disease (17.5%, $n = 5,513$) and diabetes mellitus (15.0%, $n = 4,710$). Multivariate logistic regression analyses showed older age (odds ratio [OR] per year 1.06; 95% confidence interval [CI] 1.06–1.07; $p < 0.001$), male sex (OR 1.75; 95% CI 1.55–1.98; $p < 0.001$), being black or African American compared to white (OR 1.50; 95% CI 1.31–1.71; $p < 0.001$), myocardial infarction (OR 1.97; 95% CI 1.64–2.35; $p < 0.001$), congestive heart failure (OR 1.42; 95% CI 1.21–1.67; $p < 0.001$), dementia (OR 1.29; 95% CI 1.07–1.56; $p = 0.008$), chronic pulmonary disease (OR 1.24; 95% CI 1.08–1.43; $p = 0.003$), mild liver disease (OR 1.26; 95% CI 1.00–1.59; $p = 0.046$), moderate/severe liver disease (OR 2.62; 95% CI 1.53–4.47; $p < 0.001$), renal disease (OR 2.13; 95% CI 1.84–2.46; $p < 0.001$), and metastatic solid tumor (OR 1.70; 95% CI 1.19–2.43; $p = 0.004$) were associated with higher odds of mortality with COVID-19. Older age, male sex, and being black or African American (compared to being white) remained significantly associated with higher odds of death in age-stratified analyses. There were differences in which comorbidities were significantly associated with mortality between age groups. Limitations include that the data were collected from the healthcare organization electronic medical record databases and some comorbidities may be underreported and ethnicity was unknown for 24% of participants. Deaths during an inpatient or outpatient visit at the participating healthcare organizations were recorded; however, deaths occurring outside of the hospital setting are not well captured.

Conclusions

Identifying patient characteristics and conditions associated with mortality with COVID-19 is important for hypothesis generating for clinical trials and to develop targeted intervention strategies.

Author summary

Why was this study done?

- › Coronavirus disease 2019 (COVID-19) has led to a public health emergency internationally.
- › As of June 2020, there were over 400,000 deaths reported with COVID-19 globally and over 110,000 deaths were in the US, but many people have also recovered.
- › Because of the unprecedented outbreak of COVID-19 worldwide, little is known about which underlying health conditions may impact a person's likelihood of dying with COVID-19.
- › Some previous studies have suggested being older; being from a black, Asian, or minority ethnic (BAME) background; and having certain health conditions may increase risk of death with COVID-19, but further evidence is needed to understand factors which influence this.

What did the researchers do and find?

- › The research utilized a network of 24 healthcare organizations in the US, which provided deidentified data from electronic medical records of patients.
- › A total of 31,461 adults with COVID-19 coded in their electronic medical records were included in the study after a search of the network between January 20, 2020, and May 26, 2020.
- › We determined associations between age, sex, ethnicity, comorbidities, and death with COVID-19 during the study period.
- › After accounting for the other included factors in the study, being older, being male, being black or African American, and having a history of myocardial infarction, congestive heart failure, dementia, chronic pulmonary disease, mild liver disease, moderate/severe liver disease, renal disease, or metastatic solid tumor were all associated with higher odds of death with COVID-19.

Download Citation

Article Source: **Comorbidities associated with mortality in 31,461 adults with COVID-19 in the United States: A federated electronic medical record analysis**

Harrison SL, Fazio-Eynullayeva E, Lane DA, Underhill P, Lip GYH (2020) Comorbidities associated with mortality in 31,461 adults with COVID-19 in the United States: A federated electronic medical record analysis. PLOS Medicine 17(9): e1003321.

<https://doi.org/10.1371/journal.pmed.1003321>

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Science

Summary: This backgrounder provides key statistics about diabetes in Canada, the impact of diabetes on the Canadian population, and Diabetes Canada's recommendations to the Government of Canada to address diabetes prevention and management.

Publication Date: February 2020

Report Length: 6 Pages

Cite As: Diabetes in Canada: Backgrounder. Ottawa: Diabetes Canada; 2020.

About Diabetes Canada: Diabetes Canada is a national health charity representing close to 11 million Canadians living with diabetes or prediabetes. Diabetes Canada leads the fight against diabetes by helping those affected by diabetes live healthy lives, preventing the onset and consequences of diabetes, and discovering a cure. It has a heritage of excellence and leadership, and its co-founder, Dr. Charles Best, along with Dr. Frederick Banting, is credited with the co-discovery of insulin. Diabetes Canada is supported in its efforts by a community-based network of volunteers, employees, health care professionals, researchers, and partners. By providing education and services, advocating on behalf of people living with diabetes, supporting research, and translating research into practical applications, Diabetes Canada is delivering on its mission. Diabetes Canada will continue to change the world for those affected by diabetes through healthier communities, exceptional care, and high-impact research.

For more information, please visit: www.diabetes.ca

Contact: advocacy@diabetes.ca with inquiries about this Diabetes Canada report.

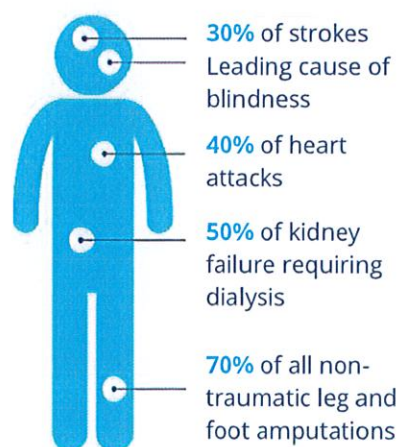
Estimated Prevalence and Cost of Diabetes

Prevalence (1)	2020	2030
Diabetes (type 1 and type 2 diagnosed)	3,772,000 / 10%	4,891,000 / 12%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes combined	11,232,000 / 29%	13,559,000 / 32%
Increase in diabetes (type 1 and type 2 diagnosed), 2020-2030	30%	
Direct cost to the health care system	\$3.8 billion	\$4.9 billion
Out-of-pocket cost per year (2)		
Type 1 diabetes on multiple daily insulin injections	\$1,100-\$2,600	
Type 1 diabetes on insulin pump therapy	\$1,400-\$4,900	
Type 2 diabetes on oral medication	\$1,200-\$1,900	

Impact of Diabetes

- Among Canadians:
 - **29%** live with diabetes or prediabetes (1);
 - **10%** live with diagnosed diabetes (1);
 - **6.1%** live with prediabetes, **7.0%** live with high blood glucose, and **1.7%** live with undiagnosed high blood glucose (3); and
 - **1 in 10** women who give birth experience diabetes while pregnant (3).
- Diabetes complications are associated with premature death (4). Diabetes can reduce lifespan by **five to 15 years** (4). It is estimated that the all-cause mortality rate among Canadians living with diabetes is **twice** as high as the all-cause mortality rate for those without diabetes (3).

- People with diabetes are over **three times** more likely to be hospitalized with cardiovascular disease, **12 times** more likely to be hospitalized with end-stage renal disease, and almost **20 times** more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population (4).
- Diabetes contributes to (5):



- The prevalence of clinically relevant depressive symptoms among people living with diabetes is approximately **30%** (6). Individuals with depression have a **40% – 60%** increased risk of developing type 2 diabetes (6).
 - Diabetic retinopathy is the leading cause of vision loss in people of working age (7). Vision loss is associated with increased falls, hip fractures, and a 4-fold increase in mortality (7). The prevalence of diabetic retinopathy is approximately **25.1%** in Canada (8).
 - Foot ulceration affects an estimated **15%–25%** of people with diabetes in their lifetime (9). **One-third** of amputations in 2011–2012 were performed on people reporting a diabetic foot wound (10).
 - The risk factors for type 1 diabetes are not well understood, but interaction between genetic and environmental factors are likely involved (11). Type 2 diabetes is caused by a combination of individual, social, environmental, and genetic factors (11).
 - Certain populations are at higher risk of developing type 2 diabetes, such as those of African, Arab, Asian, Hispanic, Indigenous, or South Asian descent, those who are older, have a lower level of income or education, are physically inactive, or are living with overweight or obesity (11).
 - The age-standardized prevalence rates for diabetes are **14.4%** among people of South Asian descent, **12.9%** among people of African descent, **9.4%** among people of Arab/West Asian descent, **8.2%** among people of East/Southeast Asian descent, and **4.5%** among people of Latin American descent (12).
 - The prevalence of diabetes among South Asian and Black adults is **8.1 times** and **6.6 times** higher, respectively, than the prevalence among White adults (12).
 - The age-standardized prevalence rates for diabetes are **17.2%** among First Nations individuals living on-reserve, **10.3%** among First Nations individuals living off-reserve, and **7.3%** among Métis people, compared to **5.0%** in the general population (14). Further, the prevalence of diabetes among First Nations adults living off reserve and Métis adults is, respectively, **5.9 times** and **3.1 times** that of non-Indigenous adults (12).
 - The prevalence of diabetes among adults in the lowest income groups is **4.9 times** that of adults in the highest income group (12).
 - Adults who have not completed high school have a diabetes prevalence **5.2 times** that of adults with a university education (12).
 - Adults who are permanently unable to work have a diabetes prevalence **2.9 times** that of employed adults (13).
- For many Canadians with diabetes, adherence to treatment is affected by cost. The majority of Canadians with diabetes pay more than **3%** of their income or over **\$1,500** per year for prescribed medications, devices, and supplies out-of-pocket (2,15).

- Among Canadians with type 2 diabetes, **33%** do not feel comfortable disclosing their disease to others (2).
- Hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) may affect mood and behaviour, and can lead to emergency situations if left untreated (11).

Policy, Programs, and Services Related to Diabetes

- In 2016, Health Canada announced its Healthy Eating Strategy, which aims to improve the food environment and decrease the risk of chronic diseases, including type 2 diabetes, by:
 - Supporting healthy eating through the revision of Canada's Food Guide;
 - Restricting the marketing of unhealthy foods and beverages to children;
 - Strengthening labelling and claims to make it easier for Canadians to identify foods high in sugar, saturated fat, and salt;
 - Working with manufacturers and restaurants to reduce sodium and trans fats in food; and
 - Increasing access to, and availability of, nutritious foods through its Nutrition North program.
- A Parliamentary All-Party Diabetes Caucus was convened in 2016 and meets at least twice a year to advocate for diabetes issues within Parliament in partnership with Diabetes Canada.
- Diabetes Day on the Hill is a federal advocacy event held each fall to connect MPs with those living with, and volunteering to support, diabetes. In 2018, advocates met with 30 MPs and Senators as part of this event to discuss Diabetes Canada's 2019 pre-budget submission.

Challenges

Canada faces unique challenges in preventing type 2 diabetes and meeting the needs of people living with diabetes:

- Non-modifiable risk factors of type 2 diabetes include age, sex, and ethnicity (11).
 - The number of adults aged 65 years and older in Canada exceeds the number of children (16). The risk of developing type 2 diabetes increases with age (11). Older adults living with diabetes are more likely to be frail and progressive frailty has been associated with reduced function and increased mortality (17).
 - Adult men are more at risk of type 2 diabetes compared to adult women (11).
 - Approximately **30%** of Canadians self-identify as being of African, Arab, Asian, Hispanic, or South Asian descent (16). These groups are at increased risk of developing type 2 diabetes (11).
 - There are approximately **1.7 million** Indigenous Peoples in Canada, who face significantly higher rates of diabetes and adverse health consequences than the overall population (18).



4

[Canada.ca](#) > [Health](#) > [Healthy living](#) > [Vaccines and immunization](#)

> [National Advisory Committee on Immunization \(NACI\): Statements and publications](#)

Preliminary guidance on key populations for early COVID-19 immunization

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Preamble

The National Advisory Committee on Immunization (NACI) is an External Advisory Body that provides the Public Health Agency of Canada (PHAC) with independent, ongoing and timely medical, scientific, and public health advice in response to questions from PHAC relating to immunization.

In addition to burden of disease and vaccine characteristics, PHAC has expanded the mandate of NACI to include the systematic consideration of programmatic factors in developing evidence-based recommendations to facilitate timely decision-making for publicly funded vaccine programs at provincial and territorial levels.

The additional factors to be systematically considered by NACI include: economics, ethics, equity, feasibility, and acceptability. Not all NACI Statements will require in-depth analyses of all programmatic factors. While systematic consideration of programmatic factors will be conducted using evidence-informed tools to identify distinct issues that could impact decision-making for recommendation development, only distinct issues identified as being specific to the vaccine or vaccine-preventable disease will be included.

This statement contains NACI's independent advice and recommendations, which are based upon the best current available scientific knowledge and is disseminating this document for information purposes. People administering the vaccine should also be aware of the contents of the relevant product monograph(s). Recommendations for use and other information set out herein may differ from that set out in the product monograph(s) of the Canadian manufacturer(s) of the vaccine(s). Manufacturer(s) have sought approval of the vaccine(s) and provided evidence as to its safety and efficacy only when it is used in accordance with the product monographs. NACI members and liaison members conduct themselves within the context of PHAC's Policy on Conflict of Interest, including yearly declaration of potential conflict of interest.

Summary of information contained in this NACI Statement

The objective of this advisory committee statement is to provide preliminary guidance for public health program level decision-making to plan for the efficient, effective, and equitable allocation of a novel coronavirus disease 2019 (COVID-19) vaccine once it is authorized for use in Canada when limited initial vaccine supply will necessitate the prioritization of immunization in some populations earlier than others. These recommendations aim to achieve Canada's pandemic response goal: "To minimize serious illness and overall deaths while minimizing societal disruption as a result of the COVID-19 pandemic." Due to anticipated constraints in supply, these National Advisory Committee on Immunization (NACI) recommendations apply to provincial/territorial publicly-funded immunization programs only and not for individuals wishing to prevent COVID-19 with vaccines not included in such programs.

The recommendations are informed by evidence available at the time of NACI deliberations, including the results of a rapid review of risk factors for severe COVID-19,¹ an expert stakeholder survey on the relative importance of pandemic immunization strategies,² and the systematic assessment of ethics, equity, feasibility and acceptability (EEFA) considerations with the peer-reviewed EEFA Framework.³ NACI will continue to carefully monitor the evidence related to COVID-19 and COVID-19 vaccine(s) and will update recommendations as evidence evolves.

Recommendations for public health program level decision-making

Given arrival of vaccine supply is expected to be staggered over several months, NACI recommends that key populations in whom vaccine is deemed safe and effective based on clinical evidence available at the time of vaccine availability should be prioritized for COVID-19 immunization. These groups are not

mutually exclusive and may overlap. A sequential approach cannot be determined until vaccine characteristics, results of clinical trials and the number of available doses are known. Key populations may change as the evidence base for COVID-19 (e.g., epidemiology, transmission dynamics) and vaccine characteristics (e.g., immunogenicity, safety, efficacy, effectiveness in preventing severe illness and interruption of transmission in different populations), as well as information on vaccine supply, evolves.

Sequencing of populations and sub-prioritization within these populations will be based on:

- A population-based risk-benefit analysis taking into consideration risk of exposure, risk of transmission to others, risk of severe illness and death, and the safety and effectiveness of vaccine(s) in key populations
- Vaccine supply (number of available vaccine types, number and timing of available doses, number of doses required)
- COVID-19 epidemic conditions when the vaccine(s) become(s) available

Key populations include:

Those at high risk of severe illness and death from COVID-19

- Advanced age
- Other high-risk conditions (to be defined as the evidence base evolves)

Those most likely to transmit COVID-19 to those at high risk of severe illness and death from COVID-19 and workers essential to maintaining the COVID-19 response

- Healthcare workers, personal care workers, and caregivers providing care in long-term care facilities, or other congregate care facilities for seniors
- Other workers most essential in managing the COVID-19 response or providing frontline care for COVID-19 patients
- Household contacts of those at high-risk of severe illness and death from COVID-19

Those contributing to the maintenance of other essential services for the functioning of society

- To be defined, prioritized and informed by federal/provincial/territorial (FPT) discussions
- Examples: those who cannot work virtually and have differential exposure to COVID-19 (e.g., police, firefighters, grocery store staff)

Those whose living or working conditions put them at elevated risk of infection and where infection could have disproportionate consequences, including Indigenous communities

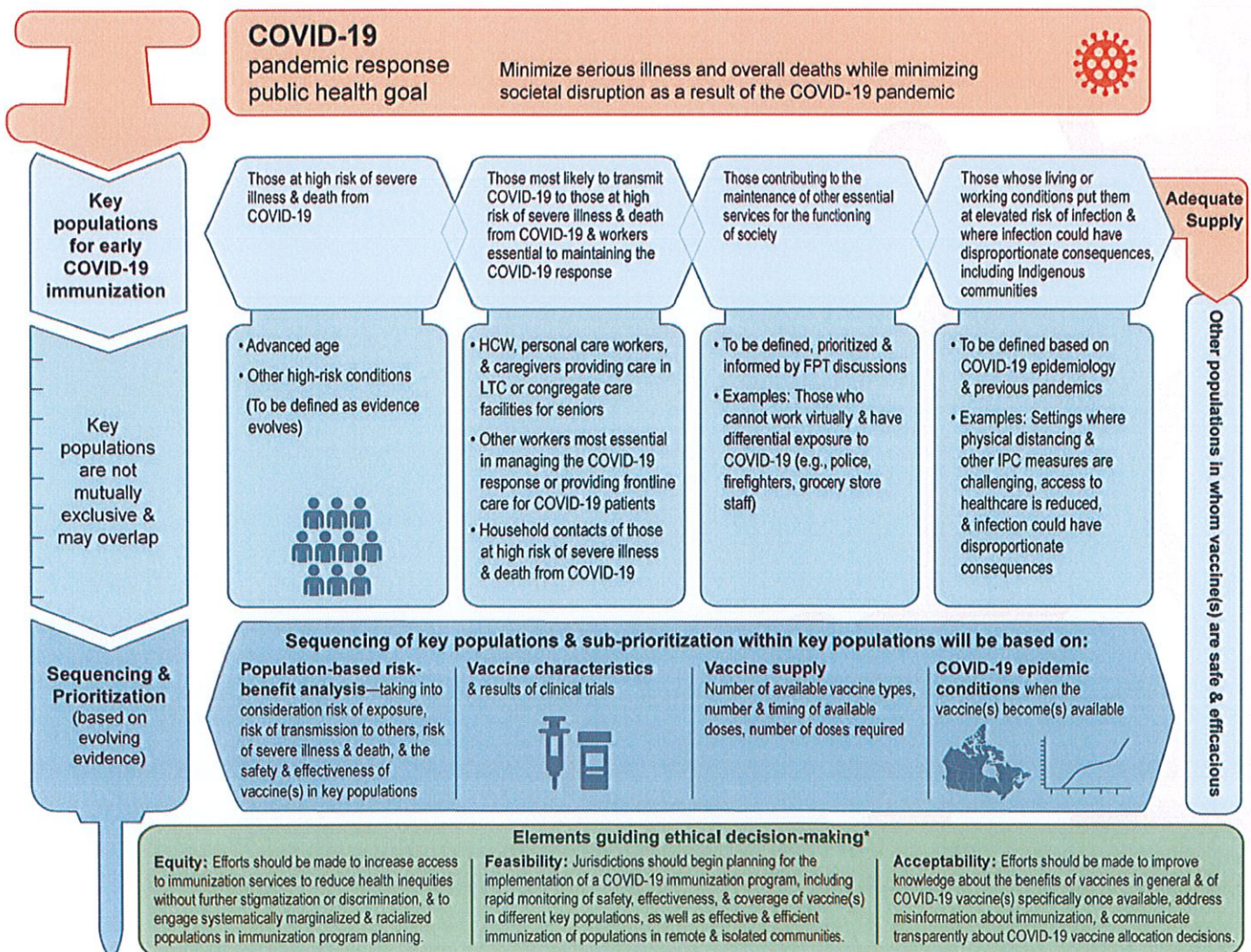
- To be defined based on COVID-19 epidemiology and previous pandemic experience
- Examples: settings where physical distancing and other infection prevention and control measures are challenging, access to healthcare infrastructure is reduced, and infection could have disproportionate consequences

Other considerations for public health program level decision-making

- Efforts should be made to increase access to immunization services to reduce health inequities without further stigmatization or discrimination, and to engage systemically marginalized populations and racialized populations in immunization program planning.
- Jurisdictions should begin planning for the implementation of a COVID-19 immunization program, including close and rapid monitoring of safety, effectiveness, and coverage of the vaccine(s) in different key populations, as well as effective and efficient immunization of populations in remote and isolated communities.
- Efforts should be made to improve knowledge about the benefits of vaccines in general and of COVID-19 vaccine(s) specifically once available, address misinformation about immunization, and communicate transparently about COVID-19 vaccine allocation decisions.

Figure 1 summarizes NACI's interim recommendations on key populations for early COVID-19 immunization for public health program level decision-making.

Figure 1: Summary of the preliminary NACI recommendations on key populations for early COVID-19 immunization



*based on the systematic assessment of ethics, equity, feasibility and acceptability using an evidence-informed framework, available at: <https://doi.org/10.1016/j.vaccine.2020.05.051>

In the rapid review, data for immunocompromised patients (specifically rheumatic disease and HIV) were limited by small studies and no conclusions could be drawn about the magnitude and certainty of the associations. Further, no studies on pregnancy met the publication date and eligibility criteria.

Generalization of findings from other countries to Canada should be made with caution, as high-risk groups may differ by population. Furthermore, because of differences in methodology, the list of important risk factors identified in this rapid review may differ from other sources. Updated evidence syntheses will inform future NACI decisions.

Feasibility considerations

NACI recognizes that there are a number of challenges to the feasible implementation of a COVID-19 immunization program due, in part, to the uncertainties around vaccine characteristics (e.g., indications, adverse events) and supply, as well as the novel nature of the disease and vaccine(s). Issues around the vaccine and the immunization program with respect to resources (e.g., vaccine and immunization supplies including storage and dissemination of new vaccine technologies in different vaccine delivery venues; human resources for administration of vaccine, communication, training, data entry, screening for COVID-19, operational planning, etc.) as well as integration with existing programs (e.g., registries, surveillance, adverse event following immunization (AEFI) reporting) abound. Close and rapid monitoring of safety, effectiveness, and coverage of the vaccine(s) in potentially different key populations will be critical.

To assist jurisdictions with the planning of a potential COVID-19 immunization program, jurisdictions may refer to the Feasibility Matrix (Appendix E), summarizing potential issues with implementing a COVID-19 immunization program. These issues apply to immunization in any population. Jurisdictions may also wish to refer to the [Interim guidance on continuity of immunization programs during the COVID-19 pandemic](#)¹² to minimize disruption to existing immunization programs.

The feasibility of immunizing different populations will vary with the size of the population to be immunized, vaccine characteristics in the population, and vaccine supply, among other considerations. Sub-prioritization or sequencing within key populations may be necessary, either initially and/or gradually.

In some Indigenous communities, crowded multi-generational living makes segregation of at-risk groups challenging, and precarious supply chain, infrastructure, and health systems are vulnerable to critical disruption. In these cases, there may be value in implementing multiple strategies concurrently and completely immunizing entire communities where relatively small quantities of vaccine are needed to achieve the pandemic response goal.

Acceptability considerations

In alignment with the ethical principle of respect for persons and communities, the values and preferences of a range of stakeholders, including experts, patient/community advocates, and the general public were considered. Factors influencing acceptability of a COVID-19 vaccine are summarized



Notifications

COVID-19: State of public health emergency. Mandatory measures in effect provincewide.

Close



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COVID-19 vaccine distribution

Alberta's phased immunization program is underway.

Overview

Alberta is receiving vaccine doses as they are [approved by Health Canada](#).

Vaccine is being distributed through a phased immunization program. Our goal is to immunize Albertans as safely and effectively as possible.

Exact amounts and timelines are subject to change. We will amend our approach as needed depending on vaccine supply.

Progress to date

As of January 3:

- 22,861 doses of COVID-19 vaccine have been administered in Alberta.
- No adverse events following immunization (AEFI) have been reported to Alberta Health and Alberta Health Services.

Updated figures will be shared regularly. Additional public reporting will be released in 2021.

Approved vaccines

- [Pfizer BioNTech](#) received approval on Dec. 9, 2020.
- [Moderna](#) received approval on Dec. 23, 2020.

Phases

Early Phase 1: December 2020

Immunizations will be offered to key populations, with a focus on acute care sites with the highest COVID-19 capacity concerns in Edmonton and Calgary:

- Health-care workers in intensive care units
- Respiratory therapists
- Staff in long term care and designated supportive living facilities

Phase 1A: January 2021

Timeline subject to change depending on vaccine supply

Immunizations will be offered to key populations across the province:

- Respiratory therapists
- Health-care workers in intensive care units
- Staff in long term care and designated supportive living facilities
- Home care workers
- Health-care workers in emergency departments
- All residents of long term care and designated supportive living, regardless of age

Phase 1B: February 2021

Timeline subject to change depending on vaccine supply

Immunizations will be offered to key populations:

- Seniors 75 years of age and over, no matter where they live
- First Nations, Métis and persons 65 years of age and over living in a First Nations community or Metis Settlement
- Health-care workers in medical, surgical and COVID-19 units or operating rooms

Phase 2: April to Sept 2021 – continue targeting populations at risk

- Work to identify sequencing for Phase 2 groups is underway. Decisions will be made in 2021.

Phase 3: Fall 2021

- Anticipated start of roll-out to the general public

Resources

For Albertans:

- [What you need to know about the COVID-19 vaccine for Canada](#)
- [COVID-19: How vaccines are developed](#)
- [Vaccine safety, concerns and possible side effects](#)

For immunization providers:

- [Guidance for the delivery of COVID-19 immunization services](#)

News

- [More than 25,000 doses of COVID-19 vaccine en route to Alberta](#) (Dec 14, 2020)
- [First COVID-19 immunizations to start next week](#) (Dec 9, 2020)
- [Preparing for COVID-19 vaccine distribution in Alberta](#) (Dec 2, 2020)

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[Home](#)



Policy Title: LONG TERM SERVICE AWARDS	Policy #: HR 2020-10-13
Authority Approval: Mayor and Council	Resolution #:
	Effective Date:
Distribution:	
<input checked="" type="checkbox"/> Master	<input checked="" type="checkbox"/> Fire Department
<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Library
<input checked="" type="checkbox"/> Council	<input checked="" type="checkbox"/> Public Works
<input checked="" type="checkbox"/> FCSS	<input checked="" type="checkbox"/> Recreation

Purpose: To provide recognition of long-term service of staff to the Town.

- Policy Statement:**
1. Service awards will be presented at the annual Staff Christmas Party.
 2. Awards shall be presented as follows:

Years of Service	Award
5 Years	Jacket (Value \$150)
10 Years	Jacket (Value \$225) and Gift Cards (\$250)
15 Years	Jacket (Value 225) and Gift Cards (\$500)
20 Years	Jacket (Value \$350) and Gift Cards (\$1,000)
25 Years	Jacket (Value \$375) and Gift Cards (\$1500)
30 Years	Jacket (Value \$400) and Gift Cards (\$2,000)

Reviewed/Amended	Date: October 13, 2020
Mayor	CAO

Service	Description	Funding	Terms	Expiry Date	Notes	Link to Document
<u>Assessment Appeals</u>	The County provides Assessment Review Board services to the Town when required	The Town ppays the County on a cost recovery basis as specified in the agreement	Bylaw #981	No Expiry Date	any legal advice/services if required. See Schedule B	Q:\APPROVED AND SIGNED\PDF BY LAWS\Bylaws 900+1981 - Joint Assessment Review Boards 2019-04-29.pdf
<u>Assessment / GIS Services</u>	The County provides a complete valuation update of the Assessment Roll every year in order to adjust to market changes; hosts, maintains and updates the Town's data on their Geographical Information System (GIS); and makes the data available to the Town anytime	The Town shall pay the County on a per land parcel basis	Feb 19, 2019- Dec 31, 2020	12/31/2020	\$23.97 per parcel based on 1145 parcels in 2019 with a 2% increase in 2020. 2019 - \$28,160 and 2020 - \$28,720. GST to be paid upon each instalment	N:\12_ADMINISTRATION\250 Contracts and Agreements\LEASES AGREEMENTS AND CONTRACTS\County Of Grande Prairie\Agreements sent by Joulia March 2020\Assessment Services Contract.pdf
<u>Emergency Services</u>	The County and the Town provide emergency planning, preparedness, mitigation, response and recovery thru the Grande Prairie Regional Emergency Partnership (GPREP)	Is in accordance with the funding formula outlined in Schedule B of the agreement	June 27, 2013 - June 27, 2023	6/27/2023	Population based - 1001-9999 is \$10,000 See Schedule B	N:\12_ADMINISTRATION\250 Contracts and Agreements\LEASES AGREEMENTS AND CONTRACTS\County Of Grande Prairie\Agreements sent by Joulia March 2020\Emergency Services - 2.pdf
<u>FCSS</u>	The Town provides FCSS programs to Town and County residents	The County will provide program funding equivalent to 50% of the grant the Town receives from the Province of Alberta	1-Jan-19	No Expiry Date	in agreement	N:\12_ADMINISTRATION\250 Contracts and Agreements\LEASES AGREEMENTS AND CONTRACTS\County Of Grande Prairie\Agreements sent by Joulia March 2020\FCSS Memorandum of Funding.pdf
<u>Fire Protection</u>	The Town provides fire protection services to designated areas within the County as described in the agreement	The County pays the Town as per the fee schedule in the agreement	1-Jan-16	12/31/2020	Schedule 'E', Jan 1, 2020 \$103,277.07	N:\12_ADMINISTRATION\250 Contracts and Agreements\LEASES AGREEMENTS AND CONTRACTS\County Of Grande Prairie\Agreements sent by Joulia March 2020\Municipal fire Protection Agreement.pdf
<u>Mutual Aid Fire Agreement</u>	This is a regional mutual aid agreement between the County of GP, Town of Beaverlodge, Town of Sexsmith, Town of Wembley and Village of Hythe to provide emergency services assistance and resources when required. All parties agree to provide services on an as needed basis	Parties agree not to bill or charge for service or assistance	11-Jul-13	No Expiry Date	Parties agree to not bill or charge for service or assistance	mutual aid fire agreement 2013.pdf
<u>Northwest Alberta Emergency Resource Agreement (multiple signatories)</u>	The purpose of this agreement is to provide the ability for signatories to access needed resources to mitigate or support emergency response initiatives from sources outside predetermined mutual aid agreements	The supplying Party providing assistance and/or equipment shall be compensated at those agreed upon standard rates that are approved from time to time by each Party	Jul-16	No Expiry Date	Appendix 'B'	N:\12_ADMINISTRATION\250 Contracts and Agreements\LEASES AGREEMENTS AND CONTRACTS\County Of Grande Prairie\Agreements sent by Joulia March 2020\Northwest Alberta Emergency Resource Agreement.pdf
<u>RCMP Detachment Enhanced Administration</u>	The Town provides an administrative municipal clerk position to the Beaverlodge RCMP Detachment (This is a multilateral agreement between the County of GP, Town of Beaverlodge, Town of Wembley, Village of Hythe and Horse Lake First Nation Band Council)	20% cost shared equally	Jun-17	No Expiry Date	Declined renewal after Hythe, Wembley and Horse Lake declined. Province is going to fund another admin for this detachment. Oct 2020.	N:\12_ADMINISTRATION\250 Contracts and Agreements\LEASES AGREEMENTS AND CONTRACTS\County Of Grande Prairie\Agreements sent by Joulia March 2020\RCMP Detachment Enhanced Administration.pdf
<u>Recreation Funding</u>	The Town makes available specified Town recreational facilities for use by County residents	The County provides an annual contribution to the Town that is specified in the agreement	1-Jan-20	12/31/2022	2020 funding by County to Town - \$24k Greenspace & playing fields, \$350k indoor pool and rec centre, \$125k arena. Increase 2.5% per year of agreement. \$175k for arena roof repair	N:\12_ADMINISTRATION\250 Contracts and Agreements\LEASES AGREEMENTS AND CONTRACTS\County Of Grande Prairie - Recreation\Recreation Services Agreement.pdf
<u>Regional Transit System Pilot</u>	The County provides a regional transit service to residents of the Town	Provincially funded through an Alberta Provincial Grant	1-Nov-18	11/1/2020	Pilot program was cancelled.	n/a

<p><u>Road Maintenance</u></p>	<p>The County provides snow removal and gravel road maintenance for the following areas: a) Township Road #720 from Highway 722 west to Town limits; b) Township Road 720 from Highway 43 east to 11th Avenue/Township Road 101; c) Township Road 721 from Highway 722 west to Town limits; d) Range Road 102 from Highway 43 north to Town limits</p>	<p>The Town pays to the County a payment in accordance with County approved schedule of fees; equivalent road maintenance service in-kind or equivalent road equipment in-kind</p>	<p>13-Aug-19</p>	<p>8/13/2024</p>	<p>The Town pays to the county a payment in accordance with county approved schedule of fees; equivalent road maintenance service in-kind; or equivalent road equipment in-kind</p>	<p>Memorandum of Agreement - Road Maintenance - Town of Beaverlodge 2019.pdf</p>
<p><u>Safety Codes Inspections (Buildings)</u></p>	<p>The County provides to the Town administrative services for the delivery of Safety Codes inspections permitting in accordance with the Safety Codes Act</p>	<p>The County receives 90% and Town 10% of the permit application fees as outlined in Appendix A1.A & A1.B of the agreement</p>	<p>8-Jan-18</p>	<p>12/31/2023</p>	<p>Appendix A1.A & A1.B</p>	<p>N:\12_ADMINISTRATION\Nichole\Safety Code Fees 2021.pdf</p>
<p><u>Subdivision & Development Appeals</u></p>	<p>The County provides to the Town subdivision and development appeal board hearing services when required</p>	<p>Fees are based on a cost recovery model that the Town pays to the County as required</p>	<p>17-Sep-18</p>	<p>No Expiry Date</p>	<p>Appeal fee may be refunded if withdrawal occurs prior to notifications being sent out.</p>	<p>N:\12_ADMINISTRATION\250_Contracts and Agreements\LEASES AGREEMENTS AND CONTRACTS\County Of Grande Prairie\Agreements sent by Joulia March 2020\Intermunicipal Subdivision and Development Appeal Board.pdf</p>
<p><u>Weed Inspection Services</u></p>	<p>The County provides operations and administration of weed inspection services including enforcement and compliance with Section 9 of the Alberta Weed Control Act</p>	<p>The Town will pay the County for service per agreed upon rates established from time to time</p>	<p>30-Apr-19</p>	<p>12/31/2021</p>	<p>Town pays their portion via grant funding.</p>	<p>N:\12_ADMINISTRATION\250_Contracts and Agreements\LEASES AGREEMENTS AND CONTRACTS\County Of Grande Prairie\Agreements sent by Joulia March 2020\Weed Inspection Services.pdf</p>

Item Number	Subject	Requested On	Committee	People Responsible	Item Notes	Status	Target Date of Completion
1	Land Use Bylaw	ongoing		CAO	Reviewing with Staff. To include: comparison of set back allowances to other communities; secondary suites within residence; secondary suites - outbuilding. RFP will be coordinated with updates to the MGA. A consultant has been hired and a first draft is coming. Tina has reached out to John Simpson who hasn't yet replied.	In progress	Ongoing
2	NW Parking Lot of Town Square	2017-03-27		CAO	File is currently with Beirsto & Assoc.	Report to Council	Winter 2020
3	Bylaw & Terms of Reference for Recreation & Public Works Committees	2017-10-30		CAO	CAO to complete bylaw & terms of reference for new committees	Report to Council	Spring 2021
4	Cleaning Ditches	2019-09-09		PW	Public Works will continue to work on the ditches, weather permitting.	on hold	Spring 2021
5	Hydrant Repairs	12-Nov-19		PW	There are 3 hydrants to repair, 11A St 5th Ave West & 6th Ave - 7th St & 10th St-1st Ave	on hold	Spring 2021
6	Bulk Water Hose	23-Mar-20		Admin/PW	Removal of our bulk water hose and having customers bring their own. Once PW has completed the work so that hoses can easily be attached and detached we will send out notification of the new procedure to our customers and start implementing. Discussed as part of the Phase 2 upgrade of the WTP.	On Hold	Spring 2021
7	10A St & Highway 43 (Subway Intersection)	22-Jun-20		CAO/Admin	Locate the engineered drawings and plans for the removal of water from this intersection.	Report to Council	Winter 2020
8	Paint Road lines and angle parking lines & parking lot lines	4-Aug-20		PW	Crosswalks done. Centre lines, parking lot and angle parking lines to be painted downtown - delayed until spring.	on hold	Spring 2021
9	Set Meeting for PWSD land	14-Sep-20		Admin	Contact PWSB and the Chair of the Parents Advisory Council to set up a meeting with council to discuss the future use of the land located on 7th Ave between 10th & 11th Street. Invitations have been sent for Nov 17 @ 7pm. Parental Advisory Board responded affirmatively to our request however PWSB Board declined with their own invite to their Board meeting - see letter item 6.2. Oct 27, Admin responded with a request to meet in New Year and awaiting reply.	In progress	1/31/2021
10	Set meeting about new Firehall	14-Sep-20		CAO		In progress	11/23/2020
11	Road Patching	28-Sep-20		Admin	Paving/Patching areas - all areas that were prepped will be completed however the 8th Street area will not be done until next year because it is too close to winter.	on hold	Spring 2021
12	Town Limit Signs	28-Sep-20		PW	Signs are ordered, need to be placed at all entrance points - permits being applied for these	In progress	Spring 2021
13	Repairs to Outdoor Rink	28-Sep-20		P&R / PW	Repair the shabby gate, build benches and install a Port-A-Potti. Broken equipment has been removed and will need to be replaced as it is destroyed. Green building has been locked.	In progress	Spring 2021
14	Grande Prairie & District Catholic School Board	26-Oct-20		Admin	Set up a meeting with the Board to discuss St. Mary's Kitchen - they proposed coming out on Jan 14, 2021. Awaiting Council response.	In progress	1/14/2021
15	Highway 722	9-Nov-20		Admin	Contact Alberta Transportation regarding lowering the speed limit on Highway 722 from the lagoon towards town to 60 KM/hr.	In progress	Spring 2021
16	ICF Listing	14-Dec-20		Admin	Create a listing of all ICF agreements along with the terms and expires for easy reference.	In progress	Spring 2021
		Current as of:	1/11/2021				



Box 30, Beaverlodge, AB T0H 0C0

Phone: 780.354.2201

Fax: 780.354.2207

Council Activity Report

Period. December 2020

Council Name: Gena Jones		
Dec 3	Committee Meeting	Mountview Health Complex
Dec 4	Council	Handing out treat bags at the Christmas tree
Dec 4	Council	Judging Christmas Lights
Dec 8	Council	Meeting with Jeff
Dec 10	Community Futures	Strategic Planning
Dec 12	Council	Handing out oranges and cards to health providers
Dec 14	Town council	Regular council meeting



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Council Activity Report

Period: December, 2020

Council Name: Judy Kokotilo-Bekkerus		
Date	Committee/Meeting Title	Comments/Purpose
Dec 3_2020	Other	P3 Partners - Mountview Health Complex Committee Teams Meeting
Dec 10_2020	Grande Spirit Foundation	Labor Management Committee Teleconference Meeting
Dec 10_2020	Grande Prairie Regional Recreation Committee	Quarterly Teams Meeting
Dec 14_2020	Town Council	Regular Council Meeting
Throughout The month	Grande Spirit Foundation	Continued contact with GM for updates and collaboration



Box 30, Beaverlodge, AB T0H 0C0

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Fax: 780.354.2207

Council Activity Report

Period: DECEMBER 2020

Council Name: Cyndi Corbett		
Date	Committee/Meeting Title	Comments/Purpose
Dec 4	Community Economic Development Committee	Farmer's Market, ornament debut
Dec 4	Intermunicipal Subdivision, Development Appeal Board	PLE 20200404
Dec 5	Community Economic Development Committee	Farmer's Market, ornaments
Dec 9	Intermunicipal Subdivision, Development Appeal Board	PLDEV 20190370
Dec 9	Grande Prairie Regional Tourism	All Board Budget Meeting
Dec 11	Community Economic Development Committee	St Mary School decorated Town Tree, candy handed out
Dec 14	Town Council	Regular Council Meeting
Dec 18	Grande Prairie Regional Tourism	Emergency Board Meeting, In Camera

Council Activity Report

Period: DECEMBER 2020

Council Name: Hugh Graw		
Date	Committee/Meeting Title	Comments/Purpose
Dec 16		Met with Mayor to discuss new fire hall
Dec 16		Met with Fire Chief about new fire hall
Dec 18		Met with Nick, asked what his short- and long-term goals were. Talked about cross training and he will update us every 6 months. Talked about street maintenance, water runoff, ditching, equipment, security and who's cameras cover what angles. Nick has already updated the computer system in the water treatment plant. As it was there were no backups.
Dec 22		Met with Jeff Discussed town equipment Track ho Lease Fencing at water treatment plant New fire hall Equipment we are sharing and equipment we are not using Security systems Moving the food bank Ditching in the spring
Jan 5		Met with RCMP Setting up a Protective Services meeting for later this month