

Building Community Solutions

Community Profile Snapshot 2009

Maple Ridge, Pitt Meadows, Katzie

Prepared for:

Building Community Solutions Steering Committee

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**LEGACY HERITAGE
CONSULTANTS**

June 2009

Dear Community Members,

This report, entitled *Community Profile: Snapshot 2009*, is our first follow up to our initial work of 2002. It continues to document many of the strengths (and some of the challenges) of three distinct communities: Katzie, Pitt Meadows and Maple Ridge. While the Snapshot draws attention to the challenges our communities face, it also illuminates the responses and the changes that have happened in the intervening years.

In response to the changing landscape, the Community Network (formerly the CYFN) has expanded from 80 members to over 145 members and has developed a series of issue specific subcommittees, task forces and new affiliations (as shown in the attached schematic chart). The network has experienced tremendous growth and built capacity to respond to current and emerging community needs in the spirit of collaboration. This has been the most significant change. We have begun the process of embedding a collaborative approach and culture within our membership that leads to the most appropriate, best practice solutions.

As we enter tough economic times the strengthening of our collective wisdom and collaborative approach will prepare us to face challenges. The indication of growing homelessness and food insecurity, issues of poverty, and shrinking resources (not documented in this report) will be a major factor in our ongoing work. The Community Network plays a critical role in the overall health and vitality of all three communities. Our learnings contribute to our ability to respond in positive and supportive ways to the ever-changing challenges that we face.

This project was initiated by the United Way and the Maple Ridge Social Planning Advisory Committee (SPAC) in 2001 and is financially supported for this current snapshot by SPAC. It is sponsored by the Maple Ridge, Pitt Meadows and Katzie Community Network and coordinated by a dedicated ad hoc planning steering committee. Many people from many agencies and disciplines contributed many hours to come to meetings and review the various stages of the document. We are deeply grateful for their contributions.

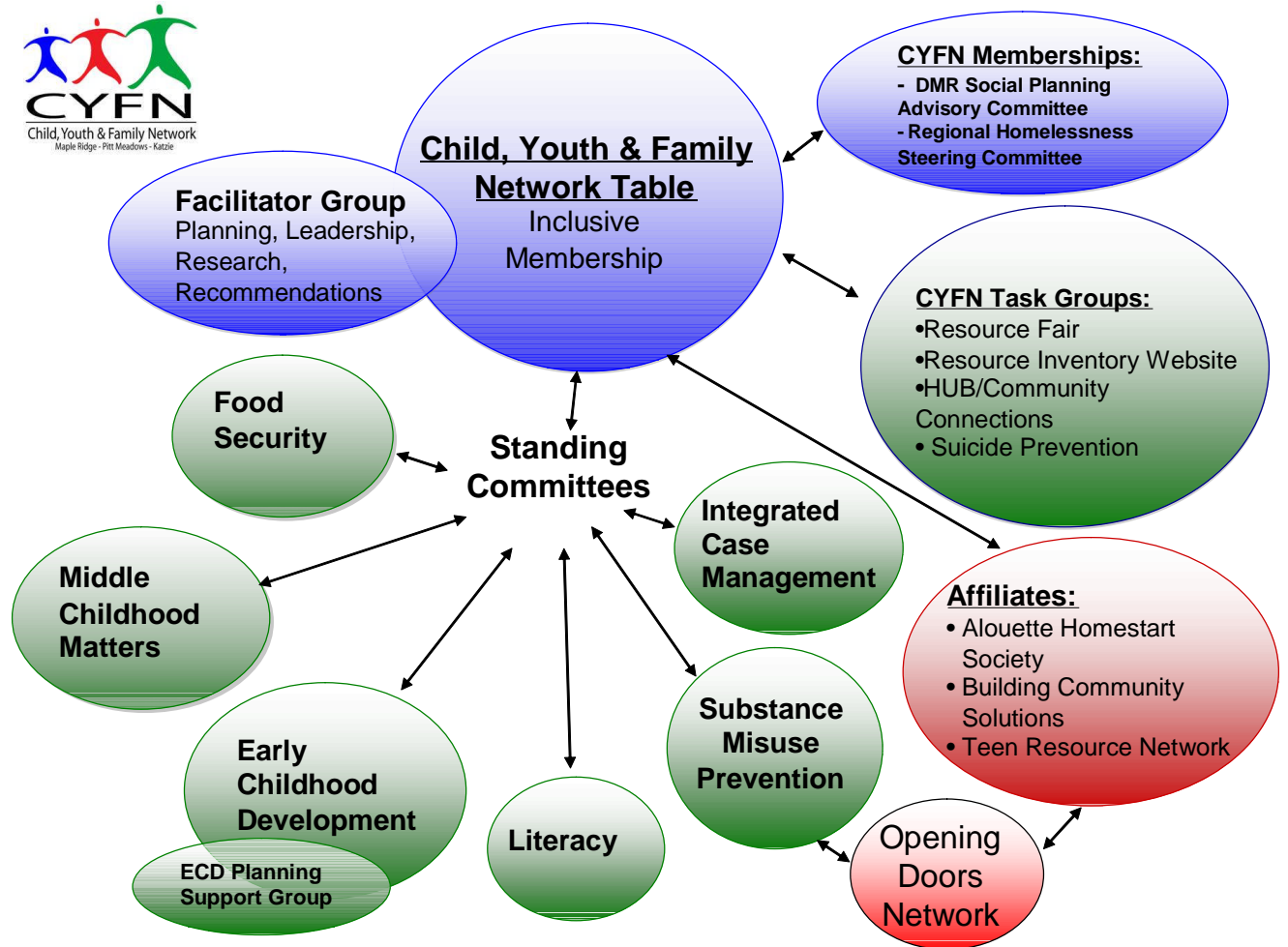
The actual research was done by our consultant Warren Sommer whose guidance and patience were invaluable. We were indeed fortunate to be able to work with Warren who had led us through the first Snapshot process. We again had many ideas for new indicators and Warren was gracious in refocusing the group to what was realistically achievable. A heartfelt thanks to Warren.

We would also like to acknowledge the support of Christine DiGiamberardine from Maple Ridge Community Services/Social Planning Department who kept the group organized and the momentum going. Always a cheerful presence, many, many thanks Christine.

Sincerely,

A handwritten signature in cursive script that reads "Candace Gordon".

Candace Gordon, Chair - Maple Ridge, Pitt Meadows and Katzie Community Network



Community Network Schematic Chart

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Executive Summary

This document is an update and augmentation of a community profile undertaken under the auspices of the Maple Ridge/Pitt Meadows/Katzie Building Community Solutions initiative, a project that began with support from United Way of the Lower Mainland's Communities in Action initiative. The updated document provides insights into a number of aspects of life in the three communities. These relate to areas as diverse as economic, environmental, and physical health; public safety; housing; community participation; and educational achievement.

The report notes that the significant growth experienced in the three communities in the period 1996-2001 has abated, but that moderate rates of population growth continue to challenge municipal, health, social, and other service providers. The report also documents how the nature of the population is changing. Although numbers continue to increase in each age-based cohort, the communities' population is aging. The percentages of the population aged 0 to 5 and 6 to 12 are decreasing. The population cohort aged 65 and over, on the other hand, is growing at an apparently unprecedented rate.

The percentage of the population aged 13 to 18 is relatively stable. Preventive services for children and youth have received considerable attention in recent years, with youth agreements and youth justice services offering innovative supports to at-risk youth.

Further changes in the nature of the population are evidenced in a decrease in the percentage of lone parent families, a decrease in the percentage of recent immigrants, and a decrease in the percentage of low-income families. These decreases in rates, however, are complicated by an increase in the absolute numbers of these populations. Trends such as these will present service providers with significant challenges as they plan and deliver their services for a population that is both growing and changing.

Although the percentage of families living with low incomes is decreasing, many residents continue to be financially distressed. Food bank use remains high, with families and children being the prime users. Changes in provincial regulations have resulted in a decrease in the percentage of both adult and juvenile residents in receipt of Income Assistance. Child poverty, however, remains high in Maple Ridge (British Columbia continues to experience the highest rates of child poverty in the country) and the increasing rate of reliance on Employment Insurance may be related to the decreased availability of Income Assistance. Accessing affordable rental housing remains difficult for many residents.

Although many residents continue to face many challenges, others are experiencing improvements in their financial circumstances. The percentage of residents owning their own homes has increased significantly during the last decade, though the percentage of homeowners spending more than 30% of household income on major payments has also increased. Gaining access to social housing remains a problem for various members of the community, including seniors, families, single adults, and persons with a disability. And, as in other areas of the Greater Vancouver Regional District (less formally known as Metro Vancouver), homelessness is an increasing challenge in the Maple Ridge Local Health Area. Statistics indicate that the rate of

homelessness has more than doubled since 2005 and that the use of shelters continues to be high, for both adults and youth.

On a highly positive note, the educational attainments of residents of the three communities have increased dramatically since 1996, as is evidenced in the proportion of the population with a secondary school certificate or completed post-secondary education. There has also been a slight improvement in Foundation Skills Assessments in School District 42.

Several statistical indicators suggest significant changes in the health of the communities' residents. The rate of live births to teens is plummeting, as is the teen pregnancy rate. Curiously, although the rate at which residents are purchasing alcohol through government liquor stores is falling, the rate of deaths due to both alcohol and drugs is growing. The suicide rate has experienced a minor decrease, as have the rates of hospitalizations due to mental disorders and to the misuse of psychoactive substances. The rate of hospitalization of seniors due to the misuse of medications has also decreased. These positive outcomes are somewhat offset by high rates of tobacco use by young adults.

Although there may be concerns about the health and levels of local aquifers, statistics relating to environmental quality in Maple Ridge, Pitt Meadows, and Katzie are encouraging. The quality of the municipal water supply (through the Greater Vancouver Water Board) is high, as is the community's supply of recreational and protected natural areas. The rate at which residents leave their municipalities (generally in private motor vehicles) to get to their workplaces is moderate in comparison with other jurisdictions.

Indicators relating to participation in community life suggest a healthy rate of voluntarism outside the home and workplace and generally moderate voter turnout at municipal elections. The rate at which residents contribute to registered charities, however, is low in comparison with other municipalities, and the rate at which public schools are being used by the community outside school hours appears to be declining.

Significantly, the statistics indicate that the three communities are generally safe, experiencing low rates of spousal abuse, serious violent crime (including serious violent crime involving youth), and only moderate levels of serious property crime and motor vehicle thefts.

This report is but a single element of a multi-phase initiative. The project's initial phase saw a number of community stakeholders drawn from diverse disciplines and interest groups come together in a community development initiative that resulted in the initial community profile. Since that time, service providers, elected officials, and community members have joined together to identify priorities for action and strategies to address those priorities. A number of interventions and initiatives have taken place, some of which may have influenced the indicators documented in the present report. This report will enable participants in a number of community processes to evaluate the effectiveness of their efforts and to set new directions for future collaborative action.

Introduction

Origins of the Project:

The Maple Ridge/Pitt Meadows/Katzie Community Impact Profile began in the fall of 2000, when the Maple Ridge Social Planning Committee (SPAC) and the Ridge Meadows Child, Youth, and Family Network (CYFN) joined forces to access funding from the United Way of the Lower Mainland to undertake the project. From the outset, it was agreed that the Community Impact Profile would be the first component of a three-phase project whose ultimate goal would be to improve the quality of life of those who live in the three communities. After seven years of collaborative initiatives, stakeholder groups agreed that it would be opportune to take stock of the community once again, to get a better grasp of how their activities may have occasioned change and to provide context for the planning of additional activities in the future.

Community Impact Profiles

Community Impact Profiles are known by a variety of names, (e.g. community assessment projects, community mapping projects, community status reports). Regardless of how they are titled, they all share a common intent, that is, to create a snapshot in time of a community's overall status or health. Community Impact Profiles measure a community's status through statistical indicators. These generally relate to areas such as physical and mental health, economic conditions, environmental conditions, learning, and public safety.

Indicators

Indicators have been likened to "small bits of information that reflect the status of larger systems" (see *The Community Indicators Handbook*, by Redefining Progress, Tyler Norris Associates, and Sustainable Seattle, 1997). Thus, an indicator such as "the percentage of the adult population who have a secondary school certificate" tells us something about the educational status of a community, while an indicator such as "average family income" suggests something about levels of wealth (and spending power) in a community. When coupled together, indicators are even more powerful, and provide greater clarity about the overall condition of a community. When tracked over time, indicators have the capacity to indicate whether particular conditions in a community are worsening, remaining static, or improving. Understanding the direction in which their community is going assists community members to make decisions about where best to place their resources.

A Tool for Community Development

Community Impact Profiles generally incorporate indicators that are numerous enough, and sufficiently diverse, to create a sense of the overall quality of life in a community. If they are developed by a broad set of community members, they have the ability to provide a wide range of community members not only with information, but can also serve as a tool to build community, and more specifically, to build linkages between community members and organizations, while also helping communities to develop a common vision, common goals, and common strategies to address community issues. The present study has benefited though input and participation on the part of a committee drawn from diverse interest areas.

Developing the Project

A committee of individuals drawn from local government, the school district, provincial ministries, and not-for-profit organizations has overseen this project. Early in the project, the committee met with the consultant to review the initial community impact profile (*Snapshot 2002*), to confirm statistical indicators to be retained from the initial report, to identify appropriate new indicators, to identify sources, and ultimately, to review the results of the research and to plan its presentation to the community. The committee agreed to the retention of most of the indicators from the original report and developed a list of a dozen additional indicators in the hope that they could be added to the report.

Principles

Early in the project it was agreed it would be advantageous to apply a number of principles to the identification of new indicators to be researched and discussed within the context of the updated report. The principles identified are as follows:

- Indicators should reflect/relate to the Vision and Goals of Building Community Solutions
- Indicators should provide balance among the subject areas (population, children and youth, public safety, environment, etc.)
- Indicators should reflect continuity with the previous work (so that the initial work is baseline)
- Preference should be given to indicators for which both historical and current data are available (to show trends)
- The data should be reliable and accurate
- The data should be readily available
- The data should be understandable (not too technical to non-specialists)
- Indicators should reflect outputs rather than inputs, where possible
- The indicators should inspire action
- The data should be available at little or no cost

Presenting the Data

Early in the initial project, the Steering Committee confirmed that the Maple Ridge, Pitt Meadows, and Katzie communities were distinct, but in many cases, connected communities. It was therefore agreed that the data should be presented separately for each community wherever possible. This proved a challenge, insofar as many sets of data (health-related statistics, for example) were only available at the Local Health Area level, and sometimes, only at the Health Region level. Much of the census data was not available for Katzie, as it had been "suppressed" by Statistics Canada to protect the privacy of individuals who might otherwise be identified, given the relatively small size of the community.

The Steering Committee was in the curious position of requesting data from the 1996 Census at the same time that the 2001 Census was being undertaken. This was viewed as a strength, rather than as a liability, as the 1996 data served as a point of comparison for the 2001 data, and now, for the 2006 data.

Recognizing that the communities of Maple Ridge, Pitt Meadows, and Katzie do not exist in a vacuum, the Steering Committee for the original report determined to include data from other municipalities for the purpose of comparison. Langley Township was chosen as it parallels

Maple Ridge, Pitt Meadows, and Katzie in a number of ways. It sits in a similar position within the Greater Vancouver Regional District (sometimes less formally known as Metro Vancouver) and within the Fraser Valley. Both communities share a rural past, and both are experiencing increasing urbanization.

The Tri-Cities were chosen as a second comparative community, given that they are now what Maple Ridge, Pitt Meadows, and Katzie may become in the future, i.e. an area that has experienced rapid population growth, increased congestion, and increased cultural diversification. Wherever possible, data has been presented for the Tri-Cities as a unit, and where not, it is presented for each of the component municipalities. In a few cases, data for Langley Township is not separable from that for the City of Langley, and the data for the two municipalities is combined under the title of "the Langleys."

Where available and relevant, data at the regional and provincial level was also included. In some cases, the regional data was that for the Greater Vancouver Regional District (also called Metro Vancouver). In other cases, in the initial report, regional data was provided for the former Simon Fraser Health Region, which consisted of the Maple Ridge, Coquitlam, and Burnaby Local Health Areas. Although restructuring of the health system has resulted in the creation of the Fraser Health Authority and the abolition of the Simon Fraser Health Region, the boundaries and names of the local health areas remain the same. The Maple Ridge Local Health Area coincides with School District 42, and includes Maple Ridge, Pitt Meadows, and Katzie. The boundaries of the Coquitlam Local Health Area coincide with those of the Tri-Cities: i.e. Coquitlam, Port Coquitlam, Port Moody, Anmore, and Belcarra. Where Local Health Area was used, data for the Langley Local Health Area was also included. This Local Health Area includes the City and the Township of Langley, as well as the Kwantlen and Katzie 2 Indian Reserves.

The Steering Committee for the original report reviewed excerpts from a number of Community Impact Profiles prior to deciding on a format for their own. It was recognized that having all the Community Impact Profiles funded by the United Way of the Lower Mainland resemble one another would be useful both for the United Way and for those using more than one report. It was also recognized that the two existing Community Impact Profiles were both attractive and user-friendly. It was therefore determined to present the statistical data in a question and answer format, and to use graphics and charts to make the report easily understandable. Committee members for the current report elected to retain the format of the original report early in their discussions.

To ensure usefulness, the report presents the statistical information in categories, and the pages devoted to individual indicators discuss why the indicator is important, what the situation is in the subject communities, what the situation is in the comparative communities, what the trends are, a discussion of the limitations of the data, and information on sources (including those used in gathering the information, and sometimes, other possible sources of information).

Thoughts for the Future

During the course of the project, difficulty was occasionally experienced in identifying specific indicators, which could measure the status of particular services or activities in the community. In some cases, community organizations do not keep statistics that might shed light on the status of particular aspects of community life. In other cases, services appear to come and go, or to

move between sponsoring organizations, rendering it difficult to capture reliable statistical information. Insofar as this report may be updated and added to in the future, community organizations and government may wish to review their capacity to record and their means of recording statistical information.

Statistical Data



1.0

Population Indicators

Population Indicators

1.1 Number of Residents and Population Growth Rates 1996 to 2001 and 2001 to 2006

Between the 2001 and 2006 Censuses, the population of Maple Ridge increased by 9.2% while Pitt Meadows' population increased by 6.5%. The population of Katzie increased by 9.8%. Since 1996, the population of Maple Ridge has increased by 22.74% while that of Pitt Meadows has increased by 16.27%. During the same period, the population of Katzie increased by 27.27%.

Why is this important?



Population growth, and especially rapid population growth, brings both benefits and challenges to a community. A growing population can instill new life into a local economy, creating new jobs as the demand for housing, retail goods, and services increases. It can bring new energy and new ideas into a community and increase its overall level of wealth, whether through an increased tax base or increased disposable income.

A growing population can also present challenges to a community, as additional services are required and as the need for infrastructure in the form of roads, sewers, water mains, sidewalks, street lights, schools, and recreational and cultural facilities increases. In the short term, demand may exceed supply, and the revenues from development cost charges may prove insufficient to pay for new facilities. Rapid population increases may leave health and social service agencies hard pressed to meet increased demands for services, and may also lead to resentment on the part of longer term residents whose values and priorities may differ from those of newcomers, and whose physical worlds may be utterly transformed by rapid new development.

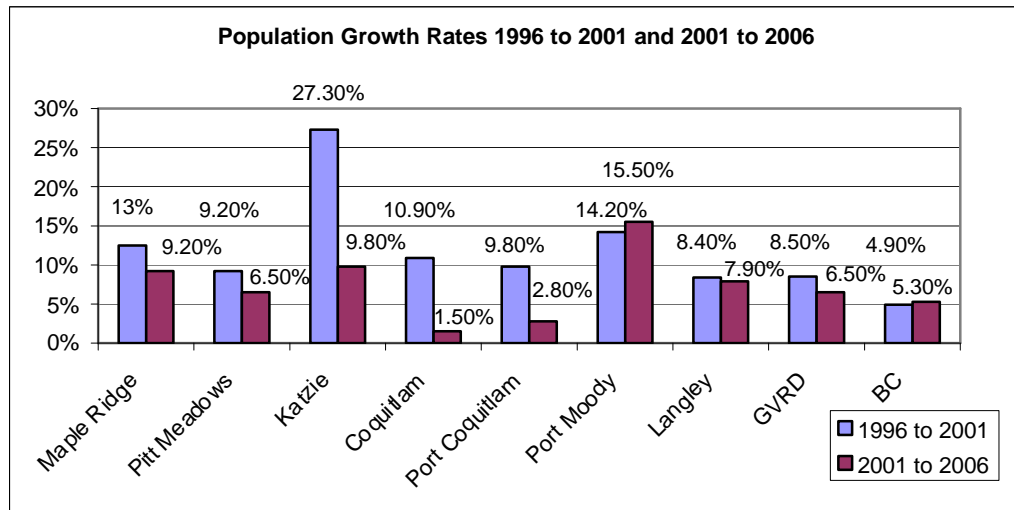
What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



During the years between 2001 and 2006, the population of Maple Ridge increased from 63,169 to 68,949. According to the District of Maple Ridge, the community's population now (2009) stands at over 74,000. This represents an increase of 22.74% in the span of a decade, or an average annual increase of 2.27%.

By comparison, the population of the adjoining municipality of Pitt Meadows increased from 14,670 in 2001 to 15,623 in 2006. The community's population had previously increased by 1,234 people in the years between 1996 and 2001. This represents an increase of 16.27% in the space of a decade, or an average annual increase of 1.63%.

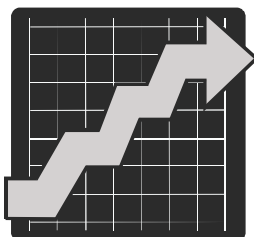
The population of Katzie stood at 177 in 1991 and had decreased by 1 person in 1996. By 2001 the community's population had increased to 224. According to the most recent Census, the community's population reached 246 in 2006. This represents an increase of 27.27% in a decade, or an average annual increase of 2.73%.



How do our communities compare with others?

Like many other areas of the Greater Vancouver Regional District, the significant growth that occurred as formerly rural land was developed and immigration from overseas augmented the pre-existing population. Maple Ridge and Pitt Meadows experienced in the 1990s has waned. The growth rate nonetheless remains significant. In both the 1991-1996 period and the 1996-2000 period, growth rates in the two municipalities exceeded the average growth rate in the region. During the first part of this decade, however, growth rates in the two municipalities were less than in Coquitlam, Port Coquitlam (then Canada's 26th fastest growing municipality), and Langley. Since 1996, the pace of growth has lessened substantially in all communities save for Port Moody. In recent years, the growth rate in Pitt Meadows has been equal to that in the GVRD (from 2008 less formally known as Metro Vancouver) as a whole, while in Maple Ridge, the growth rate has exceeded the regional average.

What are the trends?



BC Stats predicts major growth to continue in the region during the next quarter century. The population of the Maple Ridge Local Health Area (currently estimated at 91,624) is expected to grow by 23.8% to 120,858 by 2025. This will be somewhat less than the anticipated average growth rate of 30.1% for the region as a whole and will be substantially less than the 49.5% and 51.6% growth rates respectively expected in the Langley and Coquitlam Local Health Areas.

What are the limitations of the data?



Data derived from the Census of Canada is the foundation upon which other agencies calculate their own data. While Statistics Canada makes every effort to ensure that its data is as complete and accurate as possible, First Nations reserves are sometime incompletely enumerated, and secondary

suites are sometimes missed by enumerators. Statistical projections made by other agencies can compound errors and omissions in base data.

Where can I go for more information?



1. BC Stats. Regional Population Estimates and Projections, (www.bcestats.gov.bc.ca).
2. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions. 1996 Census - 100% and 20% Sample Data. Statistics Canada - Cat. No. 95-191-XPB
3. Statistics Canada. Community Profiles: 1996, 2001, and 2006, (www.statcan.gc.ca).

Population Indicators

1.2 Number and Percentage of the Population Aged 0 to 5 in 2006

In 2006, 6.8% of the total populations of both Maple Ridge and Pitt Meadows were children aged 0 to 5. In Katzie, 20% of the population consisted of children aged 0 to 5.

Why is this important?



The preschool years are increasingly being viewed as the most important years of an individual's development. It is during those years that the human brain and nervous system experience major development. Lack of appropriate stimulus (through nurturing and care) during those years results in reduced levels of brain development that cannot be corrected in later years.

The knowledge, skills, environments, and resources that families, caregivers, and society as a whole can bring to bear largely affect early childhood development. High levels of support help to foster optimal physical, emotional, social, and intellectual development in young children, and may promote higher levels of resilience in later life.

The needs of preschool children are diverse. At the community level, there is a need for financial supports, for physical facilities (pre-schools, daycares, schools, parks, and family places), and for health, educational, and social services. A rapidly growing preschool population and increases in the lengths of maternity leaves may place stress on a community's ability to provide these amenities, supports, and services in a timely manner (given the complexity of planning, funding, and development). However, if these needs are not attended to, problems that can be prevented in the preschool years may confront both the individual and the community later in life.

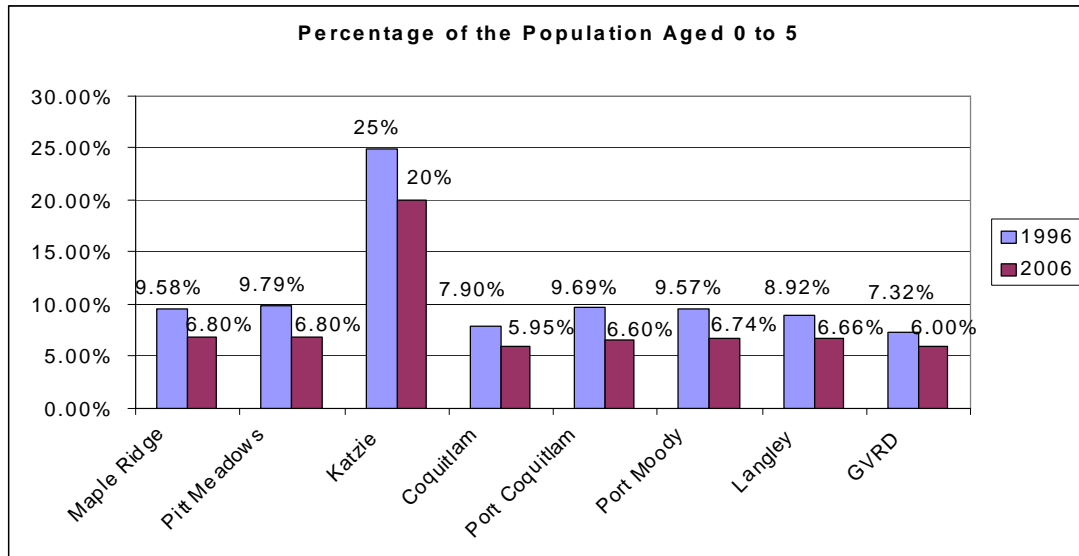
What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



In 2006, the 0 to 5 population of Maple Ridge was about 4,700. This represented 6.8% of the municipality's total population. That same year, the preschool population of Pitt Meadows was about 1,065, a figure that also represented 6.8% of that municipality's population. In Katzie, there were 20 children aged 0 to 6 who represented 8.2% of the community's population.

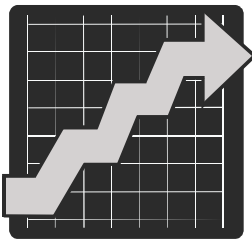
How do our communities compare with others?

Maple Ridge and Pitt Meadows have a slightly higher proportion of preschool residents than the Township of Langley (6.66%) and the Tri-Cities (where the rate ranges from a low of 5.95% in Coquitlam to a high of 6.74% in Port Moody). The proportion of Maple Ridge and Pitt Meadows residents who are preschoolers (6.8%) is slightly higher than in the Greater Vancouver Regional District as a whole, where the average rate is 6.0%. With 20% of its population falling in the 0 to 5 age category, Katzie has a far greater proportion of pre-schoolers than the other communities examined.



Approximately half of the preschool population of the region lives in "outer suburbs" such as Maple Ridge and Pitt Meadows, while the City of Vancouver and the "inner suburbs" are more likely to be home to young adults. This settlement pattern is in part due to larger numbers of young adults wanting to live near the educational institutions in the region's more urban areas, and to young families (often with young children) locating where single-family housing is the least expensive.

What are the trends?



Though their numbers may be increasing, children aged 0 to 5 are forming a decreasing proportion of the overall population. Preschoolers on First Nations reserves are the exception to the rule. In Katzie, pre-schoolers constituted 19.8% of the population in 1991, 13.1% of the population in 1996, and 20% of the population in 2006. In Maple Ridge, the proportion of residents aged 0 to 5 fell in the same period, from 12% in 1991, to 11.2% in 1996, and to 6.8% in 2006. Similarly, in Pitt Meadows, the pre-school population rate fell from 12.8% in 1991, to 11.2% in 1996, and to 6.8% in 2006.

Declining birth rates and an aging population are changing the character of the population in the region. Overall, it may be expected that the proportion (though not necessarily number) of young children will decline as the proportion of the middle aged and of seniors increases. The trend may be particularly pronounced in the City of Vancouver and in the inner suburbs.

What are the limitations of the data?



Data derived from the Census of Canada is the foundation upon which other agencies calculate their own data. While Statistics Canada makes every effort to ensure that its data is as complete and accurate as possible, First Nations reserves are sometime incompletely enumerated, and secondary

suites are sometimes missed by enumerators. Statistical projections made by other agencies can compound errors and omissions in base data

Where can I go for more information?



1. United Way Research Services. Environmental Scan of the Lower Mainland Region: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
2. B.C. Stats. Population Projections (PEOPLE 33). (www.bestats.gov.bc.ca).
3. McCain, M. and F. Mustard. Reversing the Real Brain Drain: Early Years Study, Final Report. The Canadian Institute for Advanced Research. Toronto, 1999.
4. Canadian Institute of Child Health. The Health of Canada's Children. Ottawa, 2000
5. Statistics Canada. Community Profiles, 1996, 2001, and 2006 (www.statcan.gc.ca).
6. Statistics Canada. 95F0186XDB96001 Population by Single Years of Age (110), Showing sex (3), for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 1996 Census – 100% Data (www.statcan.gc.ca).
7. Statistics Canada. 95F0300XCB2001006 Age (122) and Sex (3) for Population, for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2001 Census - 100% Data (www.statcan.gc.ca).
8. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).

Population Indicators

1.3 Number and Percentage of the Population Aged 6 to 12 in 2006

In 2006, 9.9% of the total population of Maple Ridge and 9.4% of the total population of Pitt Meadows were children aged 6 to 12. In Katzie, 14.3% of the population consisted of children aged 6 to 12.

Why is this important?

Children aged 6 to 12 are increasingly being referred to by the term “school-aged.” The term reflects the centrality of the formal educational system to the lives of children in this age-based category. Once reaching the age of 6, children’s lives enter a new chapter in which teachers and other educational professionals augment the influence of parents. The school-age years are also a period in which children’s relationships with their peers assume greater importance, while the upper school-age years are a time in which the influences of popular culture and peer pressure present new challenges.



During the school-aged years, children encounter well-defined educational tasks and develop skills in literacy, numeracy, and inter-personal relations. As they develop their skills and increase their levels of knowledge in a wide range of fields, school-aged children are increasingly “at risk” insofar as they encounter specific challenges such as poverty, disabilities, problematic health, or family violence. Because of this, the years 6 to 12 are among the most important years of an individual's development.

As research by United Way of the Lower Mainland has noted, the school-aged years are a period in which children develop relationships outside their families and increasingly engage in community life. The later school-age years are a period of maturation in which children prepare to leave childhood (and elementary school) and to experience the early teen years (and secondary school).

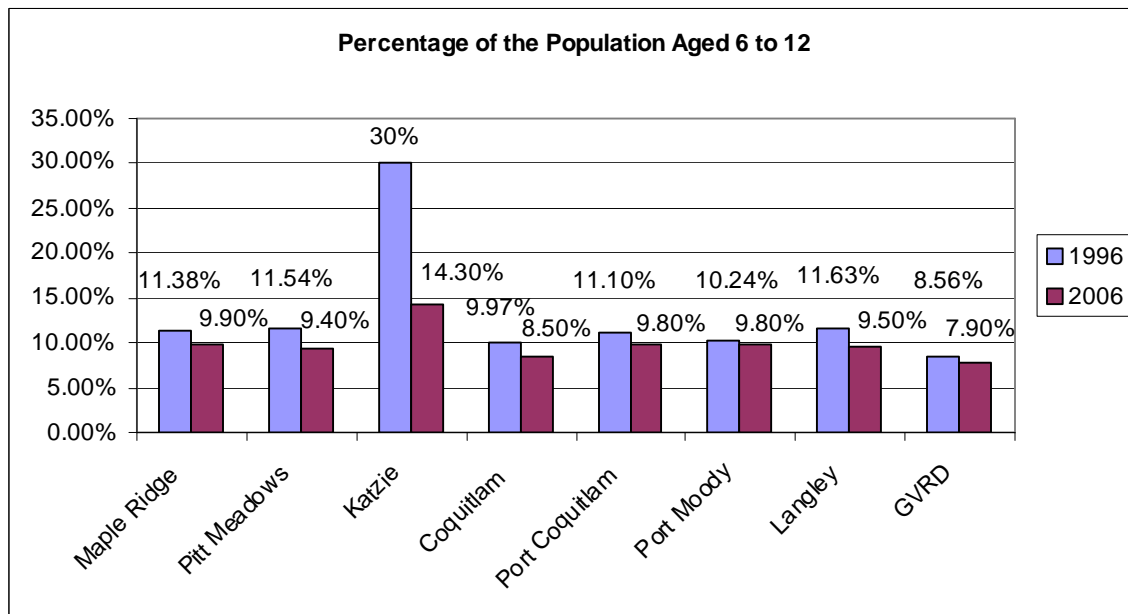
What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



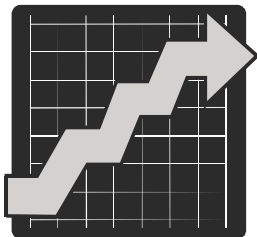
In Maple Ridge in 2006, 9.9% of the municipality’s total population (6,845 people) was children aged 6 to 12. In the neighbouring City of Pitt Meadows, 1,470 children or 9.4% of the total population fell into this age-based category. In Katzie, 35 people were aged 6 to 12, a number that accounted for 14.3% of the reserve’s resident population.

How do our communities compare with others?

The proportion of children aged 6 to 12 in Maple Ridge and Pitt Meadows approximates the proportion in municipalities such as Port Coquitlam, Port Moody, and Langley Township, where the rates range from 9.5% to 9.8%. The proportion of school-aged children in Coquitlam (8.5%), however, is rather less than in the other communities, as is the regional average of 7.9%, which is likely influenced by the population profiles in more urbanized jurisdictions, such as Vancouver, where affordable housing for families with children is at a premium.



What are the trends?



The *proportion* of the population aged 6 to 12 is declining in all three communities. In 1996, 11.38% of the population was aged 6 to 12, compared to 9.9% a decade later. In Pitt Meadows in 1996, school-aged children comprised 11.54% of the municipality's total population. By 2006, the proportion had fallen to 9.4%. In Katzie, the proportion of school-aged children fell from 16.7% to 14.3%. The *number* of children aged 6 to 12 in Pitt Meadows fell along with the proportion: from 1,550 in 1996 to 1,470 in 2006. The number of children aged 6 to 12 increased only modestly in the other two communities, growing from 6,390 to 6,845 in Maple Ridge and increasing from 30 to 35 in Katzie.

What are the limitations of the data?



First Nations reserves are often incompletely enumerated. As noted above, small changes in numbers of persons may result in a deceptively large change in rates or percentages. It should be noted that given Katzie's small population, a small change in absolute numbers might result in a noticeable change in percentages.

Where can I go for more information?



1. United Way of the Lower Mainland. Environmental Scan of the Lower Mainland: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
2. Lipman, E.L., D. Offord, and M. Dooley. What Do We Know About Children From Single-mother Families? Questions and Answers From the National Longitudinal Survey of Children and Youth, Growing Up in Canada: National Longitudinal Survey of Children and Youth. Human Resources Development Canada. Ottawa, 1996.
3. Statistics Canada. 95F0186XDB96001 Population by Single Years of Age (110), Showing sex (3), for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 1996 Census - 100% Data (www.statcan.gc.ca).
4. Statistics Canada. 95F0300XCB2001006 Age (122) and Sex (3) for Population, for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2001 Census - 100% Data (www.statcan.gc.ca).
5. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).
6. United Way of the Lower Mainland. Goals and Targets Initiative: Background Paper on Services for School-Age Children. Burnaby, 2002.

Population Indicators

1.4 Number and Percentage of the Population Aged 13 to 18 in 2006

In 2006, 9.6% of the total population of Maple Ridge and 9.4% of the total population of Pitt Meadows were youth aged 13 to 18. In Katzie, 12.2% of the population consisted of youth aged 13 to 19.

Why is this important?

The term “youth” is often applied to people in their teenaged years, though it can easily be extended to people in their early 20s. People in this age category share a number of experiences and challenges, often within the context of their secondary school educations. During their teenaged years, youth experience physical maturation and an increased awareness of sexuality. The transition from childhood to adulthood, and from dependence to independence can often be difficult as young people develop an increased sense of self-identity, begin to earn wages, take on new responsibilities, decide on careers or further education, and begin to consider becoming parents themselves. The teenaged years are a time when youth acquire the right to drive, vote, and drink as well as reaching the age of sexual consent.



During their teenaged years, a community’s youth may be subjected to new forms of risk, whether from alcohol and drugs, sexual activity, social cliques, or simple peer pressure. Even the least challenged youth may face periodic and significant anxieties in this period of unprecedented transition. In many families, a gulf may build between parents and their teenaged children as the latter adopt the trappings of teen culture, whether expressed in music, clothing, vocabulary, consumer goods, or physical adornment. In some cases, youth culture (or youth cultures) may seem threatening to members of the adult population, and an age-based wedge may be driven between youth and their elders. The teenaged years are thus a period in which a wide range of residents may require significant supports.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

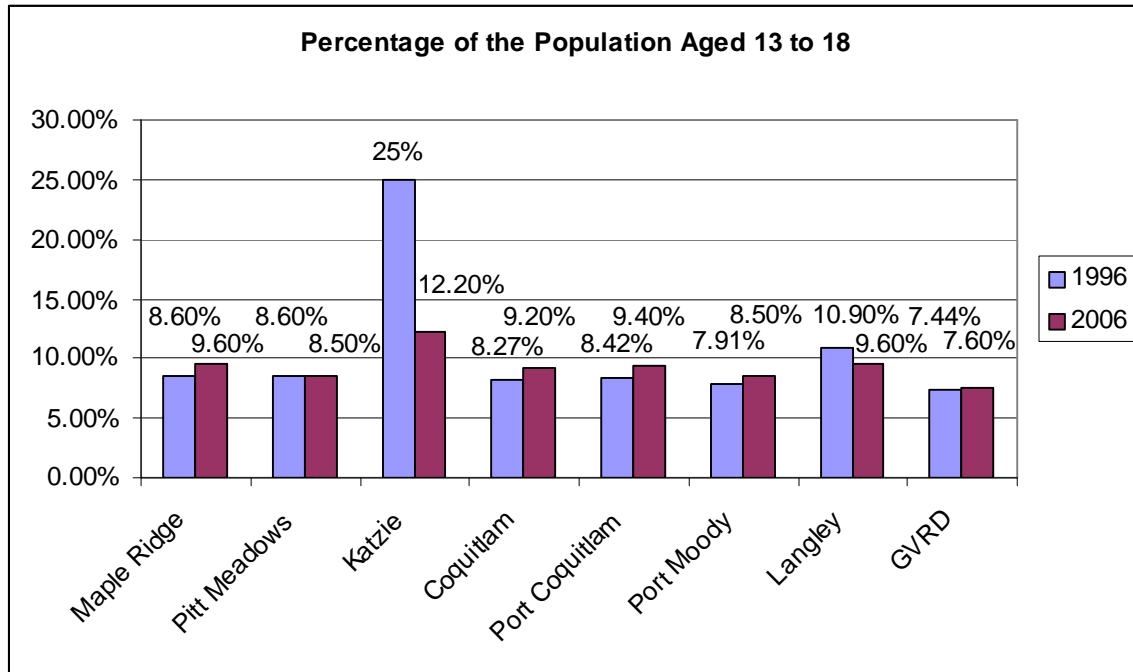


In 2006, the teenaged population was 6,610 in Maple Ridge, 1,330 in Pitt Meadows, and 30 in Katzie. Youth aged 13 to 18 thus comprised 9.6% of the total population of Maple Ridge, 8.5% of the total population of Pitt Meadows, and 12.2% of the total population of Katzie.

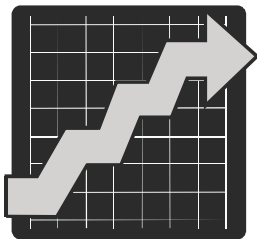
How do our communities compare with others?

The proportion of people aged 13 to 18 in Maple Ridge, Pitt Meadows, and Katzie significantly exceeds the regional average of 7.6%. Indeed, Katzie has the highest proportion (12.2%) of people in this age category of any of the communities examined in this study. This statistic is fully consistent with overall trends among the Native population in the province, which point

toward increased fertility rates and a Native population that is predominantly young. Although exceeding the regional average, the proportion of people aged 13 to 18 in Maple Ridge and Pitt Meadows is similar to that in Coquitlam (9.2%), Port Coquitlam (9.4%), Port Moody (8.5%), and Langley Township (9.6%).



What are the trends?



Between the 1996 and 2006 Censuses, the proportion of residents aged 13 to 18 increased in Maple Ridge, rising from 8.6% to 9.6%. The number of people in this age-based category rose from 4,835 in 1996 to 6,610 in 2006. In Pitt Meadows, the proportion of residents aged 13 to 18 fell slightly, from 8.6% in 1996 to 8.5% in 2006. The number of people in the category nonetheless rose slightly, from 1,155 in 1996 to 1,330 in 2006. In Katzie, the proportion of residents aged 13 to 18 fell slightly - from 13.9% in 1996 to 12.2% in 2006. The number of residents in the category, however, also rose, from 25 in 1996 to 30 in 2006 (it should be noted that given Katzie's small population, a small change in absolute numbers may result in a noticeable change in percentages).

What are the limitations of the data?



First Nations reserves are often incompletely enumerated. As noted above, small changes in numbers of persons may result in a deceptively large change in rates or percentages.

Where can I go for more information?



1. United Way Research Services. Environmental Scan of the Lower Mainland Region: A Compilation of Socio-Demographic Facts and Trends, 1998.
2. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-191-XPB.
3. Statistics Canada. 95F0186XDB96001 Population by Single Years of Age (110), Showing sex (3), for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 1996 Census - 100% Data (www.statcan.gc.ca).
4. Statistics Canada. 95F0300XCB2001006 Age (122) and Sex (3) for Population, for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2001 Census - 100% Data (www.statcan.gc.ca).
5. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).
6. United Way of the Lower Mainland. Goals and Targets Initiative: Background Paper on Youth Services. Burnaby, 2002.
7. McCreary Centre Society. Healthy Youth Development: Fraser Region. Highlights from the 2003 Adolescent Health Survey III. (www.mcs.bc.ca).

Population Indicators

1.5 Number and Percentage of the Population Aged 19 to 24 in 2006

At the time of the 2006 Census, 6.8% of the population in Maple Ridge, 7.7% of the population in Pitt Meadows, and 10.2% of the population in Katzie were aged 19 to 24.

Why is this important?



Young adults face a number of challenges as they begin to make their way in the adult world. The path can be especially difficult for those who have left the supportive systems and structured environments associated with the secondary school system and who then find themselves essentially on their own. For those who have yet to mature, the transition to a world with seemingly fewer rules and regulations may be daunting. In an environment of greater freedom, reduced parental influence, and without the supports formerly provided by teachers, counsellors, and other professionals, young adults may be at risk, whether financially, in terms of relationships, or in making poor choices with respect to their behaviour. On the positive side, well-adjusted young adults often bring energy, creativity, and optimism to the workplace and to the people and organizations with which they are involved. The more successful and solid among them are often the leaders of the future.

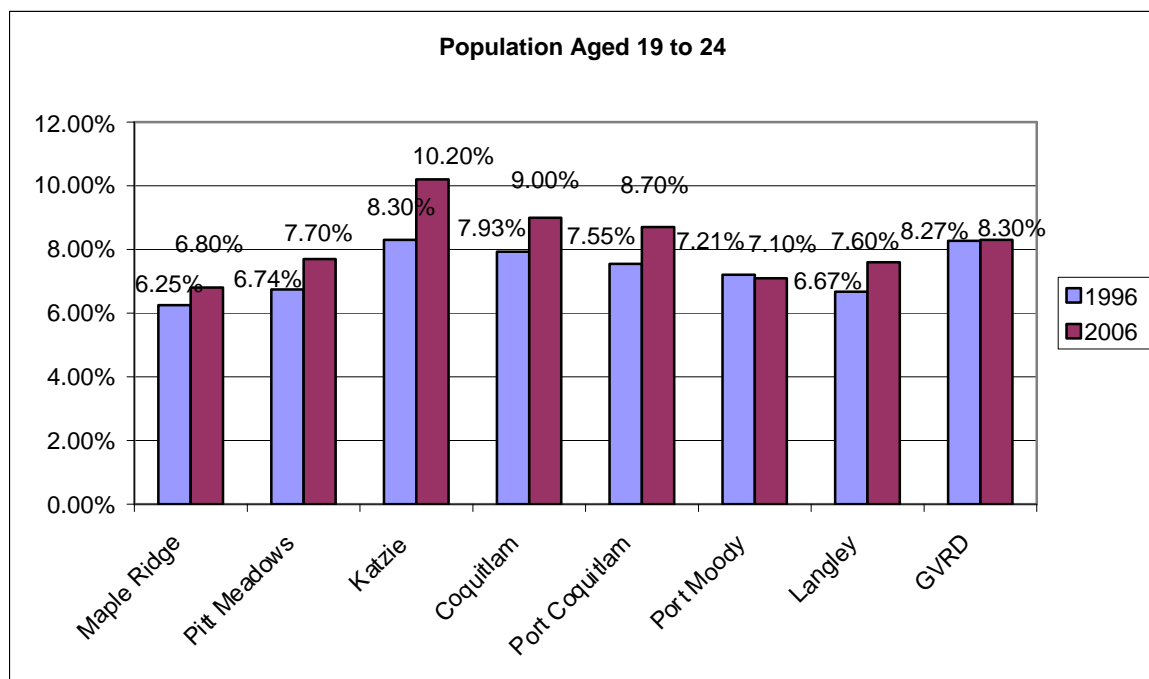
What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



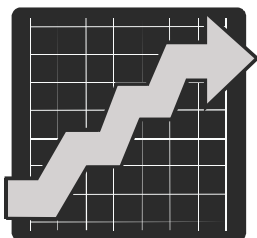
In 2006, young adults comprised 6.8% of the population of Maple Ridge, 7.7% of the population of Pitt Meadows, and 10.2% of the population of Katzie. This equated to 4,690 people in Maple Ridge, 1,205 people in Pitt Meadows, and 25 people in Katzie.

How do our communities compare with others?

The percentage of the population aged 19 to 24 is lower than the regional average of 8.3%. In Katzie, the percentage is markedly higher (10.2%) but the population of young adults in that community consists of a relatively small number (25) of people. Among the comparator communities considered in this study, the proportion of 19 to 34-year-olds varies considerably. In Coquitlam the rate is 9.0%, marginally higher than the rate in Port Coquitlam (8.7%) but lower than the rates in Port Moody (7.1%) and Langley Township (7.6%).



What are the trends?



Between the 1996 and 2006 Censuses, the proportion of the population aged 19 to 24 in Maple Ridge increased from 6.25% to 6.8%. In Pitt Meadows the rate also increased, from 6.74% to 7.7%. In Katzie, the rate rose sharply, from 8.3% to 10.2%, but involved only a very small number of people.

The rate also rose among each of the other communities considered in the study, save for Port Moody, where the rate fell marginally, from 7.1% in 1996 to 6.67% in 2006. The rate of increase in the region as a whole was negligible, rising from 8.27% in 1996 to 8.3% in 2006. Coquitlam, Port Coquitlam, and Langley Township experienced rates of increase similar to those in Maple Ridge and Pitt Meadows. The general increase in the proportion of the population in the communities considered reflects a general aging of the population, the rate of increase in younger cohorts being much less than in this age group.

What are the limitations of the data?



First Nations reserves are often incompletely enumerated. As noted above, small changes in numbers of persons may result in a deceptively large change in rates or percentages.

Where can I go for more information?



1. United Way of the Lower Mainland. Environmental Scan of the Lower Mainland: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
2. Statistics Canada. 95F0186XDB96001 Population by Single Years of Age (110), Showing sex (3), for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 1996 Census - 100% Data (www.statcan.gc.ca).
3. Statistics Canada. 95F0300XCB2001006 Age (122) and Sex (3) for Population, for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2001 Census - 100% Data (www.statcan.gc.ca).
4. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).
5. United Way of the Lower Mainland. Goals and Targets Initiative: Background Paper on Youth Services. Burnaby, 2002.

Population Indicators

1.6 Number and Percentage of the Population Aged 65 and Over in 2006

At the time of the 2006 Census, 11.5% of the population of Maple Ridge, 11.1% of the population of Pitt Meadows, and 6.1% of the population of Katzie was aged 65 and over.

Why is this important?



The term “senior” is one that defies easy definition. Seniors were once defined as persons over the age of 65, the number being reflective of the age at which workers were legally compelled to retire. The concept of early retirement and the repeal of compulsory retirement legislation, coupled with age-based definitions developed by crown corporations and the retail sector, have led to uncertainty regarding the definition of the seniors population.

The fact that people are now living longer and experiencing prolonged and enhanced quality of life in their later years further obscures an easy definition of the term. People aged 65 and over can no longer be stereotyped as frail or inactive people drawing pensions or as non-contributing members of society. Many people within this age group are among the most active members of their communities, enthusiastic about their leisure time pursuits, and productive in the volunteer and semi-retired sectors.

Others, however, are experiencing the challenges associated with retirement, connecting with and finding their place in the community, and finding purpose in their lives. Others find themselves facing financial and physical stress through “grand parenting,” when their adult children are unable to assume prime responsibility for raising their own children. With increased longevity, many enter extreme old age, and experience the challenges of physical or mental debility. Many require specialized supports to maintain a reasonable quality of life, whether in the form of part-time or resident homemakers, supportive housing, or long-term care. Canada is experiencing a general aging of its population, a circumstance that presents service providers, whether government, the not-for-profit sector, or the private sector, not to mention seniors and their families, with challenges undreamt of a generation or two before.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

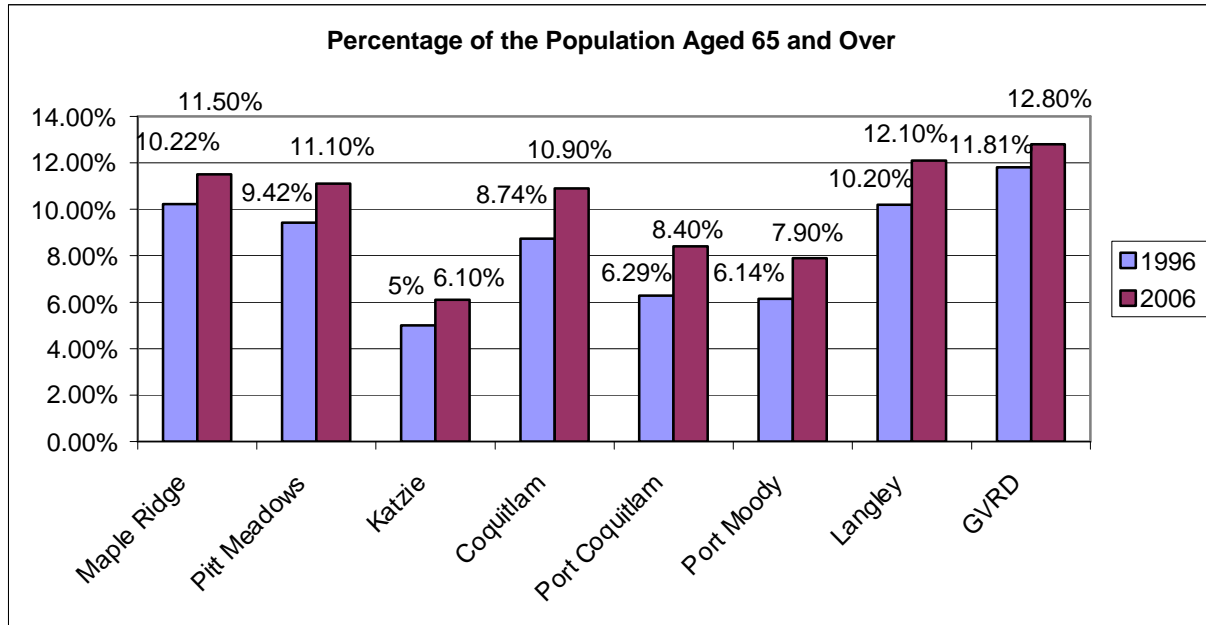


In 2006, the proportion of the population aged 65 and over was 11.5% in Maple Ridge, 11.1% in Pitt Meadows, and 6.1% in Katzie. This represents a seniors population of 7,910 in Maple Ridge, 1,740 in Pitt Meadows, and 15 in Katzie. As might be expected, the seniors population in both Maple Ridge and Katzie steadily diminishes by five-year cohorts, with the largest number in the age 65 to 70 cohort, and the smallest number in the 100+ cohort. In Katzie, however, the number of seniors in the 65 to 69, 70 to 74, and 80 to 84 cohorts was equal.

According to the Census enumeration, there were no seniors older than 84 in Katzie in 2006.

How do our communities compare with others?

The percentage of the population aged 65 and over is lower than the regional average of 12.8% in both Maple Ridge and Pitt Meadows, as well as in Katzie. The rate in Katzie is less than half the regional average. Despite this, the proportion of seniors in Maple Ridge and Pitt Meadows is higher than that in the comparator communities of Coquitlam (10.9%), Port Coquitlam (8.4%), and Port Moody (7.9%). The rate in Langley Township (12.1%), however, is slightly higher than the rate in Maple Ridge.



As is the case elsewhere in Canada, the proportion of seniors within the general population of the region is growing not only in Maple Ridge, Pitt Meadows, and Katzie, but in each of the comparator communities as well. Indeed, in the years between the 1996 and 2006 Censuses, the seniors population increased by a full percentage point (or more) in each of the communities examined. By 2021, the proportion of seniors in the Lower Mainland will increase from its current 12.8% to 16.6%. An increase in life expectancy (in 2007, 79.31 years for males and 83.79 years for females) will also result in an increase in the number of “frail elderly”, i.e. people who are 85 years of age or older.

What are the limitations of the data?



First Nations reserves are often incompletely enumerated. As noted above, small changes in numbers of persons may result in a deceptively large change in rates or percentages.

Where can I go for more information?



1. United Way of the Lower Mainland. Environmental Scan of the Lower Mainland: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
2. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).
3. Statistics Canada. Selected Characteristics for Census Divisions and Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada. Cat. No. 95-191-XPB.
4. Statistics Canada. Selected Characteristics for Census Divisions and Subdivisions, 1991 Census - 100% and 20% Sample Data. Statistics Canada. Cat. No. 95-385.
5. United Way of the Lower Mainland. Goals and Targets Initiative: Services for Seniors. Burnaby, 2002.
6. Vanier Institute of the Family. (www.vifamily.ca).

Population Indicators

1.7 Number and Percentage of Lone Parent Families in 2006

At the time of the 2006 Census, 15% of families in Maple Ridge, 12.5% of families in Pitt Meadows, and 28.5% of families in Katzie were headed by a lone parent.

Why is this important?



Lone parent families face many challenges that are not necessarily experienced by two parent families. The most obvious challenge lies in a parent trying to acquire an income, manage a household, and raise a family without the assistance of a spouse or partner. The many demands placed on lone parents render parenting difficult.

Lone parent families are more likely to be living in poverty than other parents (given that there is generally only one income to draw upon and that many parents cannot seek employment, given the demands of child care). Their children run a greater risk of being hyperactive, of possessing behavioural disorders, and of experiencing emotional disorders. Many lone parent families, living with low incomes, experience hunger on a recurring basis, a circumstance that leads to less resistance to disease and less than optimum child development.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



The majority of families in Maple Ridge, Pitt Meadows, and Katzie are headed by two parents living together in the same household as their children. A significant percentage, however, are headed by lone parents.

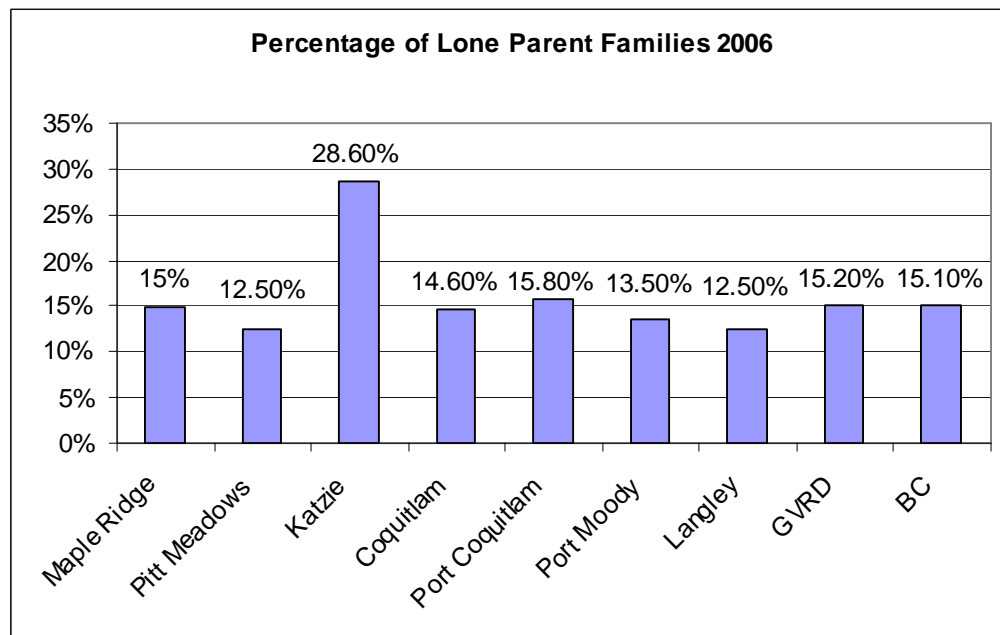
In Maple Ridge, in 2006, 2,915 families, or 14.9% of families, were headed by a lone parent. In Pitt Meadows, 570 families, or 12.5% of families, were headed by a lone parent. In Katzie, 20 families, or 28.6% of families enumerated, were headed by lone parents. In all three communities, as is generally the case elsewhere, the vast majority of lone parent families were headed by females.

According to the Census, 76.5% of the lone parent families in Maple Ridge were headed by females, compared to 80.7% in Pitt Meadows and 75% in Katzie (data from 1996 indicates that on First Nations reserves in the region, a substantially lower percentage (69%) of lone parent families tend to be headed by females than is the norm in non-Native communities).

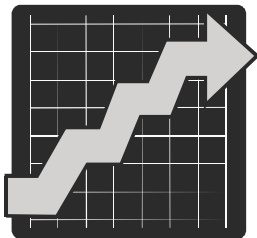
How do our communities compare with others?

Lone parent families are common in today's society. In the Greater Vancouver Regional District, 15.2% of families are lone parent families. In 2006, according to the Census, the incidence of lone parent families in the GVRD was only slightly higher than the provincial average of 15.1%. The percentage of lone parent families in Maple Ridge (15%), Coquitlam (14.6%), and Port Coquitlam (15.8%) approximated the regional average, while the rates in Pitt Meadows (12.5%), Port Moody (13.5%), and Langley Township (12.5%) were significantly lower. The rate in

Katzie (25%) was much higher than the rates recorded in the adjacent municipalities, a situation not uncommon in First Nations communities.



What are the trends?



The proportion of lone parent families in Maple Ridge, Pitt Meadows, and Katzie has fallen in recent years. The percentage in Maple Ridge rose from 12.2% in 1996 to 15.7% in 2001 and fell to 15% in 2006. In Pitt Meadows, the percentage rose from 13.5% in 1996 to 14.3% in 2001, but fell to 12.5% in 2006. In Katzie, the rate rose from 25% in 1996 to 33.33% in 2001, but fell to 28.6% in 2006. This trend is consistent with that in the province as a whole, where the rate rose from 13.8% in 1996 to 15.5% in 2001, but fell to 15.1% in 2006.

Although the proportion of lone parent families is falling, their numbers are increasing in Maple Ridge, though constant or falling in Pitt Meadows and Katzie, as is evident from the data in the chart below. A dearth of social services in Pitt Meadows likely encourages lone parent families to locate in Maple Ridge.

| | 1996 | 2001 | 2006 |
|--------------|-------|-------|-------|
| Maple Ridge | 1,885 | 2,790 | 2,915 |
| Pitt Meadows | 510 | 600 | 570 |
| Katzie | 10 | 20 | 20 |

What are the limitations of the data?



First Nations reserves are often incompletely enumerated. As noted above, small changes in numbers of persons may result in a deceptively large change in rates or percentages. It should also be noted that up to 50% of members of the Katzie First Nation live off reserve, so their circumstances are not reflected in the data provided.

Where can I go for more information?



1. United Way of the Lower Mainland. Environmental Scan of the Lower Mainland: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
2. Lipman, E.L., D. Offord, and M. Dooley. What Do We Know About Children From Single-mother Families? Questions and Answers From the National Longitudinal Survey of Children and Youth, Growing Up in Canada: National Longitudinal Survey of Children and Youth. Human Resources Development Canada. Ottawa, 1996.
3. Statistics Canada. Selected Characteristics for Census Divisions and Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada. Cat. No. 95-191-XPB.
4. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).
5. Statistics Canada. Selected Characteristics for Census Divisions and Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada. Cat. No. 95-191-XPB.
6. Statistics Canada. Selected Characteristics for Census Divisions and Subdivisions, 1991 Census - 100% and 20% Sample Data. Statistics Canada. Cat. No. 95-385.
7. United Way of the Lower Mainland. Goals and Targets Initiative: Background Paper on Families. Burnaby, 2002.

Population Indicators

1.8 Number and Percentage of the Population with Aboriginal Identity in 2006

In 2006, 2.74% of the Maple Ridge population, 2.46% of the Pitt Meadows population, and 89.8% of the Katzie population, consisted of people who claimed aboriginal identity.

Why is this important?



Statistics Canada's decennial census allows respondents to self-identify their racial or cultural origins. According to the agency's definitions, the term "aboriginal" includes persons of "North American Indian," Inuit, or Metis origin, "and/or those who reported being a Treaty Indian or a Registered Indian, as defined by the *Indian Act* of Canada, and/or those who reported they were members of an Indian band or First Nation."

History has demonstrated that since "contact" with non-Native cultures, aboriginal people have often faced considerable challenges. Although care should be taken not to stereotype, the legacy of colonialism has had a number of negative impacts on a large proportion of the nation's aboriginal population. These impacts have often resulted in population loss, disruptions to family and social life, chronic poverty, and substance misuse. Further, because the traditional territories of Native populations are now largely controlled by the crown or by non-Native owners, considerable disruption of age-old food and livelihood systems (which often focused on hunting, fishing, and gathering; as well as trade with adjacent and more distant Native people) has been commonplace.

With aboriginal population numbers now rebounding, the relegation of First Nations people to geographically circumscribed reserves has sometimes resulted in severe overcrowding. The Katzie, for example, possess two small, inhabited reserves, the largest of which is on the north side of the Fraser River. The Katzie's larger reserve has a population density of 571 people per square kilometre, compared to a population density of 259 people per square kilometre in Maple Ridge, and a population density of just 183 people per square kilometre in Pitt Meadows.

Lack of land bases upon which to build a livelihood, or even simply to reside, has resulted in many First Nations and other aboriginal people gravitating to urban areas. According to Statistics Canada, in 2007, over half a million aboriginal people – about half the nation's total aboriginal population – lived in cities. The growth in numbers of aboriginal people living in cities is attributable to a number of factors, including high fertility rates, decreasing mortality rates, migration, and "ethnic mobility" (changes in aboriginal self-identification from one census to the next). The percentage of urban aboriginal people who are young is also high – about 29% of the urban aboriginal population is under fifteen years of age. Urban aboriginal children are more likely to live in poverty and with lone female parents than their non-aboriginal counterparts. The emergence of growing aboriginal populations, increasingly youthful in character, presents a number of challenges for service providers engaged in areas such as education, health care, and social services.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

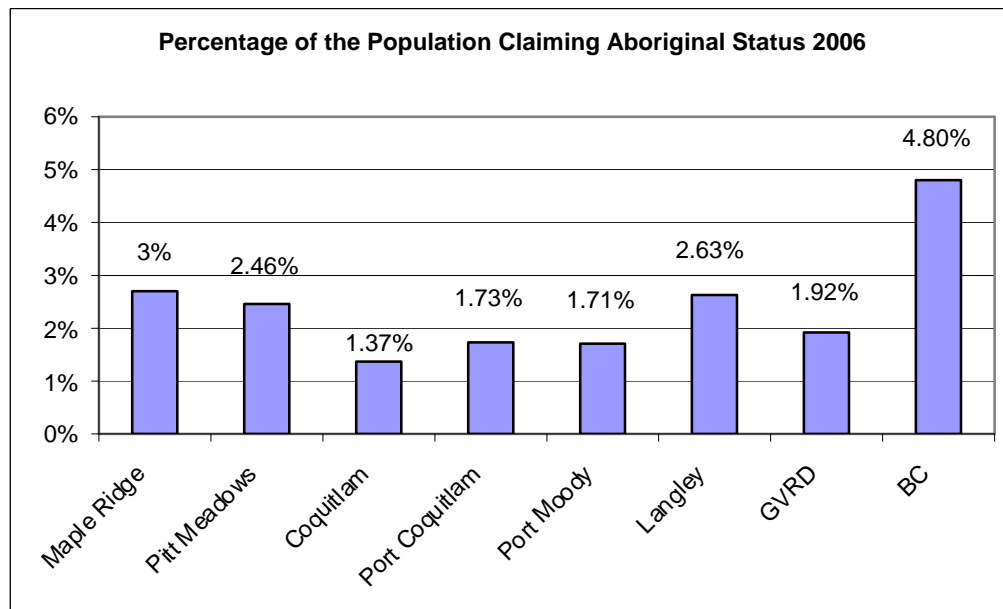


In 2006, 2.74% of the Maple Ridge population, 2.46% of the Pitt Meadows population, and 89.8% of the Katzie population, consisted of people who claimed aboriginal identity.

In Katzie, 220 members of the reserve's population of 245 claimed aboriginal identity. In Maple Ridge, 1,870 out of 68,160 people claimed aboriginal identity. Of these, 730 claimed North American Indian ancestry, 1,065 claimed Metis ancestry, and 10 claimed Inuit ancestry. In Pitt Meadows, 385 of the municipality's 15,610 residents claimed aboriginal identity. Of these, 230 claimed North American Indian ancestry, 135 claimed Metis ancestry, and 20 claimed multiple aboriginal identities.

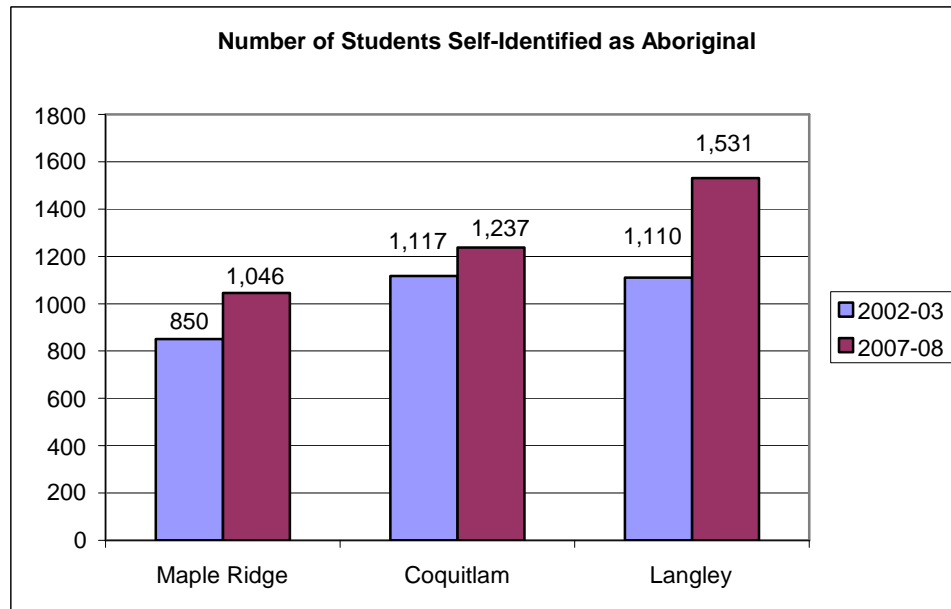
How do our communities compare with others?

As might be expected, the proportion of residents of Katzie claiming aboriginal roots (89.9%) is far higher than in incorporated municipalities. The proportion of residents of Maple Ridge and Pitt Meadows claiming aboriginal identity in 2006 was also high when compared with that in most of the other communities considered in this study. Where 3% of Maple Ridge residents and 2.46% of Pitt Meadows residents claimed aboriginal identity, only 1.73% of the residents of Coquitlam and about 1.71% of residents of both Port Moody and Port Coquitlam claimed aboriginal identity. At 2.63%, the proportion of the population of Langley Township with aboriginal identity was closer to that in Maple Ridge and Pitt Meadows. Although the aboriginal proportion of the population of the latter two communities was higher than the regional average of 1.92%, it was substantially lower than the provincial average of 4.8%.

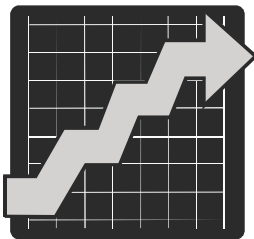


In 2007-08, 1,046 students in School District 42 (which includes Maple Ridge, Pitt Meadows, and Katzie) were self-identified as aboriginal. The proportion (6.8%) of students with aboriginal identity in the Maple Ridge Local Health Area (School District 42) was higher than that in the

Coquitlam Local Health Area (School District 43), where the rate was 3.9%, and slightly lower than the rate (7.7%) in the Langley Local Health Area (School District 35).

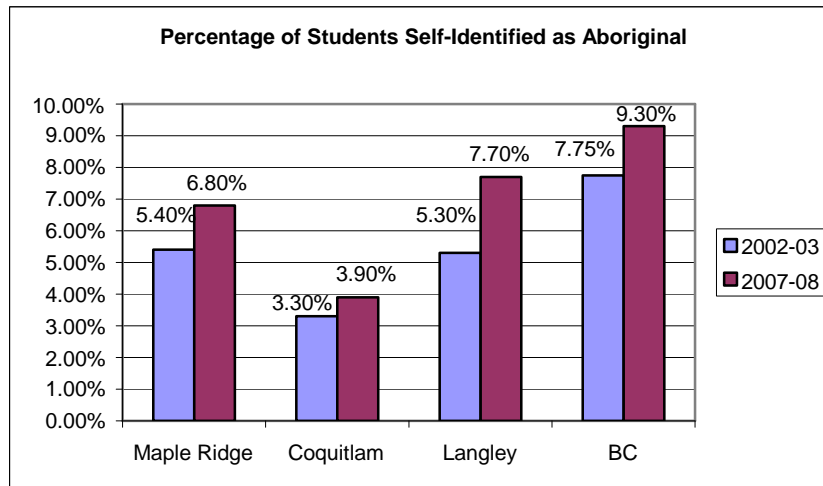


What are the trends?



The proportion of the population claiming aboriginal identity is growing at a rapid rate in both Maple Ridge and Pitt Meadows, but less so in the Greater Vancouver Regional District (GVRD) as a whole. In 1996, 1.95% of the population of Maple Ridge and 1.41% of the population of Pitt Meadows claimed aboriginal identity. By 2006, the rates had increased to 2.74% and 2.46% respectively. During the same period, the rate increased from 1.72% to 1.92% in the GVRD as a whole and from 3.78% to 4.8% in the province as a whole.

The proportion of students who self-identify as aboriginal is growing in the Maple Ridge Local Health Area (School District 42) as well as in the Langley and Coquitlam Local Health Areas (School Districts 35 and 43). In 2002-03, 5.4% of the student population of School District 42 claimed aboriginal status. By 2007-08, the percentage had increased to 6.8%. In the Langley Local Health Area, the rate increased from 5.3% to 7.7% in the same period. The rate in the Coquitlam Local Health Area (School District 43) increased from 3.3% to 3.9%. At the provincial level, the rate increased from 7.75% in 2002-03 to 9.3% in 2007-08. The proportion of students identified as having aboriginal ancestry is consistently higher than the rate of aboriginal self-identification among the population as a whole (in the census), indicating that the aboriginal population is younger than the general population.



What are the limitations of the data?



The self-identification process used in the census may lead to higher numbers of aboriginal people being identified through the census enumeration process than would be the case if stricter guidelines for categorization as aboriginal were provided.

Where can I go for more information?



1. United Way Research Services. Environmental Scan of the Lower Mainland Region: A Compilation of Socio-Demographic Facts and Trends, 1998.
2. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-191-XPB.
3. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).
4. Statistics Canada. Community Profiles: 1996, 2001, and 2006 (www.statcan.gov.ca).
5. United Way of the Lower Mainland. Goals and Targets Initiative: Background Paper on Aboriginal People. Burnaby, 2002.
6. Indian and Northern Affairs Canada. Canada's Urban Aboriginal Population Fact Sheet. (www.ainc.inac.gc.ca).
7. British Columbia Ministry of Education. District Data Summary 2003-04/2007-08 (035 Langley, 042 Maple Ridge, 043 Coquitlam). (www.bced.gov.bc.ca).

Population Indicators

1.9 Number and Percentage of Recent Immigrants in 2006

In 2006, 12% of the Maple Ridge immigrant population, and 13.6% of the Pitt Meadows immigrant population, consisted of people who had come to Canada in the past five years. Data was not available for Katzie.

Why is this important?



Statistics Canada defines recent immigrants as people who have come to Canada from other countries during the five-year period preceding the taking of the Census. While a large portion of the population of Maple Ridge and Pitt Meadows can trace their origins to immigrant roots, assimilation has made many of them indistinguishable from native-born Canadians.

Recent immigrants are often members of visible minorities and often lack a full command of English. While they enrich our society and contribute positively to local economies (through investment and labour), they are often victims of discrimination, and even violence. Many work in the service and manufacturing industries in lower paid capacities, their skills and education (which may be highly developed) may not be transferable to or recognized in Canada. This may contribute to a sense of disillusion and frustration.

Recent immigrants face the challenge of determining how much they should be integrated into Canadian life and how much of their traditional culture they should maintain. Refugee immigrants face unique challenges as many have experienced extreme trauma in their country of origin and many may lack the supports associated with chain migration. The slow process of acculturation can result in issues from their place of origin being imported into Canada, and inter-generational strife may result as the younger generation accepts mainstream Canadian ways more quickly than their elders. All recent immigrants who have English as a Second Language face the challenge of finding and accessing educational, health, recreational, and employment services. Health, educational, and social service agencies face a similar problem in connecting with new Canadians who may be suspicious of their approaches and motivations. Schools and immigrant services agencies may be hard pressed to provide for the needs of immigrants, if their influx is sudden and if their numbers are large.

Canada's immigration and multicultural policies continue to shape a country characterized by cultural diversity. In 1996, 18% of the population of British Columbia was immigrants, a figure that was considerably higher than the national rate of 13%. Immigration to British Columbia has continued throughout the last decade. By 2006, well over one-quarter (27.5%) of the British Columbian population were immigrants, compared to a rate of 19.8% for the nation as a whole.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

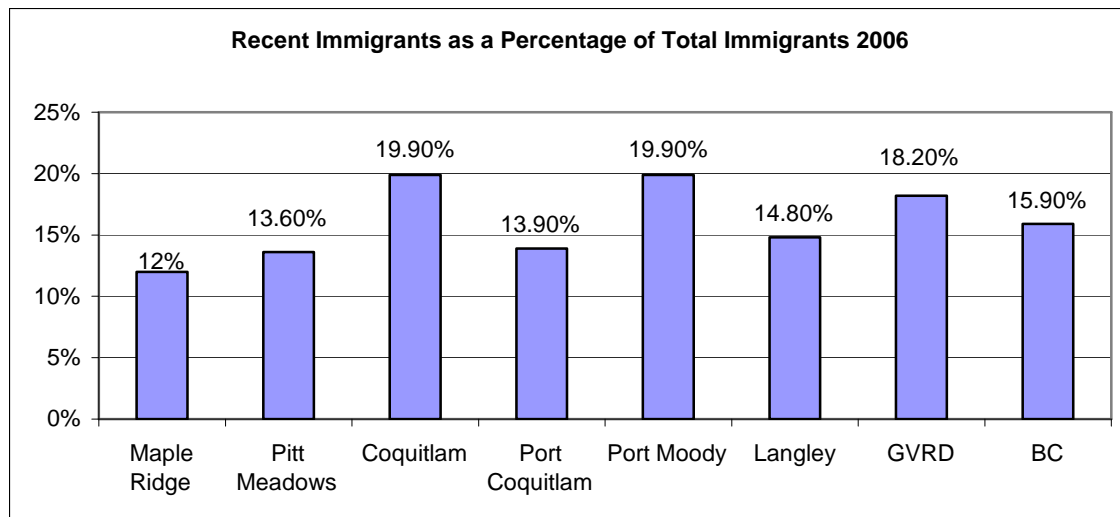


At the time of the 2006 Census, Maple Ridge had a recent immigrant population of 1,415. Pitt Meadows had a recent immigrant population of 440. Katzie remained a community composed almost totally of First Nations residents and had no apparent immigrant residents.

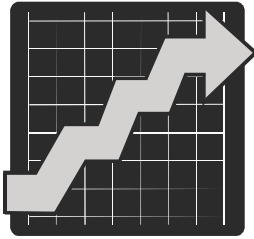
The 1,415 people who immigrated to Canada during the period 2001 to 2006 and who lived in Maple Ridge in 2006 came primarily from Europe (345), Hong Kong and Japan (265), Southeast Asia (170), and Southern Asia (100). In Pitt Meadows, the majority of the community's 440 recent immigrants originated in Mainland China (130), Southern India (110), and Europe (90). Current patterns of immigration represent a departure from those of the 1950s, 1960s, and 1970s when immigration from the United Kingdom, the Netherlands, and Germany greatly exceeded that from Eastern Europe and Asia. Although municipal level data on refugee numbers and origins is not available, information from the Multicultural and Immigration Branch of the provincial government indicates that 40% were Government Assisted Refugees and that 36% were Asylum Refugees. The remaining 24% were classified as Privately Sponsored Refugees or as "dependants abroad." The top five source countries of the province's refugees were Afghanistan, China, Colombia, and the Sudan.

How do our communities compare with others?

Recent immigrants form a smaller proportion of the total immigrant population in Maple Ridge and Pitt Meadows than in the other communities considered in this study. Indeed, with 12% of its immigrant population being classed as recent immigrants, Maple Ridge has the lowest rate of recent immigrants among the communities studied, while Pitt Meadows, with 13.6% of its immigrant population being classed as recent immigrants, has the second lowest rate. The statistics for both communities are well below the regional average of 18.2% or even the provincial average of 15.9%. The highest proportions of immigrants who are recent immigrants are found in Coquitlam and Port Moody (19.90% in both communities), where better public transportation and agencies offering immigrant services make those communities more appealing to new Canadians. The proportion of immigrants who are recent immigrants and who live in Port Coquitlam (13.9%) and Langley Township (14.8%) more closely resembles the rates found in Maple Ridge and Pitt Meadows.



What are the trends?



The proportion of immigrants who were recent immigrants declined in both Maple Ridge and Pitt Meadows in the years between 1991 and 1996: from 19% to 16.3% in Maple Ridge, and from 16.1% to 13.7% in Pitt Meadows. The rate declined again in the period 1996 to 2006: from 16.3% to 12% in Maple Ridge, and from 13.7% to 13.6% in Pitt Meadows. The trend in these two communities is consistent with the pattern for the region. During the period 1996 to 2006, the percentage of immigrants in the GVRD who were recent immigrants fell from 30% to 18.2%. The proportion of the immigrant population who were recent immigrants also fell provincially, from 24% in 1996 to 15.9% in 2006.

Although the proportion of recent immigrants may have decreased, the number of recent immigrants in the two communities is fairly stable. In 1996, 1,575 residents of Maple Ridge and 305 residents of Pitt Meadows were recent immigrants. By 2006 the numbers of recent immigrants in Maple Ridge had fallen to 1,415. The number in Pitt Meadows, however, had increased to 440.

Canada's immigration and multicultural policies are creating a country of increasing cultural diversity. In 1996, 18% of the population of British Columbia was immigrants, a figure that is considerably more than the national rate of 13%. In the Greater Vancouver Regional District, 35% of the population was immigrants. 17% of the combined population of Maple Ridge and Pitt Meadows were immigrants. Many non-recent immigrants came to Canada, for the most part, from Western Europe. Recent immigrants, on the other hand, tend to emanate from East Asia and South Asia. At the time of the 1996 Census, relatively few recent immigrants were from Eastern Europe.

Recent immigrants have settled primarily in the City of Vancouver and some of the inner suburbs. Some municipalities or areas have attracted large concentrations of immigrants from particular countries (many immigrants from Hong Kong have settled in Richmond, for example, while those from Iran tend to move to the North Shore). In the face of the terrorist attacks of September, 2001 Canadian immigration policy may change, but initial indications are that Canada will continue to welcome well-screened immigrants from overseas. It remains to be seen if the less expensive housing available in Maple Ridge and Pitt Meadows proves an attraction to a new concentration of immigrants.

What are the limitations of the data?



Levels of recent immigration in themselves do not present a clear picture of impacts on communities. It is therefore useful to look at the countries of origin of recent immigrants, the "ethnic origin" of all residents (this is a standard Census question), as well as the services that are available to immigrants. Data from the 2001 and 2006 Censuses indicate a population of recent immigrants who are also members of visible minorities and whose cultural and linguistic backgrounds differ substantially from white, European "old-stock" immigrants.

Where can I go for more information?



1. United Way Research Services. Environmental Scan of the Lower Mainland Region: A Compilation of Socio-Demographic Facts and Trends, 1998.
2. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-191-XPB.
3. Welcome B.C. Profile of Immigrants in B.C. Communities 2006 (www.welcomebc.ca).
4. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).
5. Statistics Canada. Community Profiles: 1996, 2001, and 2006 (www.statcan.gov.ca).
6. United Way of the Lower Mainland. Goals and Targets Initiative: Background Paper on Newcomers. Burnaby, 2002.
7. British Columbia Multicultural and Immigration Branch. Fact Sheet: Refugee Immigrants to British Columbia 2002- 2006.



2.0

Economic Indicators

Economic Indicators

2.1 Median Family Income in 2005

In 2005, the median family income in Maple Ridge was \$74,253. In Pitt Meadows, the median family income was \$78,024.

Why is this important?



Research has demonstrated that wide disparities in wealth are strongly connected with the level of health of a community. Individuals and families with higher incomes can expect to have better health outcomes than their less wealthy neighbours. Not only do the former generally enjoy better health, they can also expect to enjoy longer and happier lives.

People living in poverty or living with lower incomes are often disadvantaged from the time at which they are conceived. The Canadian Council on Social Development has noted a strong relationship between economic well-being and child well-being for a wide range of elements of child development. Mothers living in poverty have a greater chance of giving birth to a baby with a low birth weight. Such children have a greater chance of developing chronic illnesses, exhibiting developmental delays, and being beset by disabilities. Male children living in poverty suffer a substantially higher injury death rate than male children living in better economic circumstances.

Income inequity also reflects itself in material terms, as the economically disadvantaged face a greater struggle to provide for their families' needs: shelter, transportation, food, nutrition, education, recreation, and entertainment. Families with a lower standard of living may suffer from a reduced sense of self-esteem as they look at the material differences between them and their neighbours.

What is the situation in Maple Ridge and Pitt Meadows?

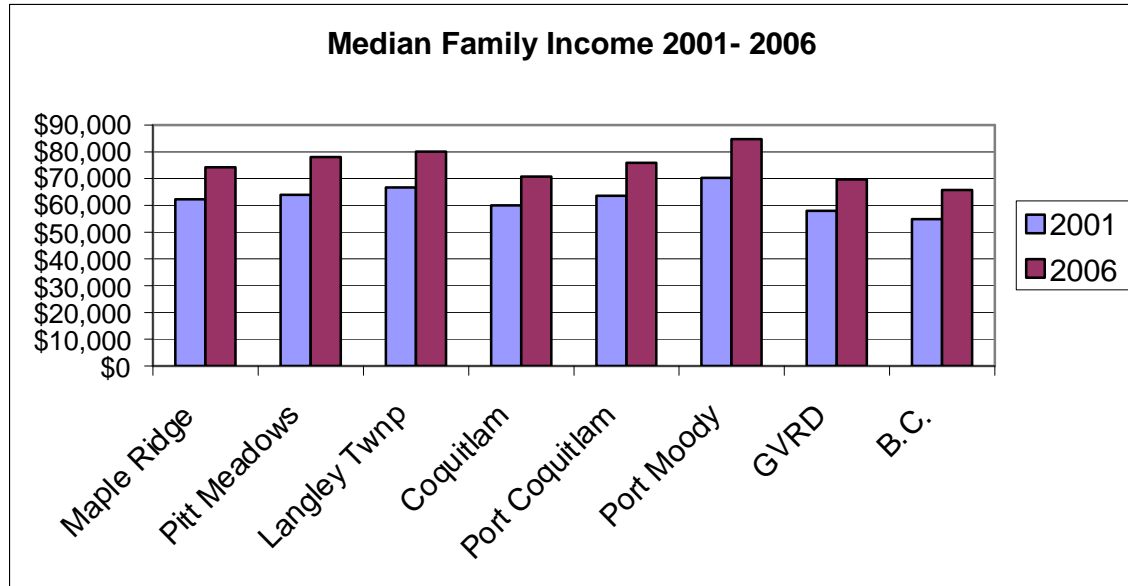


At the time of the 2006 Census (which measured income in 2005), the median family income in Maple Ridge was \$74,253. The median family income in Pitt Meadows was 5% higher, or \$78,024. The data for Katzie was not released, given the small size of that community's population, and given the need to preserve anonymity.

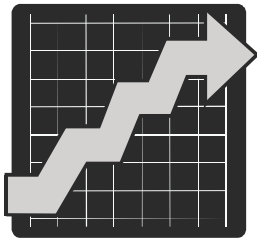
How do our communities compare with others?

In 2005, the median family income in British Columbia was \$65,787, or about the same as the national average. In the Greater Vancouver Regional District, median family incomes (\$69,688) are, on average, higher than in most other areas of the province. In some GVRD municipalities, median family incomes are as much as 50% higher than the provincial average.

Median family incomes in Maple Ridge and Pitt Meadows are somewhat higher than the GVRD average of \$69,688. They are significantly lower than those in Port Moody (\$84,756) and Langley Township (\$80,058), higher than those in Coquitlam (\$70,805), and comparable to those in Port Coquitlam (\$75,908).



What are the trends?



Median family incomes in Maple Ridge increased by 19.2% between 2001 and 2006. In Pitt Meadows the rate of increase was 22.1% between 1996 and 2006. During the same period, the rate of increase in the GVRD as a whole was 20.3%. Income levels in British Columbia and in the Lower Mainland continue to be higher than the national and provincial averages, perhaps reflecting both a high level of prosperity and higher costs of living, particularly housing costs. Despite increased median family incomes, however, the higher cost of living and other factors have resulted in increased numbers of British Columbians living in poverty, and have also contributed toward the province maintaining the highest rate of child poverty in the nation. Anecdotal evidence suggests that development and redevelopment in Maple Ridge and Pitt Meadows is forcing residents with lower incomes to leave the community. The same evidence suggests that such people are being replaced by new homeowners who have higher incomes.

What are the limitations of the data?



Statistics Canada has measured income in a number of ways, collecting data on individuals, families, and households, and collating it as both averages and medians. If a geographical area is home to large numbers of people with incomes at either extreme of the spectrum, the "average" presented may reflect a lesser number of residents' economic realities. Beginning in

2001, the Census has focused on median incomes, which reflect the economic situation in communities more accurately than averages. Historic data on median family incomes, however, is not available prior to 2001.

Where can I go for more information?



1. Canadian Council on Social Development. Income and Child Well-Being: A New Perspective on the Poverty Debate. 1999.
2. United Way Research Services. Environmental Scan of the Lower Mainland Region: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
3. Lee, Kevin K. Urban Poverty in Canada: A Statistical Profile. Canadian Council on Social Development. (www.ccsd.ca)
4. B.C. Stats. Community Facts: Maple Ridge, Pitt Meadows, Coquitlam, Port Coquitlam, Port Moody, Langley Township, Greater Vancouver Regional District, and British Columbia (2006). <http://www.bcstats.gov.bc.ca/data/dd/factsheet/cf170.pdf>.
5. United Way of the Lower Mainland. Goals and Targets Initiative: Background Paper on Poverty. Burnaby, 2002.

Economic Indicators

2.2 Number and Percentage of Low Income Families in 2005

In 2005, there were 2,193 families living below the "low income cut-off" in Maple Ridge, and 435 families living in similar economic circumstances in Pitt Meadows.

Why is this important?



Compared to many others, Canada is a wealthy country. Despite the nation's overall wealth, however, there is considerable disparity between the amount of wealth held by our poorest and our richest residents. In 1996, the poorest 20% of the population held 4.6% of the nation's total income, while the richest 20% held 44.5% of our total income. Poverty is a chronic challenge for many in British Columbia. According to the *2008 Child Poverty Report Card* report for 2008, the province has had the highest poverty rate (16.1%) in Canada and the highest child poverty rate (21.9%) in Canada for the last five years.

The low-income family measure is one of the most frequently utilized measures of poverty in Canada. The "low income cut-off" point varies by community size and population size. Generally, people living with incomes below the low-income cut-off point (low income families) live in extremely challenging economic conditions. Most spend more than 54.7% of their income on food, shelter, and clothing, and most have much less discretionary income than those living above the poverty line.

Low-income families derive a lower percentage of their income from "the market" (i.e. employment, savings, and investments) than do higher income families. 73% of the income received by the poorest 20% of families in Canada came from government income transfer payments such as income assistance, employment insurance, and pensions.

Families living with low incomes often live under constant stress, experience a lower quality of life, and can expect to face a less healthier life than those who possess higher incomes. Children living in poverty are often less ready for school and often experience challenges in the school system that children from wealthier schools do not.

Canadians are divided in their opinions with respect to people living in poverty. Research shows that about 33% feel that personal poverty is the result of inherent laziness, while another third feel that poverty stems from social injustice. The remaining third ascribe poverty to other causes. Understanding the root causes of poverty and dealing with those causes is essential if the poverty cycle is to be broken.

What is the situation in Maple Ridge and Pitt Meadows?



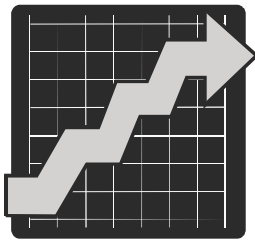
A total of 2,193 Maple Ridge families lived in poverty in 2006. This represented 11.4% of Maple Ridge families. The situation was only slightly better in Pitt Meadows, where 9.7% of families (435 families) lived in poverty. The data for Katzie was not released, due to the small size of the community's population.

How do our communities compare with others?

Though still of significant concern, the percentage of families in Maple Ridge and Pitt Meadows who live below the poverty line is less than in the Tri-Cities, the Greater Vancouver Regional District as a whole, and British Columbia as a whole.

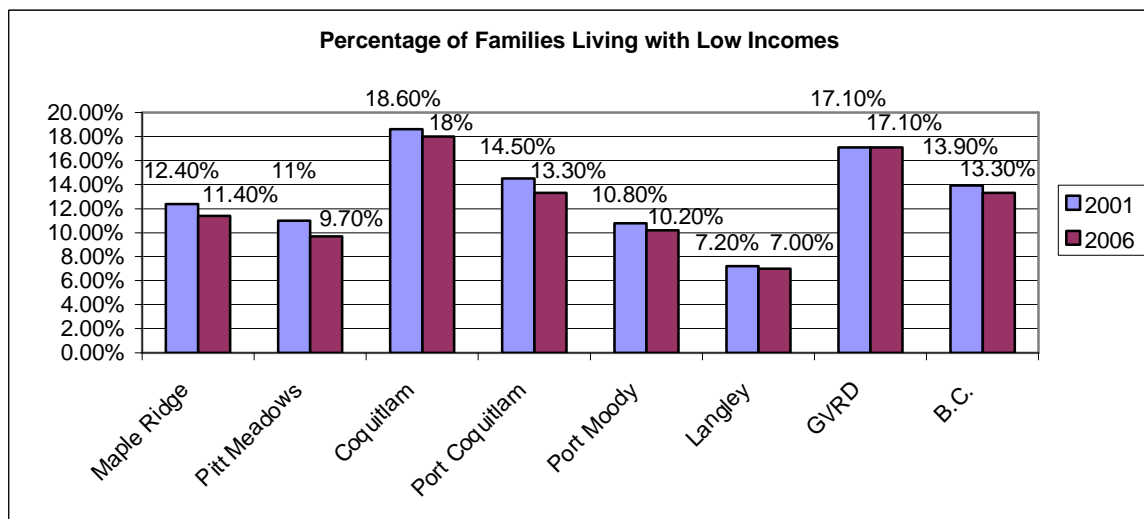
At the provincial level, the percentage of low-income families was 13.3% in 2006. The rate was higher in the GVRD, at 17.1%. The rate in the Tri-Cities varied from a high of 18% in Coquitlam to a low of 10.2% in Port Moody. Port Coquitlam's rate was 13.3%, while the rate was 0% in Anmore and Belcarra. The percentage of low-income families living in Langley Township was just 7.0%, a rate that was offset by a rate of 15.6% in the adjacent City of Langley.

What are the trends?



According to the Census, the incidence of poverty in the communities examined in this study rose between 1991 and 1996 and then began to fall. Between the 1991 and 1996 Census years, the frequency of low incomes in families in the Lower Mainland increased from 13.6% to 18.7%. The rate reached 17.1% in 2001 and remained the same in 2006. In Maple Ridge, the percentage of families with low incomes increased from 8.1% in 1991 to 10.8% in 1996. In Pitt Meadows, the rate increased from 8% in 1991 to 10% in 1996. During the period between the 2001 and 2006 Censuses, however, the rate *decreased* from 12.4% to 11.4% in Maple Ridge, and from 11% to 9.7% in Pitt Meadows. Among the communities studied, the greatest rate of decline in the poverty rate was in Pitt Meadows (1.3%). Anecdotal evidence suggests that the decrease in the percentage of low-income families in the two communities is due to the gentrification of the community through new development. The rising cost of housing in Vancouver and the “inner suburbs”, however, continues to make “outer suburbs” such as Maple Ridge, the City of Langley, and Mission appealing places for people with low incomes to locate.

Families' purchasing power increased only slightly between 1991 and 1996, due in part to increases in the consumer price index. Since 1996, the rate of inflation has been low, and low-income families, though still living in difficult circumstances, have not seen their real incomes eroded at the same rate as in the late 1980s.



What are the limitations of the data?



The number and percentage of low-income families data does not reveal the range of income levels of those living in poverty. Although rates of families living with low incomes are decreasing to significantly lower levels (when compared to levels of a decade ago), the rate of poverty among unattached individuals remains very high: 36.9% in Maple Ridge and 31.8% in Pitt Meadows).

Where can I go for more information?



1. United Way Research Services. Environmental Scan of the Lower Mainland Region: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
2. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-191-XPB.
3. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1991 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-384.
4. Canadian Institute of Child Health. The Health of Canada's Children. Ottawa, 2000.
5. Ross, David P. and Paul Roberts. Income and Child Well-being: A New Perspective on the Poverty Debate. Canadian Council on Social Development. Ottawa, 1999.
6. B.C. Stats. Socio-Economic Profiles: Maple Ridge, Coquitlam, and Langley Local Health Areas (2009). http://www.bcstats.gov.bc.ca/data/sep/lha/lha_42.pdf
7. First Call: B.C. Child and Youth Child Advocacy Coalition. 2008 Child Poverty Report Card.

Economic Indicators

2.3 Percentage of the Adult Population Receiving Basic Income Assistance in 2008

In September 2008, 1.1% of the adult population (i.e. residents aged 19-64) of Maple Ridge received Basic Income Assistance from the provincial government. In Pitt Meadows, 0.6% of the adult population was in receipt of Basic Income Assistance.

Why is this important?



Formerly known as Basic BC Benefits and less accurately as "welfare," Basic Income Assistance is a subset of the total "Employment and Assistance" programme. The Employment and Assistance programme includes a number of subsets, including assistance to People with Persistent and Multiple Barriers to Employment (PPMB) and Persons with Disabilities (PWD). The programme is often considered the "last resort" for people in need of income supplements. Those who cease to be eligible for Employment Insurance sometimes turn to the programme if unable to secure work or significant income from other sources.

People who rely on Basic Income Assistance often live below the poverty line, and may be hard pressed to make ends meet. In order to survive on a limited income, many live in inferior housing (which may put their health at risk), eat less expensive (and hence, less nutritious) food, purchase second hand clothing, and go without many of the goods and services that middle income people take for granted. With a reduced sense of self-confidence, many find it difficult to improve their education (an expensive process in any case), find employment, and become engaged in the broader community. There is a significant likelihood that their children will also find it difficult to escape the poverty cycle.

What is the situation in Maple Ridge and Pitt Meadows?



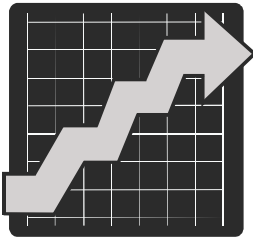
In Maple Ridge, 1.1% of the population aged 19 to 64 received Basic BC Benefits in September, 2008. In Pitt Meadows, the figure was 0.6%. These percentages equate to 470 adult recipients in Maple Ridge and 60 adult recipients in Pitt Meadows.

In the Maple Ridge Local Health Area as a whole (an area that includes Maple Ridge, Pitt Meadows, and Katzie), 16.7% of the Basic BC Benefits caseload was lone parent families (compared to a provincial average of 15.3%). Census statistics demonstrate that of these, the vast majority of the adults in these families were women.

How do our communities compare with others?

The percentage of the adult population receiving Basic Income Assistance tends to be significantly higher in Maple Ridge than in most other municipalities in the Greater Vancouver Regional District. In September, 2008, 1.1% of the adult population of Maple Ridge was in receipt of Basic Income Assistance, compared to 0.6% in Pitt Meadows, Coquitlam, and the Township of Langley (a figure that was mitigated by a rate of 2.3% in the City of Langley). The rate in Maple Ridge (1.1%) also exceeded the average in the Greater Vancouver Regional District (1.0%), which was also the rate in Port Coquitlam.

What are the trends?



Adults tend to be less reliant on Basic Income Assistance than children and youth. In September, 2007, 2.1% of the population of the Maple Ridge Health Unit aged 0 to 18 was in receipt of Basic Income Assistance, compared to 2.6% of the youth population (aged 19 to 24).

Overall patterns of dependence on Income Assistance have changed in the last decade, due to provincial government cutbacks in funding, changes in eligibility requirements, and a complicated application process. Adult dependence on the programme was at its height in the late 1990s, but has declined steadily since then. Cuts to the programme were first announced in the spring of 2002, and resulted in lower payments to many lone parents as well as cuts in shelter allowances. The government also planned to strike “employables” from the rolls who had been in receipt of income assistance for the previous two years. Provincial policy has resulted in the percentage of adults receiving Basic Income Assistance falling from highs of 5.2% in Maple Ridge and 3.3% in Pitt Meadows in December, 1998 to lows of 1.1% and 0.6% respectively, in 2008. Each of the other communities examined in this study have experienced similar patterns of declining rates.

| | Dec 1998 | Sept 1999 | Sept 2000 | Sept 2002 | Sept 2004 | Sept 2006 | Sept 2008 |
|-------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Maple Ridge | 5.2% | 4.5% | 4.1% | 2.6% | 1.2% | 1.0% | 1.1% |
| Pitt Mead | 3.3% | 3.2% | 2.8% | 1.6% | 0.6% | 0.5% | 0.6% |

What are the limitations of the data?



Rates of dependence on Basic Income Assistance fluctuate over time, depending on the season (which may relate to seasonal employment and unemployment), on the health of local economies and on changes in eligibility requirements established by the ministry administering the programme. The administration of other income assistance programmes, such as employment insurance, can also affects Income Assistance rates.

Where can I go for more information?



1. BC Stats. Local Health Area 42 - Maple Ridge LHA Socio-Economic Profile. (www.bcstats.gov.bc.ca).
2. BC Stats. Custom Report. (www.bcstats.gov.bc). 250-356-7870.

Economic Indicators

2.4 Percentage of the Adult Population Receiving Employment Insurance Benefits in 2008

In September 2008, 1,215 adults (aged 19 to 64) in Maple Ridge were recipients of Employment Insurance Benefits. In Pitt Meadows, 240 adults were recipients of Employment Insurance Benefits.

Why is this important?



Employment Insurance is an income support programme of the federal government. It is supported through contributions made by employers as well as by employed persons, and can be drawn upon under certain circumstances when an individual becomes unemployed. Not all unemployed people are eligible to receive benefits. Others may have exhausted their claims, while still others do not make claims.

Employment Insurance (formerly called "Unemployment Insurance)," offers unemployed people regular payments based upon the level of their previous incomes. It is intended as a short-term support to provide recipients with an income until they become employed again. Most people living on Employment Insurance must adjust to receiving smaller incomes, which may place a number of stresses on them as well as on their families. When a large proportion of its workers are in receipt of Employment Insurance benefits, a community may be deemed to be in a state of ill health, there being less disposable income available to fuel its economy and to support community services.

What is the situation in Maple Ridge and Pitt Meadows?

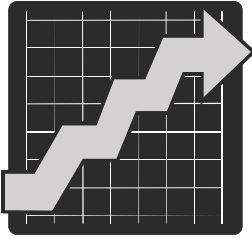


In September, 2008, 2.4% of the adult population (persons aged 19 to 64) of both Maple Ridge and Pitt Meadows were in receipt of Employment Insurance Benefits. These rates translated into 1,215 adult recipients in Maple Ridge and 240 adult recipients in Pitt Meadows. In September, 2007, the vast majority (73.3%) of recipients in the Local Health Area were female. Young adults (persons aged 19 to 24 years) constituted 8.3% of the total.

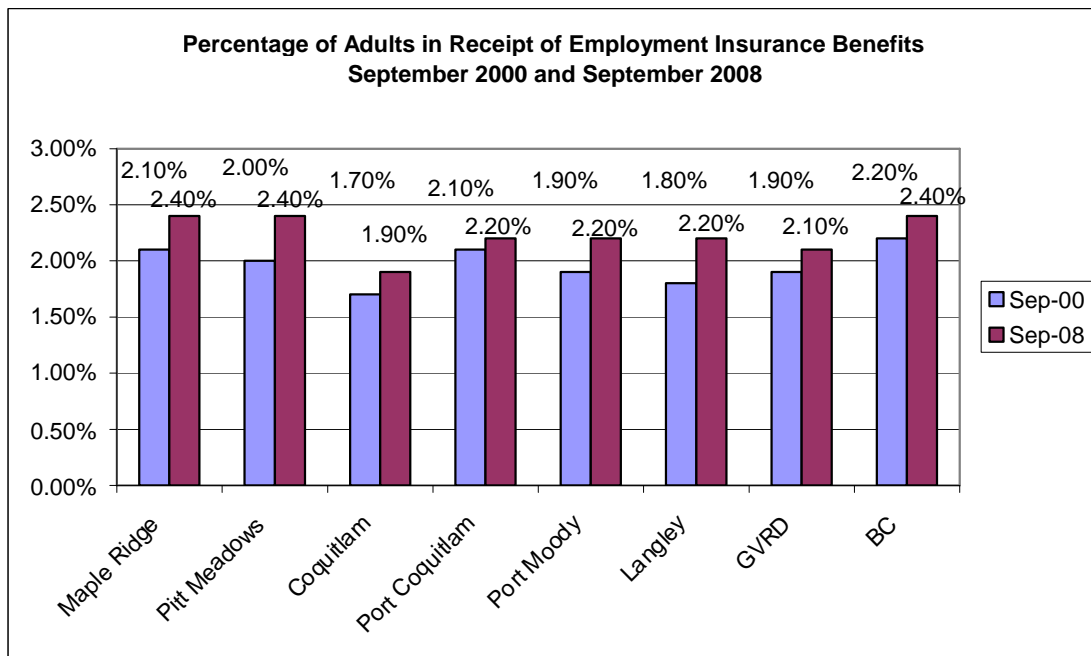
How do our communities compare with others?

In September, 2008, the percentage of adults in Maple Ridge and Pitt Meadows who were in receipt of Employment Insurance benefits (2.4%) was equal to the percentage in the province as a whole, but exceeded the rates in the Greater Vancouver Regional District and all of the other municipalities considered in this study. The GVRD average rate was just 2.1%. Port Coquitlam's rate was of 2.2% was the lowest of any in the study area, while the Township of Langley's, Coquitlam's, and Port Moody's were all the same, at 2.2%.

What are the trends?



Dependency on Employment Insurance benefits generally declined in the period March, 1999 to December, 2000 but has grown since the turn of the millennium in each of the communities considered in this study. In the GVRD, the percentage of adults dependent on Employment Insurance has risen from 1.90% to 2.10% since September, 2000, an increase of 0.2%. In Maple Ridge, the E.I. rate has risen by 0.3%, while in Pitt Meadows, the rate has increased by 0.40%. The increase in Maple Ridge may be due to restricted opportunities for employment in the community. The greatest rise in reliance on Employment Insurance has been in the Township of Langley, where the rate has risen by 0.40% in eight years. The recession that began in the fourth quarter of 2008 will likely result in continued increases in rates of reliance on Employment Insurance.



Where can I go for more information?



1. BC Stats. Socio-Economic Profiles. (www.bcstats.gov.bc.ca).

Economic Indicators

2.5 Percentage of the Workforce Employed in Standard Industry Categories in 2006

In 2006, 43% of the Maple Ridge work force worked in the area of retail trade, manufacturing industries, construction, and health and social services. In Pitt Meadows, 38.1% of the work force worked in these same industry divisions.

Why is this important?



The division of a community's work force into standard industry categories may be a reflection of a community's current economic health as well as of its longer-term economic stability. Communities that are overly dependent on single areas of employment may suffer severe economic and social stress (represented by increased unemployment and reduced spending) should market conditions result in a downturn in demand for particular services or products. In British Columbia, for example, softwood lumber and shake and shingle tariffs imposed by the United States have periodically resulted in major levels of unemployment in communities that lack economic diversification. The decline in salmon stocks in the late 1990s led to fishing closures that had a major effect on a number of coastal villages whose economies were largely based on fishing.

Having employment opportunities in a variety and balance of industry categories lessens the potential for a community to experience severe economic and social distress, though it does not eliminate that potential. Having a sound industrial and commercial tax base lessens the tax burden on homeowners and allows local government to provide services at a level that might not otherwise be possible.

What is the situation in Maple Ridge and Pitt Meadows?



Neither the Maple Ridge nor the Pitt Meadows economy is heavily dependent upon traditional resource-based industries such as fishing and trapping, logging and forestry, or mining, quarrying, and oil extraction. Instead, the work force of the two municipalities is employed in a range of industries that is generally well balanced. From 38.1% to 43% of the work force in the two municipalities is employed in four of Statistics Canada's eighteen standard industry divisions.

Employment patterns in the two communities are generally comparable, but there are a few exceptions. Pitt Meadows' work force is more heavily involved (3.0%) in agriculture than is that of Maple Ridge (1.3%). Forest industries are more important to the Maple Ridge economy (0.5% of the work force) than to the Pitt Meadows economy (0.2%). Workers in Maple Ridge are slightly more likely to be involved in construction and real estate and less likely to be involved in manufacturing and wholesale trade than are workers in Pitt Meadows. A greater proportion of the workforce in Maple Ridge is involved in educational, health, and social services than is the case in Pitt Meadows, while a smaller proportion works in the area of accommodation, food, and beverage services.

How do our communities compare with others?

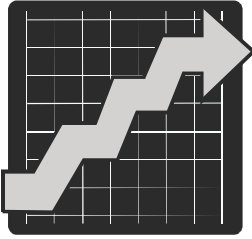
While employment patterns in the two municipalities are generally comparable with those in the GVRD and the province as a whole, there are differences between the geographic areas. The rural character of much of Delta, Surrey, and Langley is reflected in a higher rate of employment in agriculture in the GVRD as a whole. Conversely, the more urban nature of the City of Vancouver and its "inner suburbs" is reflected in greater involvement in "white collar" industries such as business services, real estate, finance, and insurance in the GVRD as whole.

Labour Force (15+) by Industry Divisions for Selected Municipalities (Percentages)

(Source: BC Stats Community Profiles)

| | Maple Ridge 2001 | Maple Ridge 2006 | Pitt Mead 2001 | Pitt Mead 2006 | GVRD 2001 | GVRD 2006 | BC 2006 |
|-------------------------------------|---------------------------------|---------------------------------|-------------------------------|-------------------------------|----------------------|----------------------|--------------------|
| Agricultural | 1.0 | 1.3 | 4.1 | 3.0 | 2.0 | 2.0 | 1.6 |
| Logging/Forestry Industries | 0.9 | 0.5 | 0.6 | 0.2 | 0.2 | 0.2 | 1.0 |
| Construction Industries | 7.9 | 9.6 | 7.0 | 7.3 | 5.1 | 6.4 | 7.5 |
| Manufacturing Industries | 11.7 | 10.5 | 11.1 | 10.9 | 9.4 | 8.5 | 8.5 |
| Wholesale Trade | 5.3 | 5.9 | 5.9 | 6.1 | 5.3 | 5.4 | 4.1 |
| Retail Trade | 11.4 | 12.2 | 10.0 | 11.1 | 11.1 | 10.9 | 11.2 |
| Finance/Insurance | 3.8 | 3.7 | 3.1 | 3.3 | 5.2 | 4.8 | 3.8 |
| Real Estate | 1.6 | 2.2 | 1.7 | 2.0 | 2.4 | 2.6 | 2.3 |
| Prof, Scientific, and Tech Services | 5.2 | 4.8 | 5.0 | 6.5 | 8.7 | 9.3 | 7.3 |
| Admin & Support, Waste Mangt | 3.9 | 4.3 | 3.6 | 4.3 | 4.3 | 4.7 | 4.4 |
| Educational Services | 7.0 | 6.9 | 5.8 | 6.0 | 7.1 | 7.2 | 6.9 |
| Health and Social Services | 10.9 | 10.7 | 11.5 | 8.8 | 9.5 | 9.3 | 9.6 |
| Accommodation/Food/Beverage | 6.3 | 6.5 | 7.9 | 7.0 | 7.8 | 7.9 | 8.1 |
| Other Services | 5.3 | 4.9 | 4.6 | 4.6 | 4.9 | 5.1 | 4.9 |

What are the trends?



As the 1991 and the 1996 Census used different categories to describe labour force categories, it is not possible to determine a trend referring to the data for those years. A comparison of Census data for 2001 and 2006, however, indicates an increased proportion of the workforce in both communities being involved in real estate and construction, which may be reflective of increased development activity. Logging and forest industries, at one time a mainstay in the Fraser Valley, continued to decline in importance in both communities. The workforce in Pitt Meadows appeared to take up the slack that occurred in Maple Ridge, when the proportion workers involved in professional, scientific, and technical services declined in the latter community. Interestingly, there was a slight decline in the proportion of Maple Ridge workers involved in health and social services, and a much more pronounced decline among workers in the same field in Pitt Meadows. Through its Economic Development Office, the District of Maple Ridge is currently working to attract businesses and economic activity associated with the film industry and high tech industries.

What are the limitations of the data?



The collation of data related to industry categories may be subject to human error, as occupations that defy easy categorization are "forced" into particular categories. This, however, would appear to be of only slight concern, and the data should be considered highly accurate.

Where can I go for more information?



1. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-191-XPB.
2. Statistics Canada. Community Profiles: 2001 and 2006. (www.statcan.gov.ca).
3. BC Stats. Community Facts. (www.bcstats.gov.bc.ca).
4. Ference Weicker and Company. Maple Ridge High Tech Investment Attraction Strategy. Vancouver, 2009.

Economic Indicators

2.6 Numbers of People Accessing Food Bank Services in 2008

In 2008, 1,994 people regularly accessed the services of the Friends in Need Food Bank Society, which serves Maple Ridge, Pitt Meadows, and Katzie.

Why is this important?



The emergence, endurance, and growth of food banks in many Canadian municipalities is an indication of society's inability to feed many of its members through more conventional channels, and an indication that many families are entering a state of poverty from which they find it difficult to emerge.

Food insecurity has a negative impact on a large number of Canadians, many of whom are children. Children experiencing chronic hunger are less able to lead active and healthy lives. They are less able to succeed in school, arriving at their desks feeling tired, challenged to pay attention, and having trouble retaining and processing information. They also experience behavioural problems, insofar as they are often unable to relate to others in positive ways. They are less likely to achieve high grades and may leave school prior to graduation. Children living with hunger may develop physically more slowly than others, and may have reduced resistance to disease.

Adults experiencing hunger also experience chronic health problems (such as a greater incidence of migraines and back problems, two conditions associated with high levels of stress). In an effort to combat their stress, many become addicted to tobacco products, and the resultant smoke affects not only their health, but that of their children as well (where constant exposure to smoke may lead to the onset of asthma). In an effort to fill their hungry stomachs, many people living in hunger consume larger quantities of cheaper, less nutritious food with higher caloric counts, and experience the onset of obesity and its attendant health problems.

Child and adult hunger is the subject of a number of initiatives and services offered by a range of organizations in the Maple Ridge Local Health Area, but the principal organization providing food bank services is the Friends in Need Food Bank Society. The organization provides food hampers to residents (with documented fixed addresses rather than to the homeless) of the Maple Ridge Local Health Area.

Other free food distribution programmes in Maple Ridge and Pitt Meadows include the Salvation Army hot meal programme (a free meal programme offered through the organization, including lunch offered four times a week and breakfast offered one day per week). The Salvation Army also provides emergency food hampers to community members. School District 42 is currently exploring other opportunities with the Friends in Need Food Bank Society.

What is the situation in Maple Ridge and Pitt Meadows?



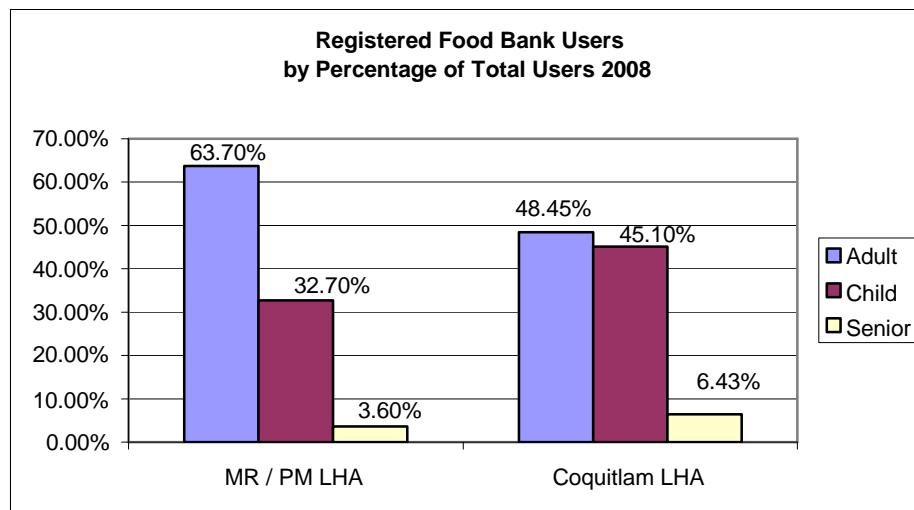
In 2008, 1,994 people regularly accessed the services of the Friends in Need Food Bank Society, which serves Maple Ridge, Pitt Meadows, and Katzie. Of these, 1,270 (63.7%) were adults, 652 (32.7%) were children and youth, and 72 (3.6%) were seniors. In 2008, 995 households were served by the food bank, of which 32% were classified as “new.” Other organizations also operated less extensive, but important food security programmes. These included the Ridge Meadows Women’s Centre’s Mother Hubbard’s Cupboard initiative in Pitt

Meadows

During the 2007-08 school year, a number of nutrition programmes also operated in School District 42. These included: Healthy Homework Club, Highland Park Elementary; Breakfast Club, Hammond Elementary; Pitt Meadows Lunch Club; Edith McDermott Elementary Nutrition Program; Connex Alternate Program Nutrition Program; Glenwood Elementary Breakfast and Lunch Club; Blue Mountain Elementary Breakfast Club; Westview Secondary Growlbusters; Maple Ridge Secondary School Journeys Program; Maple Ridge Secondary School Options Program; Maple Ridge Secondary School Teen Parent Program, Maple Ridge Secondary School Homework Club; and Eric Langton Lunch Programme. A breakfast-time “Bagels and Books” programme is operated at Hammond Elementary and Mount Crescent Elementary Schools.

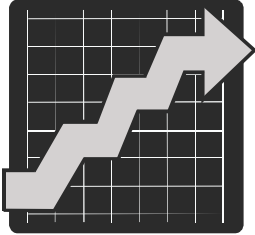
How do our communities compare with others?

Free food distribution systems are found in many other communities. Located in Port Moody, the Share Family and Community Services Society’s Food Bank serves residents throughout the Tri-Cities. The organization advises that, in 2007-08, it provided food to 5,598 people in 1,142 households. The proportion of its users who were children and youth (45.1%) was much higher than in Maple Ridge/Pitt Meadows, where the rate was 32.7%. The Share Society’s food bank also served a higher proportion of seniors (6.43%) than the facility in Maple Ridge/Pitt Meadows, where the rate was 3.6%.



The Langley Food Bank is located near the City of Langley's inner city and is closely aligned with an evangelical Christian church. The Langley Food Bank has no statistics regarding the age of its users. It has advised that in 2007, it provided users with 11,032 hampers. Like Maple Ridge and Pitt Meadows, the Tri-Cities and the Langleys are also home to other forms of free food distribution, not the least of which are well-utilized school meal programmes.

What are the trends?



A national study first undertaken in the late 1990s, the National Population Health Survey, indicated that 8% of Canadians "had to compromise the quality or quantity of their diet at least once in 1998-99 because of a lack of money." An additional 1.6% worried about experiencing hunger as a result of lack of funds. The study also indicated that about 20% of those who lived with food insecurity accessed alternative sources of food (such as food banks) during the previous 12-month period. Many of those who were going hungry were children, which is to be expected given the growth of child poverty in Canada in recent years.

A more recent survey, the Canadian Community Health Survey of 2000-2001, demonstrated that 3.7% of respondents aged 12 and over had experienced food insecurity during the past year, food insecurity being defined as not having the quality or variety of food that they wanted, not having had enough to eat, or having worried about not having had enough to eat. More than 40% of respondents living with low or lower-middle incomes reported having experienced food insecurity. The survey also revealed that younger Canadians (aged 18 to 24) were more likely to have experienced food insecurity than older Canadians, 18% of them having experienced food insecurity in the previous year. British Columbians experienced a high overall rate of food insecurity, tying at 17% of the provincial population with four other provinces as having the highest rate of food insecurity among Canada's provinces.

The lack of a single data-gathering system and consistent data gathering techniques makes it difficult to discern a trend in food bank use in the Greater Vancouver Regional District. Research by Food Banks Canada, however, suggests that the use of food banks is growing in the province. According to the organization, a total of 78,101 British Columbians accessed food banks at least once a month in 2008, an increase of 2.1% over the previous year. 31.2% of those using food bank services were children.

What are the limitations of the data?



Because of the impossibility of collecting data indicating the place of residence of food bank users, it is not possible to quantify food bank use by municipality on a per unit of population basis. The location of the food banks, the availability of transportation, and the presence of alternative free and low cost food distribution services further compound the question.

Where can I go for more information?



1. Ridge Meadows Hunger Coalition. Understanding Food Security through Community Mapping: A Look at Maple Ridge and Pitt Meadows. Deanna Tan, RDN, 1999.
2. Food for Kidz Coalition. Food for Kidz Child Hunger Assessment: South Fraser Region. 2001.
3. Food Banks Canada. Hunger Count 2008. (www.foodbankscanada.ca).
4. McIntyre, Lynn, Sarah Conner, and James Warren. A Glimpse of Child Hunger in Canada. Applied Research Branch, Human Resources Development Canada. October, 1998.
5. Ledrou, Ingrid, and John Gervais. Food Insecurity. Ottawa, 2005. (www.statcan.gc.ca)
6. Share Family and Community Services Society. (www.sharesociety.ca)
7. Friends in Need Food Bank Society. (www.friendsneedfood.com).



3.0

Child and Youth Indicators

Child and Youth Indicators

3.1 Number and Percentage of Children and Youth Living in Poverty

In 2006, 17.9% of children and youth aged less than 18 in Maple Ridge, and 14.6% of those in Pitt Meadows, lived below the poverty line.

Why is this important?



Living in poverty has a marked negative impact on child and youth development and leads to challenges and disorders that can endure through adulthood. Children born into poverty are more likely to be born with low birth weights, a condition that can result in developmental delays and disabilities.

Children and youth living in poverty often experience hunger to a greater extent than their more affluent neighbours. Child hunger can lead to slower development, reduced resistance to disease, and an increase in behavioural disorders. Children and youth living in poverty and living with hunger can be hyperactive, exhibit behavioural disorders, and display emotional disorders. Their parents may be under stress, and have difficulty in implementing healthier or more effective parenting skills.

Poverty reduces an individual's ability to live in the same world as his or her peers. A reduced income means a reduced disposable income. Poor children and youth have fewer material goods (and often, goods of a lesser quality, or goods with less social prestige) than their peers. They have less opportunity to enjoy the recreational, entertainment, and vacation opportunities that other children take for granted, and may suffer reduced self-confidence and self-esteem as a result. They are less likely to do well in school and more likely to leave school prior to graduation. They are more likely to suffer injury or death through violence, accidents, or misadventure.

What is the situation in Maple Ridge and Pitt Meadows?



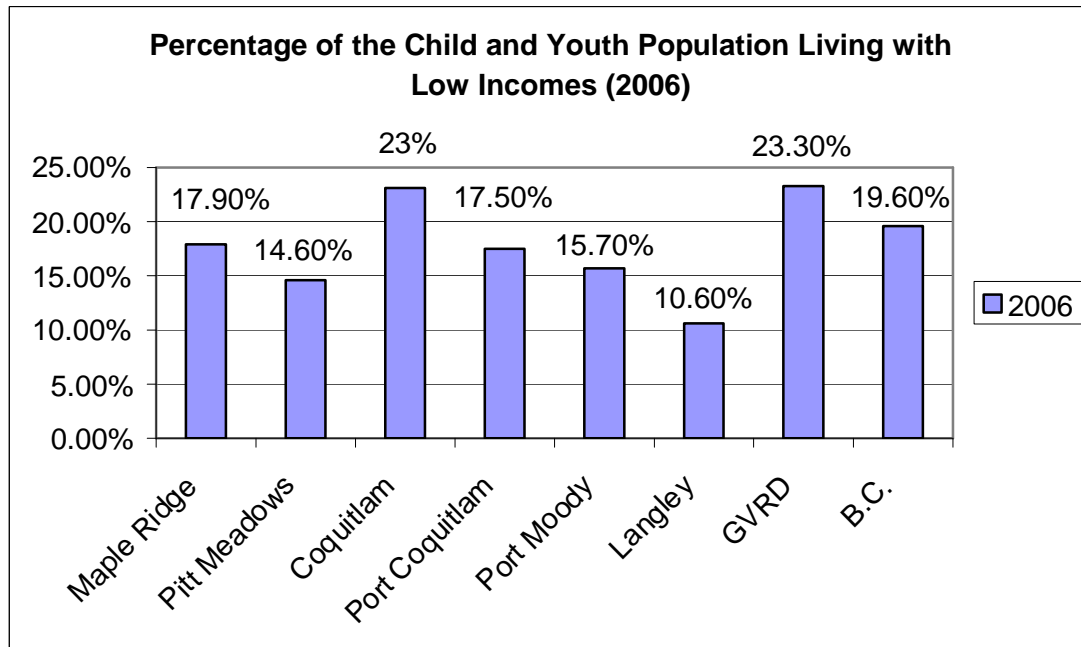
In 2006, 17.9% of children and youth aged less than 18 in Maple Ridge, and 14.6% of those in Pitt Meadows, lived below the poverty line. These percentages equalled 3,069 individuals in Maple Ridge and 534 individuals in Pitt Meadows.

Young females were more likely to be living in poverty than young males, as noted in the following table.

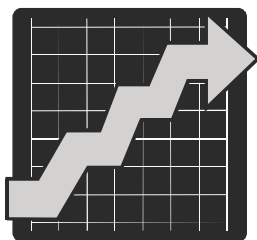
| Child and Youth Poverty Rates | Total | Males | Females |
|-------------------------------|-------|-------|---------|
| Maple Ridge | 17.9% | 17.9% | 17.9% |
| Pitt Meadows | 14.6% | 13.1% | 15.8% |
| GVRD | 23.3% | 23.1% | 23.4% |
| British Columbia | 19.6% | 19.5% | 19.6% |

How do our communities compare with others?

Though high, the incidence of child and youth poverty in Maple Ridge and Pitt Meadows is substantially less than in a number of other jurisdictions. The 17.9% and 14.6% rates in Maple Ridge and Pitt Meadows compare favourably with much higher rates in Coquitlam (23%), the GVRD (23.30%), and the province as a whole (19.60%). They compare less favourably with Langley Township's child and youth poverty rate of 10.6%, but it should be noted that child poverty in the Langleys is concentrated in the adjacent City of Langley, where the rate is 22.9%.



What are the trends?



Despite an all-party resolution in the House of Commons (to eliminate child poverty by 1989), child poverty continues to grow in Canada. The number of children growing up in poverty in Canada increased by over 700,000 between 1981 and 1996. The rate of poverty among children and youth continues to grow. According to the 2008 Report Card on Child and Family Poverty in Canada, over 790,000 children now live in poverty. Child poverty in Canada remains highest in British Columbia and lowest in Prince Edward Island. Nationally, about one in four aboriginal children currently live in poverty. Lack of readily available data and changing Census definitions render year-to-year comparisons among communities difficult.

What are the limitations of the data?



The Census of Canada does not ask a specific question related to the incidence of child poverty, so the data are derived from extrapolations based on other data, i.e. the percentage of children and youth under the age of 18 living with low incomes. The data is provided both pre- and post-tax, and the latter data includes government transfers, such as income assistance. The data used in this report is pre-tax and pre-transfer payments.

Where can I go for more information?



1. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada. Cat. No. 95-191-XPB.
2. Campaign 2000. Family Security in Insecure Times: The Case for a Poverty Reduction Strategy in Canada: 2008 National Report Card on Child and Family Poverty in Canada. (www.campaign2000.ca).
3. Statistics Canada. Community Profiles: Census of Canada, 2006. (www.statcan.gov.ca).

Child and Youth Indicators

3.2 Percentage of Children and Youth Receiving Income Assistance in 2007

In September, 2007, 2.1% of the children and youth aged 0 to 18 living in Maple Ridge, Pitt Meadows, and Katzie were recipients of Income Assistance.

Why is this important?



Child and youth poverty is a significant, but often-unnoticed problem in Canadian society. Various government programmes, including the BC Employment and Assistance programme, exist to address the problem. The BC Employment and Assistance programme provides various forms of Income Assistance to qualified beneficiaries, including financial assistance to people aged 0 to 64. Funds provided for minors are directed through their parents or guardians.

Children and youth in receipt of Income Assistance often live below the poverty line, and their parents or guardians may be challenged to provide for their needs. Recipients often live in sub-standard housing (which may pose health and safety risks), are malnourished, and do not possess many of the material and other advantages that middle-income children commonly enjoy. Children and youth living in poverty, when older, may be very conscious of how they differ from their peers, and may suffer emotional distress and exhibit problem behaviours as a result.

Children and youth living in poverty may suffer chronic illnesses and developmental delays. They may do less well in school, have problems socializing, and may leave school before graduation. In the long term, they are less likely to develop the skills they need to succeed in life and less likely to find optimal employment. Disproportionate numbers of children living in poverty are at risk to accidental injury and domestic violence, or even pre-mature death. Some may ultimately be supported through child and youth welfare agencies or, when adults, be dealt with through the justice system.

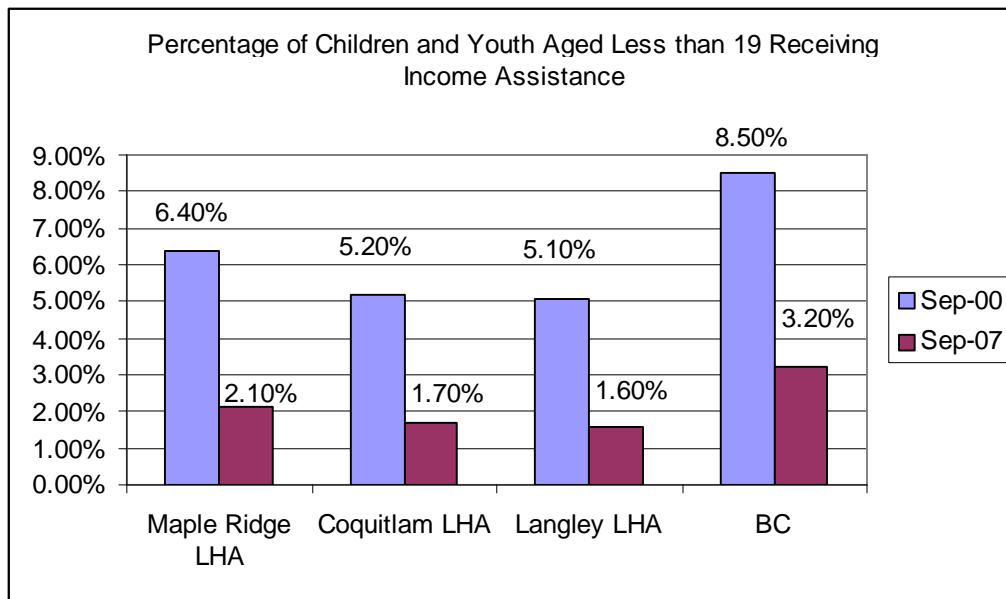
What is the situation in Maple Ridge and Pitt Meadows?



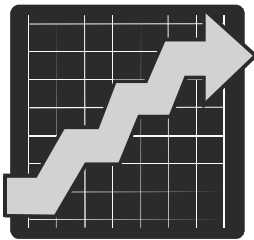
In September, 2007, 2.1% of the children below the age of 19 who lived in the Maple Ridge Local Health Area (which includes Maple Ridge, Pitt Meadows, and Katzie) were recipients of Income Assistance. This percentage equalled approximately 464 young people. A further examination of the data reveals that 1.3% of children and youth in the Local Health Area had been receiving income assistance for over one year (0.8% had received assistance for less than one year), that 1.7% of children and youth receiving income assistance were also living with a lone parent, and that 1.1% of children and youth receiving income assistance were living with a disabled parent. These latter figures suggest that such young people are likely to rely on income assistance for a prolonged period.

How do our communities compare with others?

The percentage of children and youth in the Maple Ridge Local Health Area who received Income Assistance from the province in September 2007 was more than the percentage of juvenile recipients in both the Langley and Coquitlam Local Health Areas. The rate in the Langley LHA was 1.6%, while the rate in the Coquitlam Local Health Area was 1.7%, compared to the Maple Ridge Local Health Area rate of 2.1%. The rate in all three Local Health Areas, however, was substantially less than the provincial average of 3.2%. It should be noted that the percentage of adults receiving Income Assistance was also higher in the Maple Ridge Local Health Area than in the other two local health areas, which may suggest a higher proportion of both unemployed and working poor in Maple Ridge and Pitt Meadows than in the other communities.



What are the trends?



Children and youth are less reliant on Basic Income Assistance than young adults but more reliant than adults. Where 2.1% of children and youth (0 to 18 years old) were recipients of programme benefits in September, 2007, the rate was 2.8% for young adults (aged 19 to 24) and 1.1% for the population aged 19 to 64.

Rates of receipt of Income Assistance have plummeted in the last eight years due to the province's redefinition of eligibility and a reduction in real dollar terms, of its payments. The ranked order of the jurisdictions considered in this report has remained constant.

What are the limitations of the data?



Rates of dependence on Basic Income Assistance fluctuate over time, depending on the season (which may relate to seasonal employment and unemployment), on the health of local communities, and on changes in eligibility requirements.

Where can I go for more information?



1. BC Stats. Local Health Area Socio-Economic Profiles. (www.bcestats.gov.bc.ca).
2. Canadian Institute of Child Health. The Health of Canada's Children. Ottawa, 2000.
3. Ross, David P. and Paul Roberts. Income and Child Well-being: A New Perspective on the Poverty Debate. Canadian Council on Social Development. Ottawa, 1999.

Child and Youth Indicators

3.3 Rate of Child Hospitalizations due to Injury and Poisoning in 2006 - 2007

In 2006 – 2007, the rate of hospitalization of children and youth aged 0 to 14 due to injury and poisoning was 7.9 per 1,000 of the population.

Why is this important?



In British Columbia, unintentional injuries – including accidents, poisonings, and other misadventures – account for more deaths of children and youth aged 0 to 24 than any other single cause. According to the province’s Ministry of Health, someone in this age range is hospitalized every 40 minutes due to unintentional injuries. Indeed, in the average year, over 12,000 young people are hospitalized and over 260 die as a result of such injuries. Many such injuries occur in the critical

hours between 3:00 and 6:00 PM, when “latch-key” children are home without adequate supervision.

Injuries and poisoning can occur in a range of venues, ranging from the family home to preschools, daycares, schools, playgrounds, and the street. Most such misadventures are predictable and preventable, although their nature and location often varies with the age of the patient. Injuries such as poisoning, suffocation, choking, and burns are experienced most often by younger children, and generally in the late afternoon or early evening, when they are tired. There is also a strong relationship between unfamiliar settings and injuries experienced by young children. Youth and young adults are more likely to be injured in the workplace, in cars, or in recreational settings. They are much less likely to experience poisoning, although their likelihood of being hospitalized as a result of the misuse of alcohol and drugs is a related circumstance.

An analysis of unintentional injuries processed by a clinic in Washington State resulted in similar observations. In the United States, unintentional injuries are the leading cause of death for children and young adults and a major cause of both long-term and short-term disability. Among children and adolescents aged 19 and younger, the highest rates of unintentional injury were in the areas of falls (60 per 1,000 injuries), recreational activities (57 per 1,000 injuries), and competitive sports (49 per 1,000 injuries).

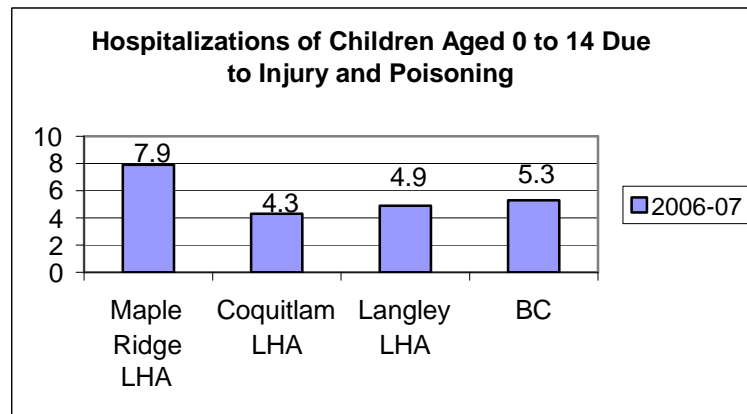
What is the situation in Maple Ridge and Pitt Meadows?



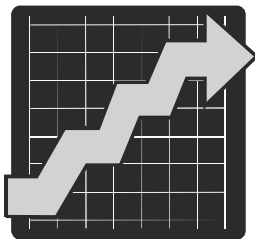
In 2006 – 2007, the rate of hospitalization of children aged 0 to 24 due to injury and poisoning was 7.9 per 1,000 of the population.

How do our communities compare with others?

The proportion of children and youth in the Maple Ridge Local Health Area who was hospitalized in 2006-07 due to injury and poisoning was higher than in the adjacent Langley and Coquitlam Local Health Areas. The rate in the Langley LHA was 4.9 per thousand of the population in the affected age group, while the rate in the Coquitlam LHA was 4.3 per thousand. The rate in the Maple Ridge Local Health Area was also higher than that for the province as a whole (5.3 per thousand).



What are the trends?



Historical data for this indicator was not readily available so it was not possible to establish a trend

What are the limitations of the data?



The data should be approached with caution, especially when making comparisons over time, as the number of hospitalizations due to injury and poisoning is relatively small at the local health area level. It should also be noted that the hospitalization data reflects only the most serious of cases, with lesser injuries sometimes being dealt with by parents, general practitioners, clinics, and emergency rooms. Treatment by emergency rooms is not included in hospitalization statistics.

Where can I go for more information?



1. BC Stats. Local Health Area Socio-Economic Profiles. (www.bccstats.gov.bc.ca).

2. BC Ministry of Health. Preventing Injury in Child Care Settings. (www.health.gov.bc.ca).
3. Rivara, F.P. et al, "Population-Based Study of Unintentional Injury Incidence and Impact During Childhood." American Journal of Public Health, Aug., 1989.

Child and Youth Indicators

3.4 Number and Rate of Children and Youth Accessing Mental Health Services through the Ministry of Children and Family Development in 2008

In 2008, 301 members of the child and youth population of the Maple Ridge Local Health Area were clients of the Child and Youth Mental Health Team of the Ministry of Children and Family Development. This represented 13.6 cases per 1,000 of the population aged 0 to 18.

Why is this important?



Mental health is a matter of concern in all age groups in society. Children with mental health disorders who are not effectively helped in childhood do not shed their problems as they grow, but become more vulnerable to life's stresses and lack emotional resilience as they grow into adulthood.

Research has indicated that mental illness is a strong contributor to drug and alcohol misuse, poverty, crime, homelessness, and suicide. Persons with mental health conditions can expect to have better overall health and to live longer, more productive lives if their conditions are addressed at an early age.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



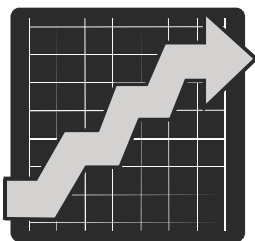
The term, “open cases” refers to cases being dealt with by the Ministry of Children and Family Development’s Child and Youth Mental Health team at a given point in time. In 2008, there were 301 open mental health cases in the Maple Ridge Local Health Area. This represented a rate of 13.6 cases for every 1,000 members of the child and youth population (i.e. persons aged 0 to 18).

How do our communities compare with others?

As different service models and data collection systems are used by the Ministry’s various Child and Youth Mental Health Teams, it is not possible to compare the data in the Maple Ridge Local Health Area with that in the Langley and Coquitlam Local Health Areas.

Research conducted in Ontario suggests that up to 20% of children and youth may experience some form of mental health condition serious enough to impair their development and functioning. 5% of these may have a serious mental health disorder. If these figures are applied to Maple Ridge, Pitt Meadows, and Katzie, then there are about 1,105 children and youth (aged 0 to 18) in the area who are experiencing serious mental health disorders. About half of these are being served directly through the Ministry’s Child and Youth Mental Health team. Others are served privately, through the Ministry’s contractors, through programmes run in collaboration with the Fraser Health Authority’s Early Psychosis programme, and through other means.

What are the trends?



In recent years, the Ministry has used different configurations of contracted services and its own staff to address the mental health needs of youth. In the years since 2003, for example, some positions dealing with young people with mental health issues have transformed into staff positions from contract positions. Further, the data collection system used in 2008 differs from that used in 2003. It is therefore difficult to establish a trend in the number of child and youth mental health open cases dealt with by the Ministry's Child and Youth Mental Health Team

in the Maple Ridge Local Health Area.

Although the Ministry's data indicate 106 clients accepted for service in 2001, 89 clients accepted for service in 2003, and 301 accepted for service in 2008 (directly through the local Child and Youth Mental Health Team), these numbers should not be used to indicate a trend. Similarly, the number of referrals to the local Child and Youth Mental Health Team (295 in 2001, 305 in 2003, and 436 in 2008) may reflect a range of factors that may vary from year to year.

What are the limitations of the data?



The data is limited in that no overall statistics relating to child and youth mental health – which is offered through several service providers and several service models – appear to be available. It is therefore uncertain if the rates of mental health disorders experienced by children and youth in British Columbia are the same as in Ontario.

Where can I go for more information?



1. Child and Youth Mental Health Team, Ministry of Children and Family Development. 22323-119th Avenue, Maple Ridge, B.C. V2X 2Z2. (604) 466-7330.
2. Child and Youth Mental Health. Ministry of Children and Family Development. (www.mcf.gov.bc.ca/mental_health).
3. Department of Psychiatry, Faculty of Medicine, University of British Columbia.
4. Offord, D. Ontario Child Health Study: Children at Risk. Ministry of Community and Social Services, 1989.

Child and Youth Indicators

3.5 Number of Children and Youth in Care in December, 2007

In December, 2007, there were 9.7 children and youth per 1,000 of the population aged 0 to 18 in care in the Maple Ridge Local Health Area.

Why is this important?



Stable and supportive family life is critical to optimal child development. A loving, and nurturing environment promotes resiliency in children and guards against poor developmental outcomes. When a family ceases to function well (e.g. when there is conflict, abuse, or depression), child development suffers. Children living in dysfunctional families are more likely than others to experience social, emotional, or behavioural disorders.

The placement of children in the care of people other than a parent is one way through which society seeks to improve the environment in which children live. For many children, the adjustment to living outside their normal families may be both a relief and a source of stress. The degree to which society finds it necessary to remove children from their parents is an indicator both of society's caring, and of the level of discord that exists in families.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

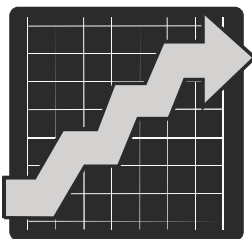


In December, 2007, in the Maple Ridge Local Health Area, there were 9.7 children and youth per 1,000 of the population aged 0 to 18 in care of the Ministry of Children and Family Development (statistics are not available by municipality). The Maple Ridge Local Health Area includes the District of Maple Ridge, the City of Pitt Meadows, and Katzie.

How do our communities compare with others?

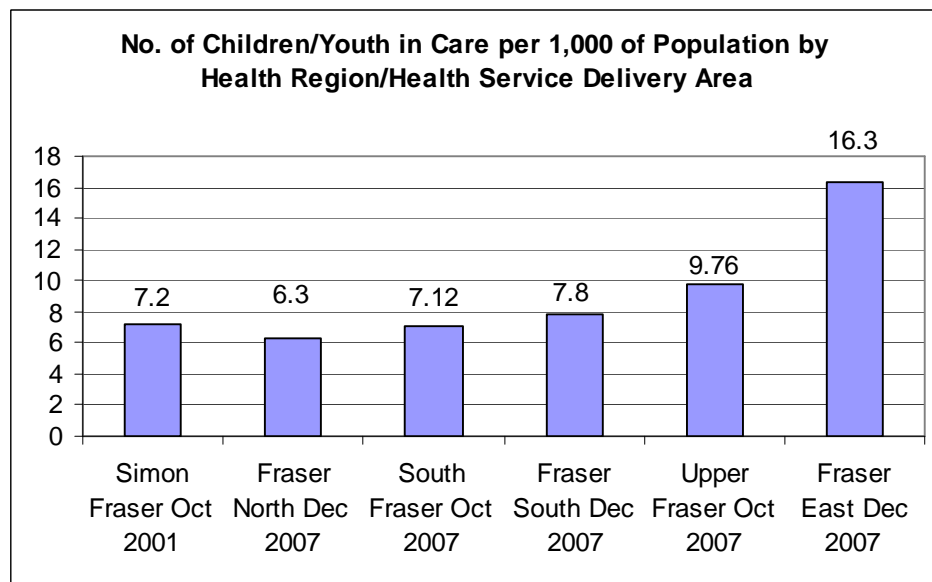
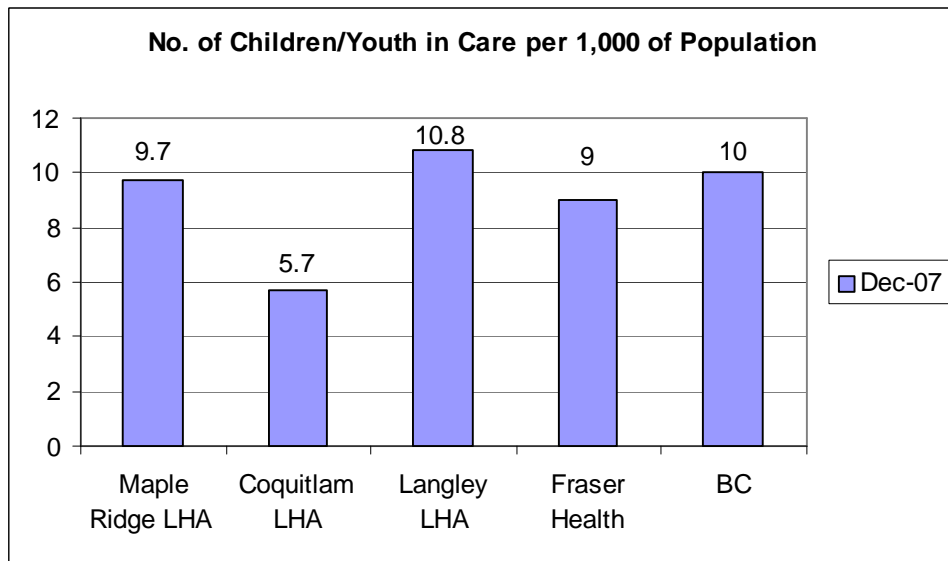
In December 2007, the number of children per 1,000 of population, in care in the Maple Ridge Local Health Area (9.7 per 1,000 children and youth aged 0 to 18) was only slightly higher than the average rate in the Fraser Health Authority as a whole (9.0 per 1,000). The rate in the local health area was also lower than the provincial average (10 per 1,000), lower than the rate in the Langley Local Health Area (10.8 per 1,000), but significantly higher than the rate in the Coquitlam Local Health Area (5.7 per 1,000).

What are the trends?



Historical data on the number of children in care is not readily available by Local Health Area. The redefinition of health region and health authority boundaries also renders historical comparisons problematic. Having said this, there is a certain correlation between the boundaries of the former health regions and the current health service delivery areas in the Lower

Mainland. Comparisons of the data for 2007 for the health service delivery areas within the Fraser Health Authority and the data for 2001 for the former health regions, suggests that the number of children and youth per thousand in care of the Ministry of Children and Family Development may be increasing. Although comparisons between the rates for the former Simon Fraser Health Region and the current Fraser North Health Service Delivery Areas suggest a reduction in the rate of children being placed into care, a comparison between the rates for South Fraser and Upper Fraser with those for the current Fraser South and Fraser East Health Service Delivery Areas suggests an upward trend. In British Columbia, young adults formerly in care are eligible for continued support from the Ministry, through its Agreements with Young Adults initiative.



What are the limitations of the data?



The rates at which children are taken into care and subsequently released to their parents' custody vary with the individuals responsible for adjudicating individual cases. Some Ministry workers, for example, may take a more cautious approach than others. Measuring rates at which children are taken into care does not necessarily reflect the quality of care that children receive once in care. Some residential care providers may be overtaxed, and fostering abilities will vary among them. Not having historical data available at a constant geographic level restricts our understanding of the situation in individual communities. Further, in care statistics may reflect where a child's case is being managed, rather than where he or she lives.

Where can I go for more information?



1. Simon Fraser Health Region. Health Profile 2001. Burnaby, 2001.
2. Ministry of Children and Family Development, 101-10221-153rd Street, Surrey, B.C., V3R 0L7. (604) 586-4800.
3. BC Stats. Socio-Economic Profiles. (www.bcstats.gov.bc.ca).

Child and Youth Indicators

3.6 Number of Youth per 1,000 of the Youth Population Supported Through Youth Agreements in 2008

In 2008, in the Maple Ridge Local Health Area, there were 43 youth aged 16 to 18 supported by the Ministry of Children and Family Development through Youth Agreements. This represented a rate of 11.3 cases per 1,000 of the population aged 16 to 18.

Why is this important?



Challenges such as physical, mental, and sexual abuse; family dysfunction; problems at school; and substance misuse often can impact affected youth. In recent years, the Ministry of Children and Family Development has developed a number of innovative programmes to assist where protection concerns may exist. The purposes of such agreements are to enable eligible youth to gain independence, to acquire life skills, to return to school, and/or to gain work experience. Further, youth agreements protect participating young people's rights to be healthy and independent; protected from abuse, neglect, or harm; to receive advice from parents or adults; to make safe, healthy choices; to be supported in their cultural identity; and to gain self-confidence. Eligible youth include those who lack a parent or adult willing or able to assume these roles, which are unable to return to their homes for reasons of personal safety, and who are aged 16 to 18.

The Ministry's youth agreements require participating youth to work with an assigned youth worker who assists them to cope with their own or their carers' alcohol, drug, or mental health challenges; to live independently and safely; and to strengthen relationships with family and friends. Participating youth are required to develop an agreement identifying their responsibilities and those of the Ministry.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

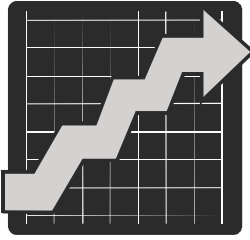


In 2008, in the Maple Ridge Local Health Area, there were 43 youth aged 16 to 18 supported by the Ministry of Children and Family Development through Youth Agreements. This represented a rate of 11.3 cases per 1,000 of the population aged 16 to 18.

How do our communities compare with others?

Data for other communities is not readily available.

What are the trends?



Historical data on the number of children supported through youth service agreements is not readily available for other local health areas.

What are the limitations of the data?



The data is an accurate reflection of the number of youth served through Youth Agreements. The number and rate of young offenders addressed through Community Youth Justice Services provides further insights into how more serious behavioural challenges are being addressed by the province.

Where can I go for more information?



1. Ministry of Children and Family Development. (www.mcf.gov.bc.ca)
2. Ministry of Children and Family Development, 101-10221-153rd Street, Surrey, B.C., V3R 0L7. (604) 586-4800.
3. Ministry of Children and Family Development. (Youth Services website). (www.mcf.gov.bc.ca/youth/index/htm).

Child and Youth Indicators

3.7 Number of Youth per 1,000 of the Youth Population Participating in Youth Justice Services

In 2008, in the Maple Ridge Local Health Area, there were 160 youth aged 12 to 17 served by the Ministry of Children and Family Development's Youth Justice Services and the Ridge Meadows Youth Diversion program. This represented 19.75 youth per 1,000 of the population aged 12 to 17.

Why is this important?



In British Columbia, the Youth Justice System is responsible for dealing with young people aged 12 to 17 who have committed various offences. These services include both Community Youth Justice Services and Youth Custody Services. While Youth Custody Services is a form of incarceration used to separate offenders from the rest of society, Community Youth Justice Services are community-based and designed to promote socially acceptable behaviour while protecting society as a whole. The Ministry of Children and Family Development has defined the purposes of the programme as follows:

1. To protect society by providing appropriate support and supervision.
2. To facilitate rehabilitation by providing youth the best possible opportunities for healthy growth and pro-social development through a youth focused integrated case management process.

According to the Ministry, Youth Justice Services include:

- Extra judicial sanctions (formal diversion from court proceedings);
- Supervision and case management of youth on bail, peace bonds, probation, intensive support and supervision program orders, supervision in the community, conditional supervision, and reintegration leave from a youth custody centre;
- Preparation of reports for court and Crown Counsel; and,
- Community-based non-residential and residential programs

Youth Justice Services are delivered province-wide under the care of approximately 130 youth probation officers working as members of multi-disciplinary teams to address young people's needs through day programmes, intensive support and supervision programmes, community service work, drug and alcohol programmes, wilderness challenge programmes, and youth forensic psychiatric programmes. The overall initiative also included restorative justice, an approach to justice that facilitates dialogue between offenders and victims, enables offenders to understand the impacts of their actions, and to attempt to repair harm done.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

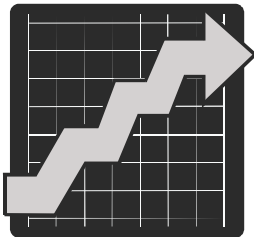


In 2008, in the Maple Ridge Local Health Area, there were 160 youth aged 12 to 17 served by the Ministry of Children and Family Development's Youth Justice Services and the Ridge Meadows Youth Diversion programme. The Maple Ridge Local Health Area includes the District of Maple Ridge, the City of Pitt Meadows, and Katzie. This represented 19.75 youth per 1,000 of the population aged 12 to 17.

How do our communities compare with others?

Data for other communities is not readily available.

What are the trends?



Historical data on the number of youth served through Youth Justice Services is not readily available.

What are the limitations of the data?



The data is an accurate reflection of the number of youth served through Youth Justice Services.

Where can I go for more information?



1. Ministry of Children and Family Development. (www.mcf.gov.bc.ca)
2. Ministry of Children and Family Development, 101-10221-153rd Street, Surrey, B.C., V3R 0L7. (604) 586-4800.
3. Ministry of Children and Family Development. (www.mcf.gov.bc.ca/youth_justice/index/htm).

Child and Youth Indicators

3.8 Number of Hospitalizations Due to Suicidal Behaviour by Youth Aged 15 to 19 in 2005 - 2008

In the period 2005 to 2008, there were 42 hospitalizations due to suicidal behaviour (cases of intentional self-harm) by youth aged 15 to 19 in the Maple Ridge Local Health Area.

Why is this important?



Suicide is a sometimes under-recognized cause of premature death among children and youth. Child and youth suicides are the ultimate manifestation of the emotional stress that often accompanies adolescence. Like adults, children and youth who choose suicide are often trying to escape the depression and anxiety that often accompanies family discord, academic difficulties, as well as discrimination, bullying, and other forms of abuse. Hospitalization statistics relating to suicidal behaviour contribute to a fuller understanding of the degree to which this is a problem in a community. British Columbia's health system records suicidal behaviours dealt with by hospital emergency rooms and which result in hospitalizations, as cases of "intentional self-harm."

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

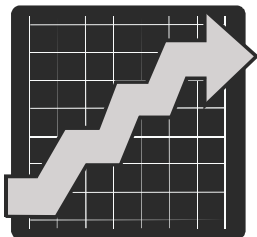


In the period 2005 - 2008, there were 42 hospitalizations due to suicidal behaviour (cases of intentional self-harm) by youth aged 15 to 19 in the Maple Ridge Local Health Area. In 2007-08 there were 10 such cases in the Maple Ridge Local Health Area, representing a rate of 15.9 cases per 10,000 of the population aged 15 to 19.

How do our communities compare with others?

In 2007-08, the rate of suicidal behaviour by youth aged 15 to 19 was higher in the Maple Ridge Local Health Area (15.9 cases per 10,000 of population) than in the Coquitlam Local Health Area (11.2 cases per 1,000 of population), but lower than in the Langley Local Health Area (where the rate was 18.2 cases per 10,000 of population).

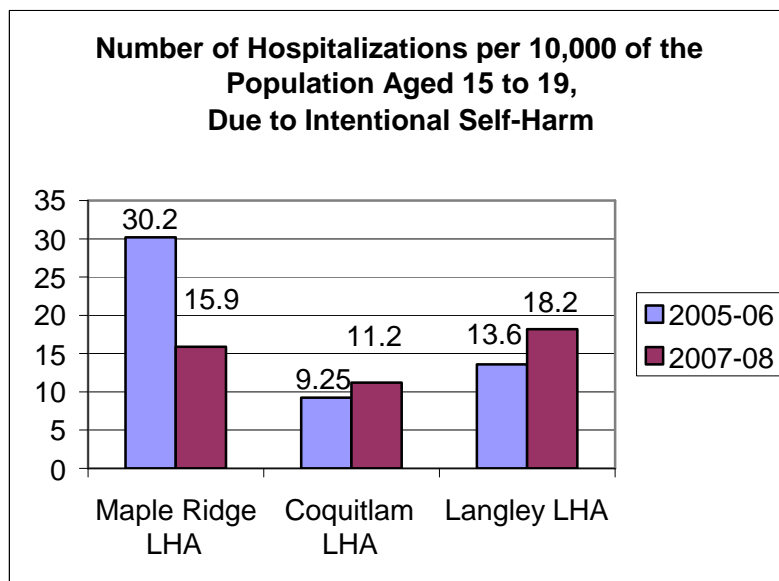
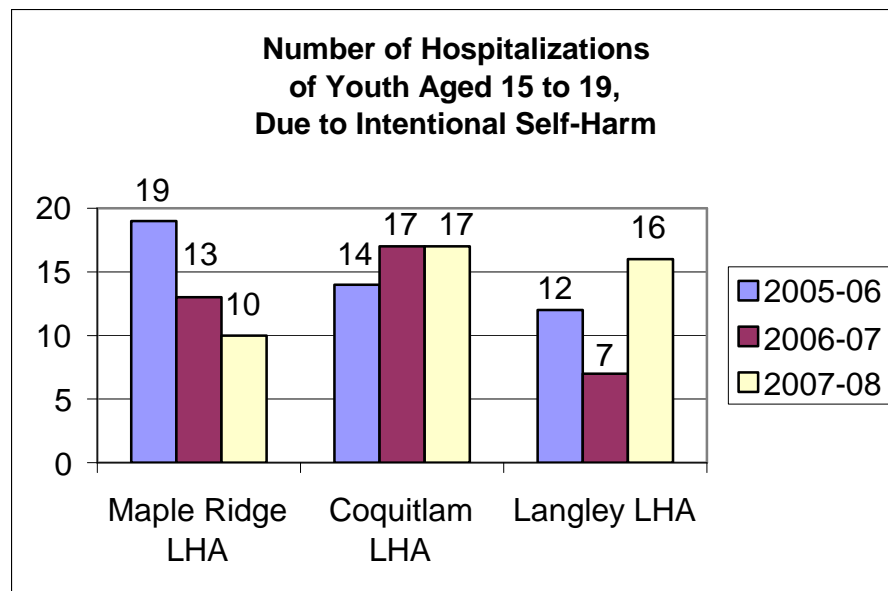
What are the trends?



The number and rate of suicidal behaviour among youth aged 15 to 19 are highly variable from year to year, making it difficult to suggest a trend. Although it may appear that the number of suicidal behaviours in the Maple Ridge Local Health Area has fallen dramatically – from 19 in 2005-06, to 13 in 2006-07, and to 10 in 2007-08 – and although it may appear that the rate of hospitalizations in the local health area also fell, from 30.2 per 10,000 of the population aged 15 to 19 in 2005-06 to a rate of 15.9 in 2007-08- the numbers are too small to indicate a clear

statistical trend.

The surveys of area teens undertaken by the McCreary Centre Society suggest that rates of attempted teen suicide are relatively constant. In 1992, 5% of Greater Vancouver area teens reported suicidal behaviour in the past year. In 1998, the rate had increased to 6%. Females were about twice as likely as males to attempt suicide in the year preceding the 1998 survey. In 2008, 12% of teens reported having considered suicide, while 5% reported actually having attempted it.



What are the limitations of the data?



As with adult suicides, some child and youth suicidal behaviour may not result in hospitalization. Some teen suicides (such as those involving motor vehicles) may not be recognized as such. The data reported here does not necessarily correspond with the primary diagnosis of the patients hospitalized, but does represent the attending physician's assessment of one of the reasons for the hospitalization. As the numbers of hospitalizations due to suicidal behaviour are small, it is difficult to identify clear trends.

Where can I go for more information?



1. Fraser Health Authority. Custom Reports. (www.fraserhealth.ca).
2. McCreary Centre Society. Listening to B.C. Youth: Simon Fraser-Burnaby Region. Burnaby, 2000.
3. British Columbia Vital Statistics Agency. PO Box 9657 Stn. Prov. Govt., Victoria, BC, V8W 9P3, (250) 952-2558.
4. McCreary Centre Society. A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey. (www.mcs.bc.ca).



4.0

Education Indicators

Education Indicators

4.1 Number and Percentage of People Aged 15+ With a Secondary School Certificate in 2006

In 2006, 79.6% of the population of Maple Ridge aged 15+, 81.5% of the population of Pitt Meadows aged 15+, and 50% of the population of Katzie aged 15+, had earned a secondary school certificate.

Why is this important?



Secondary (or high) school graduation is generally regarded as a minimum qualification for most full time positions, and in today's information and technology-based economy, advanced education is preferred. Individuals without a secondary school certificate find it increasingly difficult to secure well-paying and meaningful employment, and may be challenged in the positions they do secure.

Secondary school dropouts often encounter difficulty in trying to complete their education. Work obligations may render part-time study difficult. Some young (and potentially, older) adults may find it difficult to re-enter a realm of study generally associated with the young.

School dropouts may suffer from low self-esteem and may find themselves caught in a cycle of short-term employment followed by periods of unemployment. They may find themselves living with low incomes at a time in their lives when their contemporaries are experiencing greater wealth, happiness, and success. Some may become dependent on Employment Insurance and Social Assistance, and be a drain on, rather than an asset to, society as a whole.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

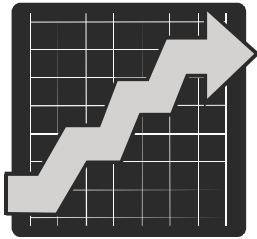


At the time of the 2006 Census, 79.6% (42,777 people) of the population aged 15+ in Maple Ridge possessed a secondary school certificate. In Pitt Meadows, the rate was 81.5% (10,099 people), while the rate in Katzie was 50% (85 people).

How do our communities compare with others?

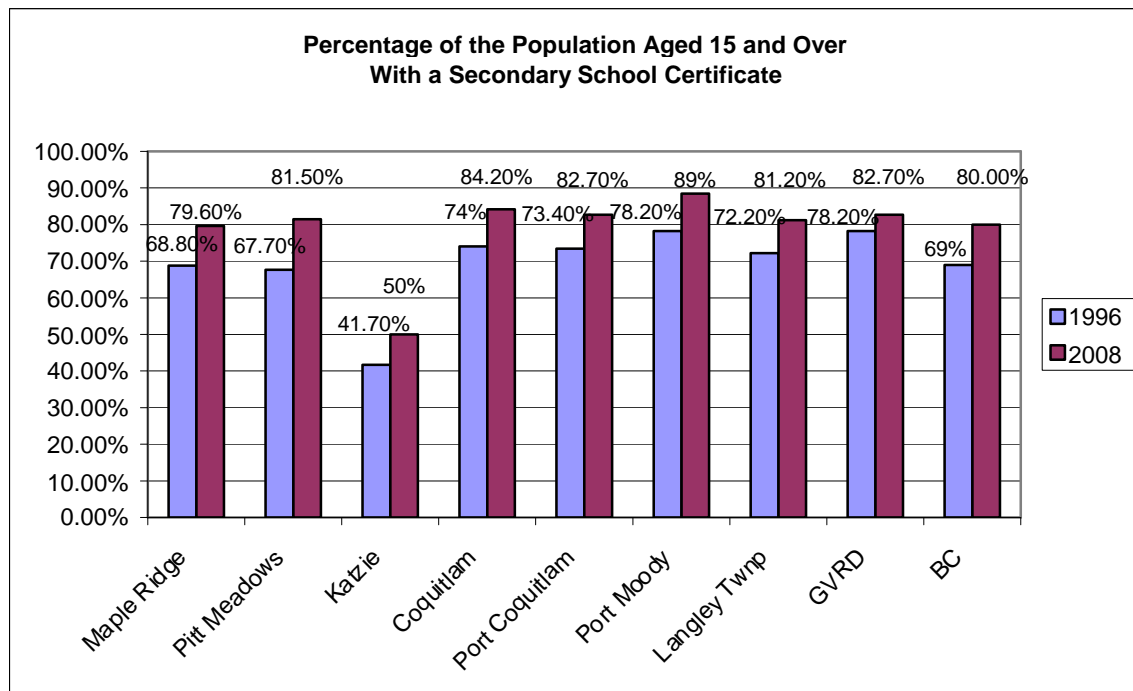
In 2006, rates of secondary school graduation were higher in Langley, the Tri-Cities, and the Greater Vancouver Regional District as a whole, than in Maple Ridge, Pitt Meadows, or Katzie. The provincial rate of 80.0% was marginally higher than the Maple Ridge rate of 79.6%. The rate in Port Moody was the highest (89%), while the rates in Port Coquitlam, Langley Township, and the GVRD as a whole were all similar to that of Pitt Meadows (81.5%). The GVRD average was 82.7%.

What are the trends?



Between 1991 and 1996, the percentage of the population aged 15+ in Maple Ridge who had graduated from secondary school increased from 64.8% to 68.8%. The rate increased again between the 1996 and 2006 Censuses, rising from 68.8% to 79.6%. The percentage of secondary school graduates living in Pitt Meadows also increased: from 65.8% to 67.7% between 1991 and 1996, and from 67.7% to 81.5% between 1996 and 2006. In Katzie, the percentage increase was much more dramatic, rising from 33.3% in 1991 to 45.8% in 1996 to 50% in 2006. The rate in

Katzie may seem low in comparison with the other communities referenced, but it should be noted that more "registered Indians" are completing their education than has been the case in the past. The percentage of those with university degrees rose from 2% in 1991 to 3% in 1996 (an increase of 50%) to 7% in 2006 (an increase of 133%). ("Registered Indians" are persons registered as Indians on the national register of Indians under the provisions of the Indian Act). School District officials, however, report a dramatic decrease in graduations among registered Indians during the 2008-09 school year. The overall increase in secondary school graduation is apparently related to a changing population, as less well-educated people with lower incomes leave the community due to redevelopment and are replaced with better-educated new arrivals. It should also be noted that online services have provided residents with new ways to complete or upgrade their educations, and that fees are no longer charged to students returning to school later as adults, thereby increasing residents' ability to complete their secondary school educations.



What are the limitations of the data?



Levels of education achieved by persons 15 years of age and older are commonly referred to in statistical analyses, and are based upon standard Census questions. It should be noted that the data is not fully illuminating, as it is unlikely that many people in the 15 to 18 age-bracket will not have completed secondary school (insofar as they are still secondary school students at that age). The data are nonetheless useful for the purposes of comparisons between communities and over time.

Where can I go for more information?



1. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-191-XPB.
2. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).
3. United Way Research Services. Environmental Scan of the Lower Mainland Region: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
4. Indian and Northern Affairs Canada. Comparison of Social Conditions, 1991 and 1996. (www.inac.gc.ca).
5. Ministry of Advanced Education and Labour Market Development. Aboriginal Report: Charting Our Path, Public Post-Secondary System, October 2008. (http://www.aved.gov.bc.ca/aboriginal/documents/Aboriginal_Indicator_Report-Oct2008.pdf).

Education Indicators

4.2 Number and Percentage of Children with Special Education Needs in 2008-09

In the 2008-09 school year, 9.14% of the students in School District 42 were classed as Special Education students.

Why is this important?



A significant percentage of elementary and secondary school students have special needs that are often best addressed through supplementary educational services. These can be delivered by centralizing students with particular needs at designated schools, or by offering supports through teaching assistants, specialist teachers, child and youth care workers, district facilitators, or school psychologists and child and youth care workers at schools in the communities where the children live.

Special education students range from those identified as gifted, who may not be sufficiently challenged by the standard curriculum, to those with physical disabilities, to those with social, emotional, and behavioural challenges. Students go through an assessment process to determine if they have a special educational need, and additional resources are often provided in particular schools to meet their needs. Without these additional supports, special education students may find it difficult to learn and to cope not only with school, but also with living in the wider community. Support services for students with special needs include: counselling; psychologist services; orientation and mobility training; services for the visual, hearing, and speech impaired; work experience for the mentally challenged, and so forth.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



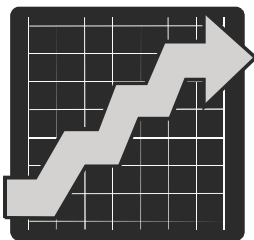
In School District 42, during the 2008-09 school year, a total of 1,408 students were identified as having special needs. School District 42 includes Maple Ridge, Pitt Meadows, and Katzie. Together, those students identified as having special needs represented 9.14% of the total enrolment in the school district.

How do our communities compare with others?

Historical comparative data from the Ministry of Education for the years 1988 to 2000 suggests that the proportion of Special Education students in Maple Ridge, Pitt Meadows, and Katzie is comparable to the proportion of Special Education students in other school districts of a similar nature. In 2000, a total of 8.9% of students enrolled in "similar districts" were identified as having Special Education needs, compared to 8.1% in School District 42.

Data for the 2007-08 school year indicates that the proportion (8.8%) of Special Education students in Maple Ridge, Pitt Meadows, and Katzie (School District 42) is similar to that (8.5%) in Langley City and Langley Township (School District 35) and to that in the province as a whole (8.93%). The rate in School District 43 (Coquitlam, Port Coquitlam, Port Moody, Anmore, and Belcarra) was somewhat higher, at 11.5%.

What are the trends?



In School District 42, the percentage of students identified as having Special Education needs fluctuated over the last decade from a low of 6.5% in 1988-89 to a high of 10.5% in 1989-90 before settling to its current level of 9.14%. During the last ten years, the provincial rate has exceeded the rates in School District 42 and similar districts, ranging from 11% in 1996/97 to 8.9% in 2006-07. Data from 2007-08 indicate that the provincial rate is now equal to the rate in School District 42.

According to data from the Ministry of Education, the number of students in Special Education sub-categories such as Physical Disability/Chronic Health Impairment and Mild Intellectual Disability are declining, while the numbers in sub-categories such as Autism Spectrum Disorder, and Intensive Behaviour Interventions/Serious Mental Illness, Learning Disabilities are increasing. The number of students classified as Gifted has declined by 50% in the last five years.

Under Ministry of Education regulations, services to students classified in categories K to R below are funded within a school's base allocation. Services to students in categories A to H are funded with additional dollars.

| Number of Students | 2003/04 | 2004/05 | 2005/06 | 2006/07 | 2007/08 |
|--|---------|---------|---------|---------|---------|
| Total | 1,349 | 1,376 | 1,403 | 1,417 | 1,353 |
| A - Physically Dependent | 19 | 20 | 16 | 17 | 19 |
| B - Deafblind | 2 | 4 | 4 | 3 | 3 |
| C - Moderate to Profound Intellectual Disability | 38 | 44 | 45 | 47 | 50 |
| D - Physically Disability/Chronic Health Impairment | 223 | 229 | 221 | 183 | 184 |
| E - Visual Impairment | 11 | 12 | 13 | 11 | 11 |
| F - Deaf or Hard of Hearing | 29 | 24 | 23 | 25 | 25 |
| G - Autism Spectrum Disorder | 73 | 81 | 91 | 126 | 138 |
| H - Intensive Behaviour Interventions/Serious Mental Illness | 153 | 170 | 180 | 188 | 193 |
| K - Mild Intellectual Disability | 53 | 47 | 35 | 33 | 27 |
| P - Gifted | 278 | 258 | 237 | 222 | 139 |
| Q - Learning Disability | 312 | 328 | 369 | 387 | 392 |
| R - Moderate Behaviour Support/Mental Illness | 158 | 159 | 169 | 175 | 172 |

Within the Special Education classification, numbers of students enrolled in kindergarten and grades 1 to 3 have remained relatively constant. The numbers enrolled in grades 4 to 7 have increased, while the numbers enrolled in grade 8 to 12 increased from 2003-04 to 2006-07, and then fell substantially in 2007-08.

| Number of Students | 2003/04 | 2004/05 | 2005/06 | 2006/07 | 2007/08 |
|--------------------|---------|---------|---------|---------|---------|
| Total | 1,349 | 1,376 | 1,403 | 1,417 | 1,353 |
| Kindergarten | 20 | 33 | 37 | 23 | 28 |
| Grade 1 - 3 | 136 | 133 | 153 | 150 | 142 |
| Grade 4 - 7 | 364 | 362 | 371 | 382 | 406 |
| Grade 8 - 12 | 829 | 848 | 842 | 862 | 777 |

What are the limitations of the data?



Designation as a student with Special Needs occurs in accordance with Ministry of Education guidelines. Such designations, however, may be influenced by the human element, which necessarily varies between school districts. Some students may be classifiable in two or more of the Ministry's categories and individual schools may choose to record them in the category that brings the most funding to their school. Further, the data does not accurately reflect the number of students receiving special education services in School District 42, since the School District's full service neighbourhood school model allows children to receive services based on need, not necessarily on label. Caution should be exercised in observing historical trends in the number of students in each category, as the definitions of some of the categories have changed over time.

Where can I go for more information?



1. Ministry of Education. Standard Reports 1585, 1585A, 1585B. Victoria, 2001.
2. School District 42. Support Services for Students with Special Needs. (www.info.schdist42.bc.ca).
3. Ministry of Education. Student Statistics 2003-04 – 2007/08: Full Year Summary Reports. (www.bced.gov.bc.ca/reports/pdfs/student_stats/042.pdf).

Education Indicators

4.3 Per Capita Circulation of Library Materials in 2007

During 2007, public library materials were circulated in Maple Ridge at the rate of 7.91 items per person. In Pitt Meadows, the rate was 8.65 items per person.

Why is this important?



The rates at which library materials are circulated in public library systems is a good indication of a community's level of literacy and interest in learning. In public library systems, circulation is defined as new loans plus renewals. Per capita circulation of library materials refers to the total number of materials circulated divided by the total population of the community.

For many people, public libraries, operated by a municipality or a regional library board, offer a unique opportunity to access books, journals, magazines, and non-print media. They are an important link in the life-long learning chain. They are especially important for children (where they assist in the development of literacy), students (where they provide information for the purposes of formal education), people living on limited incomes (where they offer inexpensive leisure and self-education opportunities), and business (where they offer reference materials that support service and product development, sales, and marketing).

Public libraries are also often community meeting places, on both a formal and informal basis. They host meetings and offer seminars. Most importantly, they promote early literacy and a love of life-long learning, through children's programmes and related services. The degree to which they are used may be a reflection of a community's levels of literacy and interest in learning.

What is the situation in Maple Ridge and Pitt Meadows?

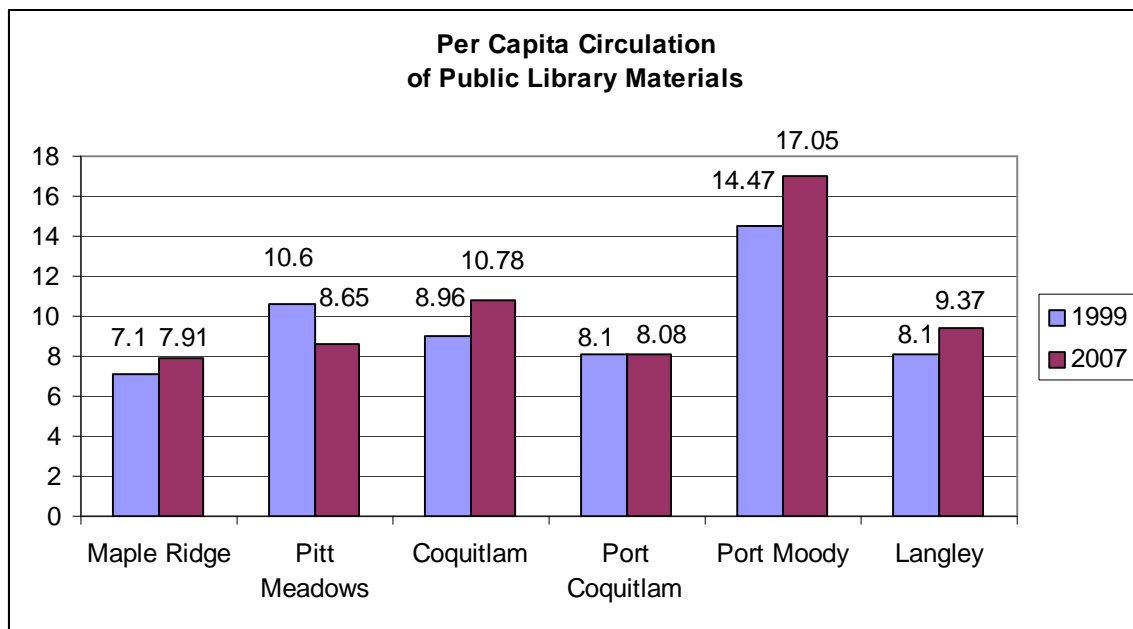


In Maple Ridge and Pitt Meadows, library services are offered through the Fraser Valley Regional Library system, which is owned by member municipalities and operated on their behalf by an inter-municipal board. Statistics for 1999 are presented here, as several major branches experienced disrupted services due to construction in the year 2000. In 2008, Maple Ridge residents borrowed library materials at the rate of 7.1 items per capita, while Pitt Meadows residents borrowed library materials at the rate of 8.65 items per capita.

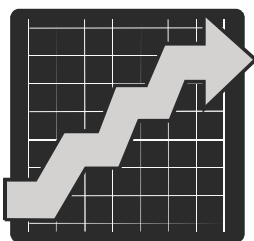
Many adults, seniors and homeless use the Maple Ridge and Pitt Meadows libraries to check their E Mails, to read newspapers and magazines, and to relax. The number of library visits for Maple Ridge in 2007 was 362,690. There were 77,081 visits to the Pitt Meadows library in the same period. The communities' libraries are also the sites of library programmes, community meetings, ESL classes, tutoring, and Internet use.

How do our communities compare with others?

In 2007, per capita circulation of library materials was lower in Maple Ridge than both the Tri-Cities and the Langleys (the City and the Township of Langley are combined here, as borrowers tend to cross municipal boundaries). The rate in Pitt Meadows was higher than in Maple Ridge and Port Coquitlam, but lower than in other jurisdictions. Where Maple Ridge rate was 7.91 per capita and the rate in Pitt Meadows was 8.65, the rate in Port Coquitlam was 8.08. The rate in the Langleys was 9.37 while that in Coquitlam was 10.78. Per capita circulation of library materials was a remarkable 17.05 in Port Moody. The rate in Coquitlam (10.78) was exceeded only by Port Moody's.



What are the trends?



Per capita circulation of library materials in Maple Ridge decreased by 1.7% in the period 1997 to 1999. In the same time period, per capita circulation of library materials in Pitt Meadows decreased by 0.3%. Since 1999, however, circulation rates have increased in Maple Ridge and most other communities.

Circulation rates have fallen significantly in Pitt Meadows since 1999. This is more likely due to Pitt Meadows residents using the large and relatively new Maple Ridge Library rather than the more limited facility in their own community.

That circulation rates have increased in the region's libraries is remarkable, given the rise of the Internet and the proliferation of computers in library branches. Print media, compact disks, and DVDs continue to be borrowed at increasing rates, despite the availability of other ways of accessing publications and other media.

What are the limitations of the data?



Circulation per capita statistics do not give a full representation of library usage, as they do not account for the use of reference materials, for the in-library use of materials that can be borrowed, or for the Internet access and other digital technologies (including book downloads) that are increasingly being provided by public libraries. Further, digital technologies provided by the Fraser Valley Regional Library allow customers to order materials, renew loans, and to search for information using the system's resources, but from the comfort of their own homes.

Where can I go for more information?



1. Fraser Valley Regional Library. Annual Reports, 1997, 1998, 1999.
2. Fraser Valley Regional Library. Custom Report, 2007.
3. Public Library Services Branch. British Columbia Public Library Statistics, 1999 and 2007.
(www.marh.gov.bc.ca/LIBRARY/STATISTICS)

Education Indicators

4.4 Grade Four and Seven Students' Achievements in Provincial Foundation Skills Assessment Tests in 2007-08

In 2007-08, 42.2% of the Grade Four and Seven students in School District 42 were assessed as not yet meeting the provincial standard in at least one component of the Foundation Skills Assessment (FSA).

Why is this important?



The province's Foundation Skills Assessment (FSA) tests measure students' achievements in reading, writing, and numeracy in grades four and seven. Statistics are generally released by school district, school, and grade and give parents and educational professionals a sense of the level of achievement of students in individual schools and school districts. There is recognition that all students are learners and a variety of learning outcomes can be expected for these grade levels.

During the school years, children and youth learn many skills and competencies that support not only their intellectual development but also their social, emotional, spiritual and physical growth.

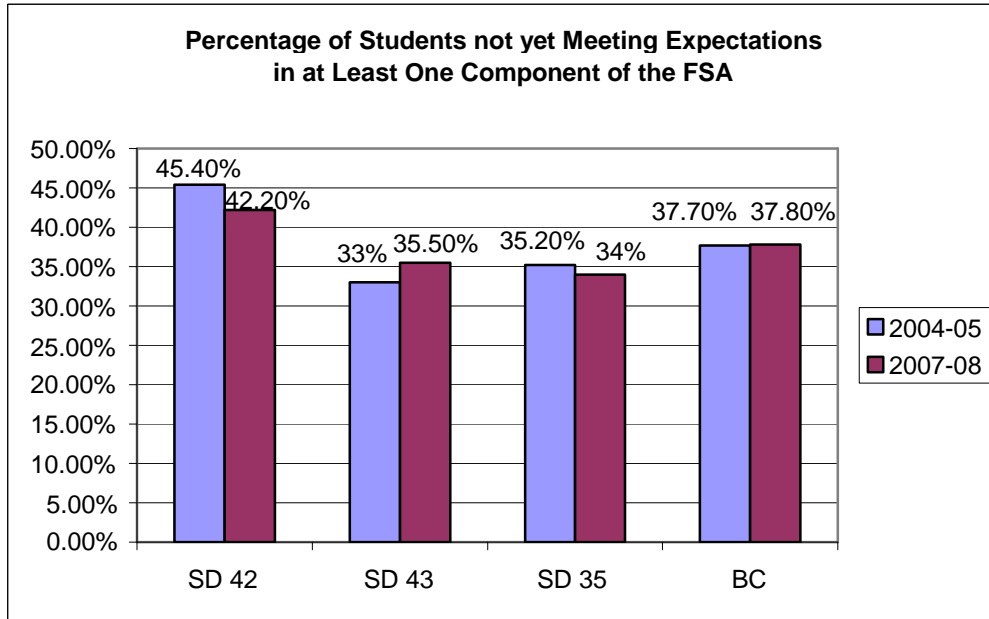
A student's failure to meet the provincial standard for his or her grade level in any one tested area – whether reading, writing, or numeracy – can have a negative effect on their progress through the education system. The mastery of basic skills like reading, writing, and numeracy can influence our ability to learn and to communicate with others. Skill development in these areas is critical during childhood and youth and is supported by attendance at school. Children and youth who struggle with meeting academic expectations may be frequently absent from school, may leave school before graduation or may exhibit social, behavioural, and emotional problems.

Some may experience poor mental health outcomes and some may leave school before graduation. Poor academic performance often leads to reduced self-esteem and can impact a child through the life course. Many low achievers will face a life of unstable, low-paying employment.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



In 2007-08, 42.2% of grade four and seven students were assessed as not having met the standard established for their grade level in at least one component of the FSA. This equated to 506 students.

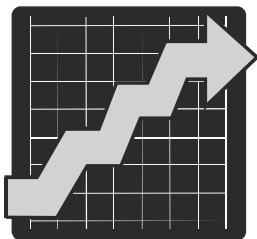


How do our communities compare with others?

Ministry of Education standard reports do not record the percentage of students not yet meeting expectations for their grade level in at least one of the FSA testing categories. However, a custom report generated by ministry staff for this project indicates that while the FSA results for students in School District 42 (Maple Ridge, Pitt Meadows, and Katzie) are improving, the percentage who have yet to meet ministry standards for their grades is considerably higher than in the other jurisdictions considered in this report. The percentage is also higher than the average for the province as a whole.

| | Gr 4 Reading | Gr 7 Reading | Gr 4 Writing | Gr 7 Writing | Gr 4 Numeracy | Gr 7 Numeracy |
|-------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|
| SD 42 | 23% | 26% | 23% | 21% | 28% | 26% |
| SD 43 | 16% | 23% | 15% | 11% | 18% | 19% |
| SD 35 | 19% | 22% | 15% | 13% | 22% | 21% |
| BC | 17% | 22% | 18% | 14% | 21% | 21% |

What are the trends?



According to the Foundation Skills Assessment results, students' *overall* performance in the FSA is improving; a lower percentage of students failed to meet the standard for their grade in any one FSA category in 2008 than in 2005. However, it appears that students' performance in *individual* categories of the FSA is not improving uniformly. Where 19.1% of Grade Four students in School District 42 read below grade expectations in 1999, 20% read at less than grade expectations in 2001, and 23% read at a lower level than expected for their grade in 2008.

Among Grade Seven students, the percentage reading below the standard for the grade increased from 18.6% to 22%, between 1999 and 2001, then fell to 21% in 2008. The results for grade seven students suggest that the School District's early literacy programmes may be having a positive effect on student performance.

According to data analysis by the Ministry of Education for the FSA conducted in 2008, the highest rates of non-compliance with grade 4 standards for reading occur among male students, aboriginal students, ESL students, and special needs students. Grade 7 males are less challenged in reading than their younger contemporaries, but the rate of students not meeting expectations for their grade remains high among aboriginal, ESL, and Special Needs students.

Males, ESL students, and Special Needs students are less likely to meet the expectations for their grade in writing, whether they are in grade four or grade seven, than are other students. Aboriginal students tend to perform much closer to the standard for their grade in writing than they do in reading.

Among grade four students, the achievements of male, female, and aboriginal students in numeracy were all equal to the average for their grade in the school district. A higher proportion of ESL and Special Needs students failed to meet expectations for their grade. Among grade seven students, male achievements in numeracy exceeded those of females and achievement by ESL students exceeded all others. Aboriginal and Special Needs students in grade seven experienced the greatest difficulty in meeting the standard for the grade.

Statistics suggest that the literacy of students in the Maple Ridge Local Health Area remains a concern even in Grade Twelve, at least relative to the performance of students in other areas. In the 1999/2000 school year, 29.2% of students enrolled in School District 42, did not write or pass the Grade Twelve Provincial English Examination. The averaged rate of non-completion for the years 2004-05 and 2006-07, however, was 41.3%. The averaged rates for School Districts 43 and 35 were 28.9% and 38.9% respectively. The provincial averaged rate was 37.5%.

What are the limitations of the data?



The Foundation Skills Assessment data does not take a number of factors into account that might influence reported student performance, such as the challenges of being an ESL student, having a learning disability, living in poverty, and so forth. Further, some school districts and parents do not require learning-disabled students to sit the FSA examinations, which results in variations in the FSA results across districts. Finally, it should be stressed that school districts provide instruction and encourage students in a wider range of subjects than those documented in the Foundation Skills Assessment, recognizing that each student has particular interests and gifts. The FSA alone is not a measure of either educational or student success.

Where can I go for more information?



1. BC Stats. Local Health Area 42 - Maple Ridge: Socio-Economic Profile. (www.bcstats.gov.bc.ca)
2. BC Stats. Local Health Area 43 - Coquitlam: Socio-Economic Profile. (www.bcstats.gov.bc.ca)
3. BC Stats. Local Health Area 35 - Langley: Socio-Economic Profile. (www.bcstats.gov.bc.ca)
4. "25% of BC Students can't read at grade level," Vancouver Sun, 6 November, 2001.
5. School District 42. 1999/2000 District Profile for Maple Ridge (042) School District.
6. Ministry of Education. Reporting on K-12 Education: Foundation Skills Assessment (FSA) Reports. (www.bced.gov.bc.ca/reporting/achieve/fsa-bas.php).
7. Ministry of Education. Custom Report, February, 2009.

Education Indicators

4.5 Number and Percentage of Students with a Post-Secondary School Certificate, Diploma, or Degree in 2006

In 2006, 48.7% of Maple Ridge residents aged 15 and over, 49.3% of Pitt Meadows residents aged 15 and over, and 30% of Katzie residents aged 15 and over, possessed a post-secondary school certificate, diploma, or degree.

Why is this important?

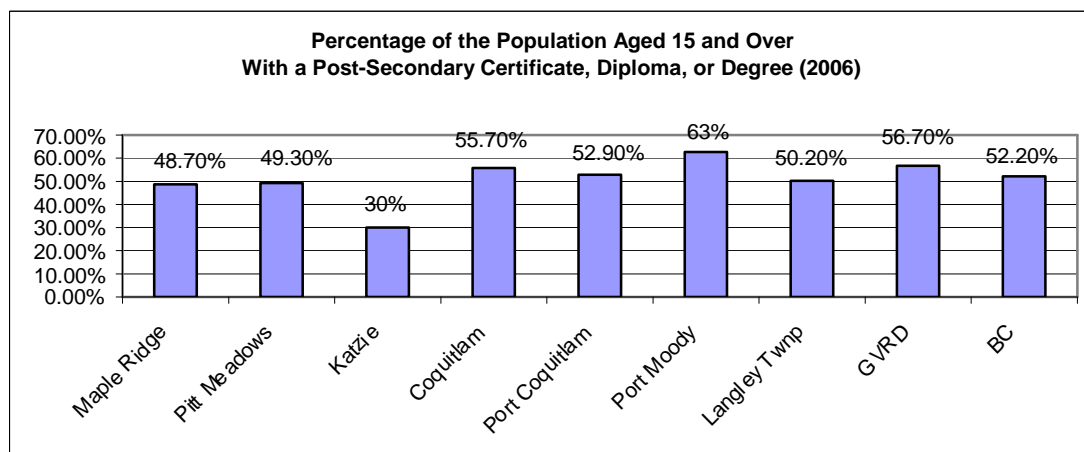


The acquisition of a secondary school certificate is generally deemed essential for any skilled, long-term, and well-paying employment. In today's highly competitive and increasingly sophisticated work environment – an environment that is highly influenced by the need to locate, understand, and process information – secondary school graduation can no longer guarantee employment or career progression. Employers are increasingly demanding that even entry-level employees possess specialized training, accompanied by a post-secondary certificate, diploma, or degree.

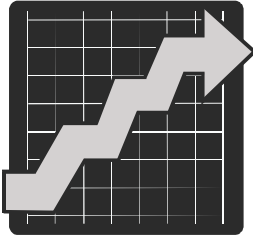
What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



In 2006, 48.7% of Maple Ridge residents aged 15 and over, 49.3% of Pitt Meadows residents aged 15 and over, and 30% of Katzie residents aged 15 and over, possessed a post-secondary school certificate, diploma, or degree. Residents aged 25 to 64 are far more likely to have completed a post-secondary education than residents aged 15 and over (residents in their mid to late teens are more likely to still be in school, and seniors raised during the Great Depression and Second World War have had few opportunities or even the need, for a post-secondary school education).

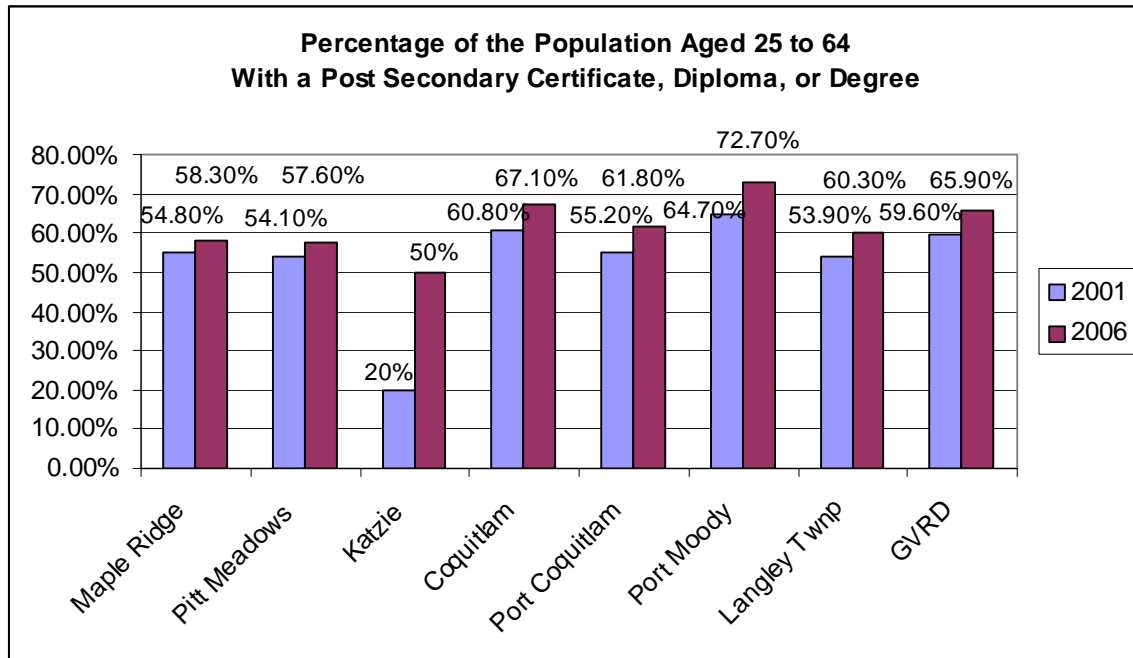


What are the trends?



In most jurisdictions, males are significantly less likely to have completed a post-secondary education than females. Males of all ages are far more likely than females to possess a trades certificate or diploma and older males (aged 35 to 64) are slightly more likely to possess a university degree than are females.

The percentage of the population who has completed a post-secondary education is increasing in all jurisdictions. The level of increase is particularly marked in Katzie, where the rate rose from 20% in 2001 to 50% in 2006, a rate that is only slightly less than the rate in Maple Ridge and Pitt Meadows. The proportion of the population who are aged 25 to 64 in Maple Ridge (58.3%), Pitt Meadows (57.6%), and Katzie (50%) and who have completed a post-secondary school education remains significantly lower than the regional average (65.9%). Among the communities included in this report, the proportion of residents aged 25 to 64 with a completed post-secondary education was highest in Port Moody, where the rate was 72.7%.



What are the limitations of the data?



It is difficult to measure the percentage of secondary school graduates in a community accessing post –secondary educational opportunities as students cannot easily be tracked following graduation. Some move away from the school district in which they received their secondary school educations. Some do not immediately enrol in a post-secondary course of studies. Some may attend several campuses of a single college at the same time.

Where can I go for more information?



1. Ministry of Education. Province of British Columbia. www.bced.bc.ca.
2. Statistics Canada. Community Profiles: 2001 and 2006. (www12.statcan.ca).
3. Statistics Canada. Level of Educational Attainment for the Age Group 25 to 64, Percentage Distribution for Both Sexes, for Canada and Census Subdivisions (Municipalities) With 5,000-plus Population - 20% Sample Data. Cat. No. 97F0024XIE2001012. (www12.statcan.ca).

Education Indicators

4.6 Number of Licensed Daycare and Preschool Spaces per 1,000 of Population Aged 0 to 5 in 2009

In 2009, there were 342 licensed daycare and preschool spaces for every 1,000 children aged 0 to 5 in Maple Ridge, and 449 spaces for every 1,000 children aged 0 to 5 in Pitt Meadows.

Why is this important?



The preschool years are now recognized as the most important period in a child's development. Research has shown that developmental milestones achieved in the early years are like "building blocks" that act as a foundation for healthy development throughout the life span. As one authority has put it, "nature and nurture together – not nature and nurture alone – determine the outcomes of our lives." Chances for successful early physical, social/emotional, and cognitive/language development are strongly influenced by the day-to-day qualities of the environments where children grow up, live and learn.

A young child's brain is an 'environmental organ' just like the lungs or the skin, growing and developing according to the amount and quality of stimulation in the child's immediate environment. Between birth and 6 years of age the brain develops at a tremendous rate. Engaged and emotionally supportive environments condition the developing brain in positive ways that, in turn, influence positively how children will perceive and respond to experiences for the balance of their lives.

Creating the best learning environments for children in their first few weeks, months and years is critical to their health and wellness in later life. Communities that value children offer families and caregivers a myriad of choices that support the creation of optimal environments for children to live, grow and learn. Parenting supports, access to services such as child care, health care, libraries, pre-schools, parks, recreational facilities, and play based learning centres provide families with opportunities to meet their children's complex developmental needs. Families that require childcare are best served by a variety of options. However, research has shown that the quality of the childcare service is important and that these programs must be accessible and developmentally appropriate. Having an adequate supply of such facilities in a community is therefore one of several circumstances that are key to a child's success in life.

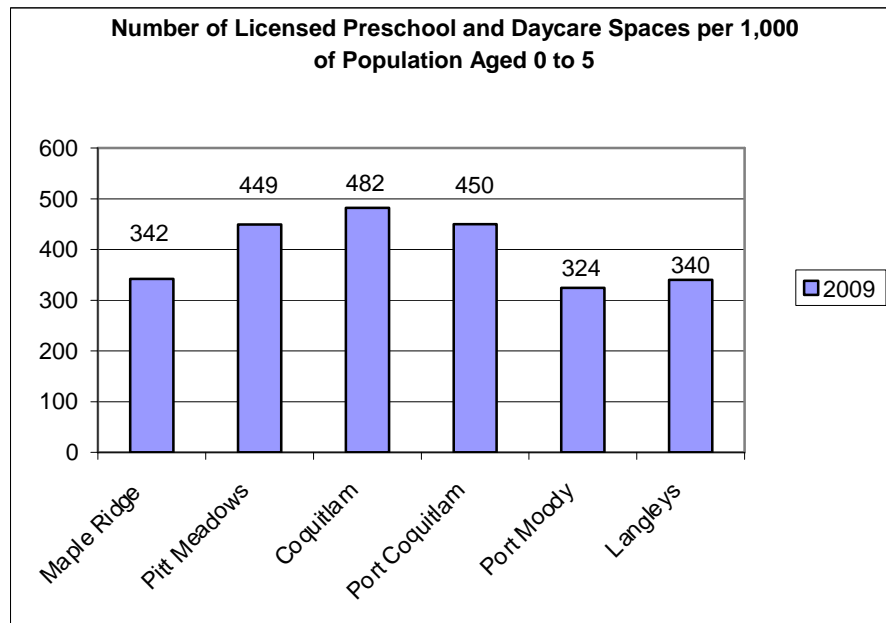
What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



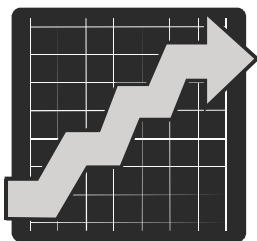
In 2009, there were 342 licensed daycare and preschool spaces for every 1,000 children aged 0 to 5 in Maple Ridge, and 449 spaces for every 1,000 children aged 0 to 5 in Pitt Meadows.

How do our communities compare with others?

The number (342) of licensed daycare and preschool spaces available per 1,000 preschool children in Maple Ridge is low when compared with the other communities documented in this study, while the number (449) of licensed daycare and preschool spaces available per 1,000 preschool children in Pitt Meadows is rather higher. The community with the lowest rate of licensed spaces is Port Moody, where there are 324 spaces per 1,000 children. The rate in Langley City and Township is somewhat higher, at 340 spaces per 1,000 children. The rate (482) in Coquitlam was the highest among the communities studied, while the rate in Port Coquitlam (450) was the highest. Pitt Meadows' rate of 449 spaces per 1,000 children was almost identical to Port Coquitlam's rate of 450 spaces per 1,000 children.



What are the trends?



Historical data for this indicator was not available so it was not possible to establish a trend

What are the limitations of the data?



The data is derived from the inventories of licensed daycare and preschool facilities developed by the Ministry of Children and Family Development and should be considered accurate at the time of writing.

Where can I go for further information?



1. Ministry of Children and Family Development. (www.gov.bc.ca/mcf).
2. Ministry of Children and Family Development. (www.childcareinfo.gov.bc.ca).
3. Canadian Institute of Child Health. The Health of Canada's Children. Ottawa, 2000.
4. Ministry of Children and Family Development and BC Health Planning. Parents' Guide to Selecting Daycare.
5. Newberger, Julie E. "New Brain Development Research – A Wonderful Window of Opportunity to Build Public Support for Early Childhood Education." Young Children, May 1997.

Education Indicators

4.7 Number and Percentage of Elementary School Children Chronically Absent from School in 2007-2008

In 2007-08, 641 elementary school students in School District 42 were chronically absent from school. This represents a rate of 68.7 chronically absent students per 1,000 of the population aged 5 to 12.

Why is this important?



Regular attendance at school is an important influence on academic achievement and social development among both school aged children and youth. Several studies have demonstrated that higher levels of attendance are closely related to higher achievement for students, regardless of their backgrounds. Students who attend school on a regular basis are more likely to score higher on achievement tests than students who are frequently absent. Regular unexcused absences from school constitute a predictor of several undesirable outcomes in adolescence, such as academic failure, school leaving, substance misuse, involvement with gangs and other criminal activity. A study conducted in the United States revealed that poverty, low levels of socio-emotional maturity, and Native American status were associated with the highest rates of chronic absenteeism.

Chronic absenteeism is defined as absence from school on more than 20 days during the school year. This behaviour can be influenced by a number of factors ranging from physical health to family dysfunction. At least one study has suggested that childhood asthma, perhaps brought on or exacerbated by domestic living conditions, is the number one cause of chronic absenteeism. Other factors leading to chronic absenteeism include family health or financial concerns, in-school bullying, mental health concerns (such as anxiety and depression), substance misuse (whether by the student or another family member), transportation issues, and differing community attitudes towards education. In some instances, students who are chronically absent may remain at home to parent younger siblings, when their own parents or guardians are unable to perform those duties themselves, whether for reasons of health, substance misuse, poverty, or some other cause.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

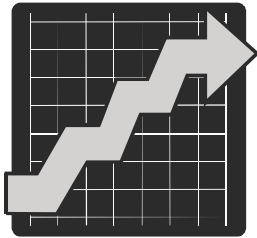


In 2007-08, 641 elementary school students in School District 42 were chronically absent from school. This represents a rate of 68.7 chronically absent students per 1,000 of the population aged 5 to 12.

How do our communities compare with others?

Data for this indicator was not available from School District 43 (the Tri-Cities) or School District 35 (the Langleys). The institution of a new data recording system province-wide may address this situation.

What are the trends?



Historical data for this indicator was not available so it was not possible to establish a trend. Current year data indicate that 292 students were chronically absent during the first seven months of the 2008-09 school year. If the addition of students to the list of the chronically absent was equal in each month of the year, the list would include about 417 students by year-end.

What are the limitations of the data?



The data is derived from the records of School District 42 and should be considered accurate at the time of writing.

Where can I go for further information?



1. School District No. 42. (604) 463-4200
2. Teasley, M.L. (2004). "Absenteeism and Truancy: Risk, Protection, and Best Practice Implications for School Social Workers." *Children and Schools*, 26 (2): 117-128.
3. Romero, Mariajose, and Young Sun Lee. *A National Portrait of Chronic Absenteeism in the Early Grades*. 2007.



5.0

Housing Indicators

Housing Indicators

5.1 Percentage of Renter Households Who Spent 30% or more of their Gross Household Income on Rent in 2005

In 2005, 44.2% of renters (2,420 households) in the Maple Ridge Local Health Area spent more than 30% of their household income on shelter costs.

Why is this important?



Housing costs in the Greater Vancouver Regional District are among the highest in both British Columbia and Canada as a whole. Having to pay more than 30% of gross household income often places strain on both individuals and families. Spending so much on housing leaves less disposable income for other purposes, such as food, clothing, educational expenses, recreational expenses, and so forth.

In the Greater Vancouver Regional District, those facing housing affordability problems are often young adults, lone parents (who are generally female), seniors, and people living in poverty. The stresses they face are economic, physical, and emotional. With less disposable income, many are forced to purchase lower quality, less nutritious food, and may turn to food banks and other food distribution services for support. People in these categories may develop chronic physical and emotional health problems. With much of their income going toward rent, they are unable to build equity in their housing, something that homeowners, no matter what their circumstances, are generally more able to do. The plight of renters is further exacerbated by low vacancy rates and the lack of new rental housing units, both of which contribute to increased rental costs.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

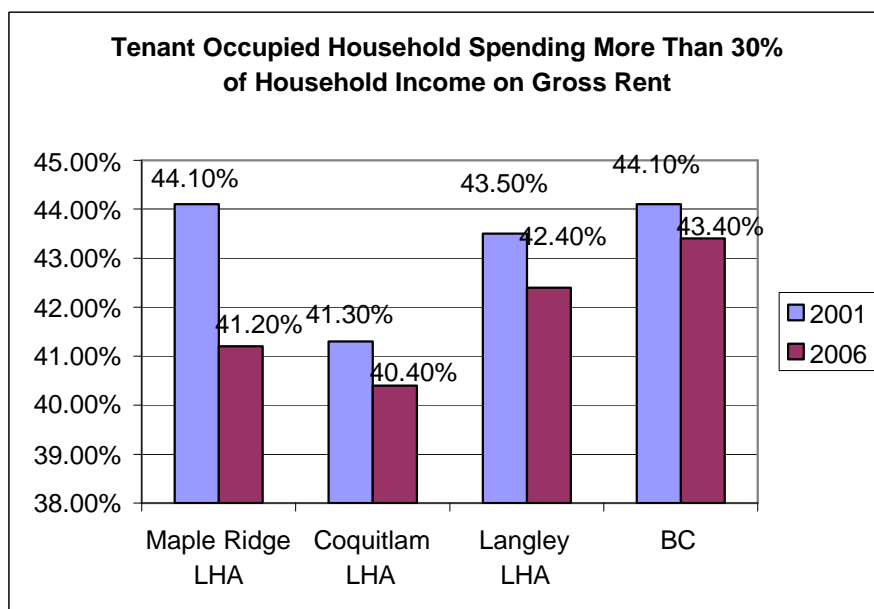


In 2005, 41.2% of renters (2,420 households) in the Maple Ridge Local Health Area spent more than 30% of their household income on shelter costs. Data by individual municipality is not readily available.

In 2006, 19.3% of the dwellings in Maple Ridge were rental units. In Pitt Meadows, 18.6% of dwellings were rental units. The median monthly rent in Maple Ridge was \$760. In Pitt Meadows, the median monthly rent was slightly less (\$733). In Katzie, housing is owned by the band, so on-reserve families do not face the same housing cost issues as residents of the two neighbouring municipalities, though they may face others (up to 50% of the band's members are estimated to live off-reserve).

How do our communities compare with others?

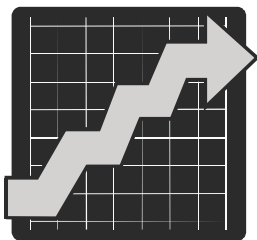
In 2006, percentage of renter households (41.2%) in the Maple Ridge Local Health Area spending more than 30% of household income on rent was higher than in the neighbouring Coquitlam Local Health Area (where the rate was 40.4%), but lower than in the Langley Local Health Area and the province as a whole (where the rates were 42.4% and 43.4% respectively).



According to the Vancouver Foundation, “individuals unable to find housing that is suitable in size and in good repair without spending 30% or more of their household income on shelter” are considered to be “in core housing need.” According to data from the Vancouver Foundation, 42% of renter households in core housing need in Maple Ridge, and 33% of renter households in core housing need in Pitt Meadows, spent at least half of their household income on shelter. The average rate for the region was 43%.

Although having to spend 30% of household income on rent is a hardship for many families, having to spend 50% or more is an even greater challenge. When a family has to spend up to 50% of its household income on housing, they may be said to be in imminent risk of losing their homes.

What are the trends?



In the Maple Ridge, the percentage of households spending more than 30% of their income on rent increased from 39% in 1991 to 52% in 1996. In Pitt Meadows the percentage rose from 26.9% in 1991 to 40% in 1996.

In 1996, the percentage of renters living in Maple Ridge and who spent more than 30% of household income on rent was the highest (52%) in the sub-region. The rate in Langley Township was 37% and the rate in the Tri-Cities was 41.5%. Since 1996, the proportion of renters paying more than 30% of household income on rent has decreased in each of these areas, sometimes at a remarkable rate.

Between the years 2001 and 2006, the percentage of renters spending more than 30% of household income on rent fell by 0.4% in the province as a whole, by 0.5% in the Coquitlam

Local Health Area, and by 0.9% in the Langley Local Health Area. The rate of decrease was even more marked in the Maple Ridge Local Health Area, where the rate fell from 44.1% to 41.2%, a decrease of 2.9%.

What are the limitations of the data?



Census data does not always capture data relating to people living in secondary suites. The information relating to renters may therefore be incomplete.

Where can I go for further information?



1. GVRD Strategic Planning Department. Demographic Bulletin: To Own or To Rent? That is the Question. (www.gvrd.bc.ca)
2. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-191-XPB.
3. Gauthier, Bryce. Rental Housing Profile. Tenants Rights Action Coalition. Vancouver, 2000.
4. BC Stats. Custom Reports, 2009. (www.bcstats.gov.bc.ca).
5. Statistics Canada. Community Profiles: 2001 and 2006. (www.statcan.ca).
6. Vancouver Foundation. Vital Signs for Metropolitan Vancouver. (www.vancouverfoundationvitalsigns.ca).
7. McClanaghan and Associates. Affordable Housing Supply Analysis: Final Study Results. GVRD: Affordable Housing Supply Analysis, 2006.

Housing Indicators

5.2 Percentage of Home Owners Who Spent 30% More than their Gross Household Income on Housing in 2005

In 2005, 25.2% of homeowners (representing 6,230 households) living in the Maple Ridge Local Health Area spent greater than 30% of their gross household income on housing.

Why is this important?



The Greater Vancouver Regional District is one of the most expensive places to live in Canada. This is largely due to the area's housing costs, which are among the highest in the nation. The rate at which housing costs in the region have increased is remarkable. After 1996, house prices in Greater Vancouver declined, but subsequently experienced a steep upward trend. In 1996, the average price of a residential unit in Greater Vancouver was \$288,268. After falling to \$278,094 in 1998, the average house price rose to \$294,847 in 2001. By 2006 the average price of a home in the GVRD had reached \$520,937. The average price of a home in the province as a whole was \$418,703, much higher than the national average of \$263,369.

Although housing costs in the “outer suburbs” are lower than in Vancouver and its immediate neighbours, housing costs remain a challenge throughout the region. In 1996, the average value of a house in Maple Ridge was \$229,097. By 2006 the average price had risen to \$396,462. In Pitt Meadows, the average value of a house was \$228,068 in 1996 but had risen to \$383,128 in 2006.

High house prices require a large proportion of buyers and owners to expend over 30% of their gross household income on housing. While the percentage of home owners who spent at this level was significantly lower than the proportion of renters who spend more than 30% of their income on rent, the rates for Maple Ridge and Pitt Meadows remain well above the provincial average. Just like renters, home owners spending more than 30% of their gross household income on housing face challenges in providing for other family needs, such as food, clothing, and educational expenses.

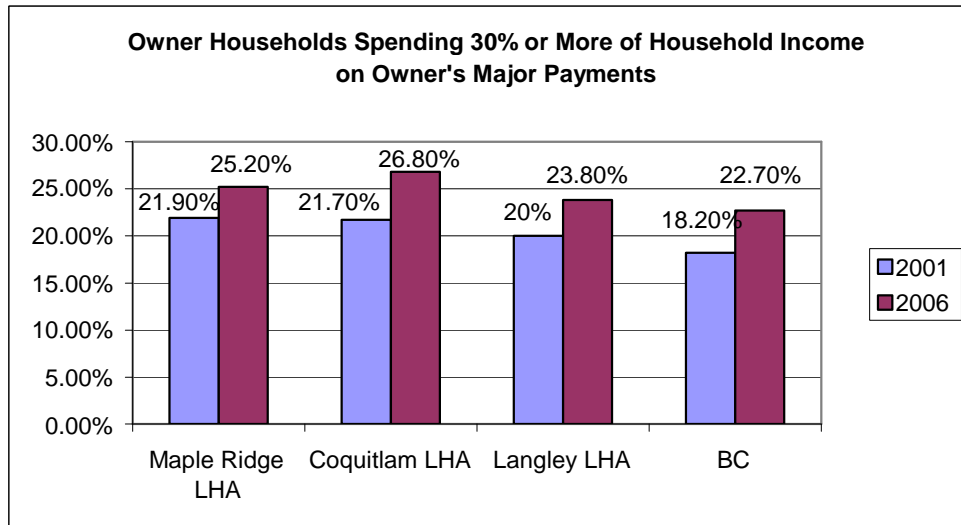
What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



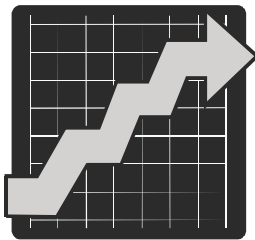
In Katzie, all housing is band-owned, so families do not face the same housing cost issues as residents of the two neighbouring municipalities. In 2006 in the Maple Ridge Local Health Area, 25.2% of homeowners spent more than 30% of their gross household income on housing.

How do our communities compare with others?

Maple Ridge and Pitt Meadows homeowners generally spend money on housing at a rate generally comparable to that in the region's "outer suburbs." The highest percentage of homeowners paying more than 30% of household income on major housing payments were those in the Coquitlam Local Health Area, where the rate was 26.8%. The rate in the Maple Ridge Local Health Area was 25.2%, slightly higher than the rate of 23.8% in the Langley Local Health Area and rather more the rate for the province as a whole (22.7%).



What are the trends?



In Maple Ridge, the percentage of homeowners spending more than 30% of household income on housing increased from 19% in 1991 to 23% in 1996. In Pitt Meadows the increase was more marked, rising from 16.6% in 1991 to 21% in 1996. This development means that homeowners, like renters, have less disposable income now than they did a decade ago.

In 1996, where the rate of homeowners spending more than 30% of income on housing was 23% in Maple Ridge and 21% in Pitt Meadows, it was 23% in the region as a whole. The rate in Langley Township was 25% while that in the Tri-Cities was 23%. The rate for the province as a whole was lower than any of these (17.9%).

Data for 2001 and 2006 at the Local Health Area level indicates that homeowners continue to be challenged in meeting payments for housing. The proportion of homeowners spending more than 30% of their household income on housing has increased significantly in each of the communities examined in this study. The rate of increase was particularly high in the Coquitlam Local Health Area (5.1%). The increase of 3.3% in the rate for the Maple Ridge Local Health Area was only slightly less than the increased rate (3.8%) in the Langley Local Health Area.

According to the Vancouver Foundation, “individuals unable to find housing that is suitable in size and in good repair without spending 30% or more of their household income on shelter are considered to be in core housing need.” Although having to spend 30% of household income on rent is a hardship for many families, having to spend 50% or more is an even greater challenge. When a family has to spend up to 50% of its household income on housing, they may be said to be in imminent risk of losing their homes. According to data from the Vancouver Foundation, 42% of renter households in core housing need in Maple Ridge, and 33% of renter households in core housing need in Pitt Meadows, spent at least half of their household income on shelter. The average rate for the region was 43%.

What are the limitations of the data?



There is no reason to believe that Statistics Canada's data on rates of spending on housing by homeowners is in any way inaccurate. Once data becomes more generally available at the municipal level it will be possible to review the rates more locally, e.g. to examine the rates for the District of Pitt Meadows and the City of Pitt Meadows, as well as for the project's comparator communities.

Where can I go for more information?



1. United Way Research Services. Environmental Scan of the Lower Mainland Region: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
2. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1996 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-191-XPB.
3. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions, 1991 Census - 100% and 20% Sample Data. Statistics Canada Cat. No. 95-384.
4. BC Stats. Custom Reports, 2009. (www.bcstats.bc.ca).
5. Statistics Canada. Community Profiles: 2001 and 2006. (www.statcan.gov.ca).
6. Vancouver Foundation. Vital Signs for Metropolitan Vancouver. (www.vancouverfoundationvitalsigns.ca).
7. McClanaghan and Associates. Affordable Housing Supply Analysis: Final Study Results. GVRD: Affordable Housing Supply Analysis, 2006.

Housing Indicators

5.3 Number of Shelter Beds and Rate of Occupancy in 2008

In 2008, in the Maple Ridge Local Health Area, there were 25 year-round adult shelter beds that experienced an occupancy rate of 89.9%, 30 cold wet weather adult shelter mats that experienced an occupancy rate of 59.3%, and 5 shelter beds for youth that experienced an occupancy rate of 67%.

Why is this important?



Although Canada is one of the most developed countries in the world, and although British Columbia has the third highest annual median family and household incomes in the nation (compared to other provinces), homelessness is increasing throughout the province and in the Lower Mainland in particular. Homelessness may be a short-term or lengthy phenomenon in a person's life, but is generally a highly negative and potentially destructive experience in which an individual may have to contend with physical discomfort, abuse, physical injury, and life-threatening situations.

Definitions of homelessness vary, but work by the Greater Vancouver Regional Steering Committee on Homelessness has resulted in definition that has found widespread acceptance throughout metropolitan Vancouver. In conducting their tri-annual homeless count, the Committee defined a homeless person as someone who “did not have a place of their own where they could expect to stay more than 30 days and if they did not pay rent.” According to the Committee, the majority of homeless reside temporarily in emergency shelters, safe houses, and transition houses or live out of doors in public places often “unfit for human habitation.”

Homelessness results from a number of causes, physical, mental, and sexual abuse; family dysfunction; poverty; substance misuse; and mental illness being prominent among them. Homeless shelters thus not only provide a clean, warm, and safe environment for their temporary occupants, they also have the capacity to offer structure, stability, and security, and through counselling, educational programmes, and referrals, can help to reintroduce people into wider society.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



In 2008, in the Maple Ridge Local Health Area, there were 25 year-round adult shelter beds that experienced an occupancy rate of 89.9%, 30 cold wet weather adult shelter mats that experienced an occupancy rate of 59.3%, and 5 shelter beds for youth that experienced an occupancy rate of 67%. There were no “barrier-free” beds for either youth or adults in Maple Ridge or Pitt Meadows.

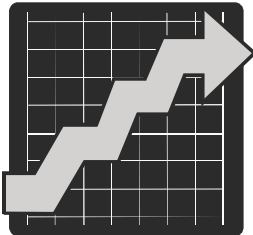
In Maple Ridge/Pitt Meadows/Katzie, year-round adult shelter beds and cold wet weather mats are provided by Mountain View Community Church through the Caring Place. In 2008, the shelter provided 8,197 bed nights out of a possible 9,125 and 2,670 “mat nights” out of a possible 4,500. The Iron Horse Youth Safe House, a facility for youth operated by the Alouette Home Start Society, provided 1,177 bed nights out of a possible 1,757.

How do our communities compare with others?

According to the Greater Vancouver Shelter Strategy, Maple Ridge is the only one of the three local health areas considered in this study that currently possesses year-round shelters for the homeless. The Caring Place, located on the Lougheed Highway and operated by Mountain View Community Church (the Salvation Army), is a seven-day year-round facility offering emergency shelter, a transitional housing program, and a food services programme. The facility, which caters only to adults and families, operates 25 year-round beds and 30 cold wet weather beds. The Iron Horse Youth Safe House is also located on Lougheed Highway. Operated by the Alouette Home Start Society, the facility offers 5 year-round shelter beds to youth aged 13 to 18. The Cythera Transition House Society provides short-term (up to thirty days) shelter (12 beds) to abused women and their children, and when available, two rent-free units of second stage housing (for periods of up to one year). Clients of the society not only receive safe housing, they also benefit through the counselling regarding housing, legal rights, income assistance, child-care, and other community resources.

The Tri-Cities Cold Wet Weather Mat Program busses clients to and from five temporary shelters located in the community's churches and provides hot snacks, breakfast, and a bagged lunch. A number of churches in Langley have joined together to provide emergency shelter to the homeless in extreme cold weather, the most recent initiative having seen the Langley Evangelical Church averaging 11 homeless men per night during the severely cold weather experienced in January, 2009. A permanent shelter is currently (spring 2009) under construction under the auspices of the Salvation Army. This, the Gateway of Hope, will provide 55 beds (30 emergency shelter and 25 supportive transitional beds) and offer space for onsite support and drop-in meal services through the Salvation Army's Community and Family Services programs.

What are the trends?

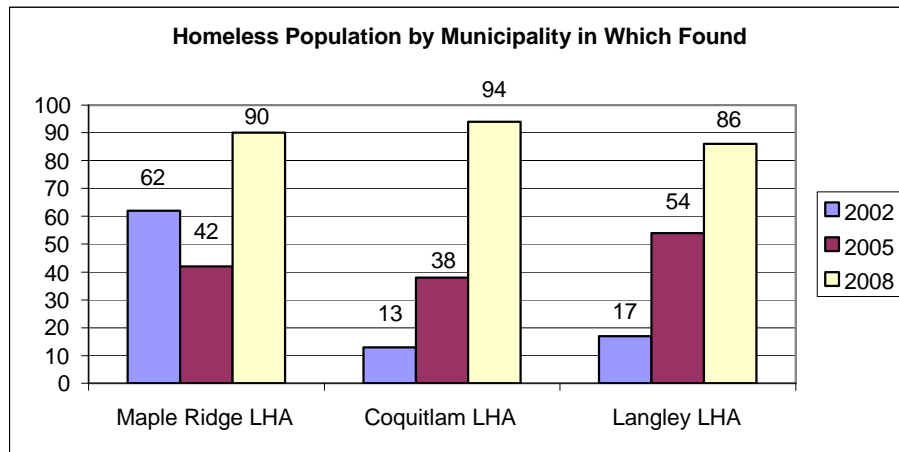


Homelessness is on the rise in the Greater Vancouver Regional District. The tri-annual homeless count in Maple Ridge/Pitt Meadows identified 62 homeless people in 2002, 42 in 2005, and 90 in 2008. The rate of increase in identifications has been even greater in the Tri-Cities and the Langleys. In the GVRD as a whole, the number of identified homeless rose from 1,050 in 2002 to 2,057 in 2005 to 2,660 in 2008.

Although the rate of use by youth of the Iron Horse Youth Safe House is relatively constant (ranging from 64% to 73% occupancy per year), the number of bed nights available and used is steadily increasing, as noted below. Historical data for rates of use of the Caring Place is not available.

Iron Horse Youth Safe House Bed Nights per Year

| Year | Bed Nights Used | Bed Nights Available | Occupancy Rate |
|-------------|------------------------|-----------------------------|-----------------------|
| 2005 | 944 | 1460 | 65% |
| 2006 | 1175 | 1822 | 64% |
| 2007 | 1323 | 1812 | 73% |
| 2008 | 1177 | 1757 | 67% |



What are the limitations of the data?



The tri-annual homeless count conducted in the GVRD relies on volunteers finding and identifying homeless people spread over large geographic areas. Its accuracy is hampered by factors such as weather and the number of available volunteers. The results of the count, however, do demonstrate a consistent pattern in which the number of homeless in the region's municipalities is increasing. The data provided by homeless shelters in the community is fully accurate. It should be noted that the occupancy rates recorded are overall figures for the year or period of operation. There may be some nights in which the shelters are operating at capacity, with potential occupants being turned away.

Where can I go for more information?



1. Social Planning and Research Council of BC. On Our Streets and in Our Shelters: Results of the 2005 Greater Vancouver Homeless Count. Vancouver, 2005.
2. Greater Vancouver Regional Committee on Homelessness. Still on Our Streets: Results of the 2008 Metro Vancouver Homeless Count. Vancouver, 2008.
3. BC Housing. (www.bchousing.org).
4. Mountain View Community Church (the Caring Place – Salvation Army) (604) 463-8296 ext. 113
5. Iron Horse Youth Safe House (Alouette Home Start Society). (604) 466-2665

Housing Indicators

5.4 Number of People Registered on BC Housing's Wait Lists for Social Housing in April, 2009

In April, 2009, 35 seniors, 16 single adults, 34 people with a disability, and 72 families were registered on BC Housing's wait lists for social housing in Maple Ridge/Pitt Meadows/Katzie.

Why is this important?



Safe, affordable housing is a basic human need, but one which many individuals and families find difficult to access. Low incomes, sometimes associated with the senior years or a disability, can often make accessing affordable housing a significant challenge in one's life. Recognizing that market housing is often beyond the means of many members of society, senior levels of government have periodically provided initiatives to facilitate the development of social housing (also referred to as social or non-market housing). In British Columbia, BC Housing, an agency of the provincial government, is active in the development, management, and administration of non-market housing. Other organizations, such as churches, ethnic associations, and service clubs, are also active in the provision of social housing.

Housing affordability is often lined to the percentage of household income spent on housing. Households (whether comprised of individuals or families) spending more than 30% of household income on housing and who are unable to find suitable housing (in their community) based on the income they have available are deemed to be in core housing need. In the GVRD (Metro Vancouver), approximately 79,000 households are deemed to be in core housing need.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

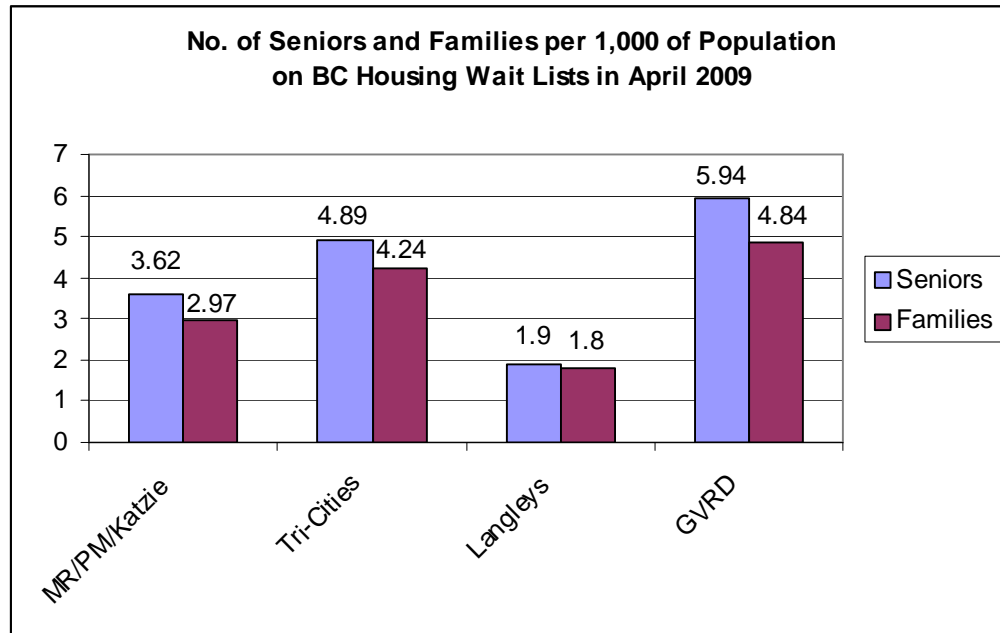


In April, 2009, 35 seniors, 16 single adults, 34 people with a disability, and 72 families were registered on BC Housing's wait lists for social housing in Maple Ridge/Pitt Meadows/Katzie. This represented a rate of 3.62 per 1,000 members of the seniors population and a rate of 2.97 families per 1,000 families in the three communities. Although data is available for the *number* of persons with a disability and for the number of adult, non-senior singles seeking social housing, the limitations of the census forbid the calculation of *rates*.

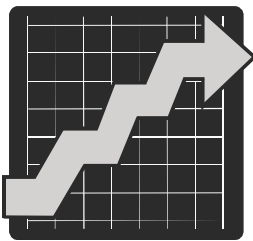
How do our communities compare with others?

The proportion of seniors and families seeking social housing through BC Housing is moderate in Maple Ridge/Pitt Meadows/Katzie when compared with the rates for the Tri-Cities and the Langleys. Where the rate of seniors seeking social housing was 3.62 per thousand of the seniors population in Maple Ridge/Pitt Meadows/Katzie, it was much higher in the Tri-Cities (4.89 per thousand of the seniors population) and much lower in the City and Township of Langley, where the rate was 1.89 per 1,000 members of the seniors population.

Similarly, where the rate of families seeking social housing through BC Housing was 2.97 per 1,000 census families in Maple Ridge/Pitt Meadows/Katzie, the rate was much higher in the Tri-Cities (4.24 per 1,000 census families) and much lower in the Langleys (1.8 per 1,000 census families).



What are the trends?



Historical data for this indicator was not available.

What are the limitations of the data?



The data is derived from BC Housing and Metro Vancouver's housing initiative and is an accurate representation of the number of people seeking housing through BC Housing. However, it should be noted that not all people seeking social housing are registered with BC Housing, applying instead to local not-for-profit housing providers.

Where can I go for more information?



1. Canadian Mortgage and Housing Corporation. (www.cmhc-schl.gov.ca).
2. Metro Vancouver Policy and Planning, Regional Development (604) 432-6384.
3. BC Housing. (www.org).

Housing Indicators

5.5 Percentage of Householders Owning their Own Homes in 2006

In 2006, 80.7% of householders in Maple Ridge, and 81.4% of householders in Pitt Meadows, owned their own homes.

Why is this important?



The decision to purchase a home – whether freehold or strata title – is one of the most important decisions individuals and families ever make. Not only does the decision to buy have the potential to be emotionally financially challenging, issues around mortgage payments, property taxes, and ongoing maintenance can be equally demanding.

Home ownership thus comes with both issues and benefits. Unlike an ongoing rental situation, the purchase of a home may provide some measure of financial security insofar as a home may be considered an investment that is more likely to hold its value or increase in value where the value of other investments may fluctuate more dramatically. Home ownership also provides a degree of stability in one's life, without several of the fears associated with rental housing (where an owner may evict a tenant to use the unit him/herself, to redevelop the property, or to convert it into strata title). Finally, home ownership offers a certain degree of freedom, enabling an owner to place their individual stamp on their property (whether in decorating, exterior design, or landscaping). Home ownership also comes with its challenges, not the least of which is meeting regular mortgage payments (which are likely to be greater than regular rental payments). Further, although enjoying stability in their housing situation, selling a home may become problematic during a depressed market or when making a move due to changes in an employment or other significant situation. Finally, homeowners are fully responsible for the maintenance of their properties and may have less disposable income as a result. Unlike renters, however, the regular payments they make on their homes result in equity, rather than profits to another party.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

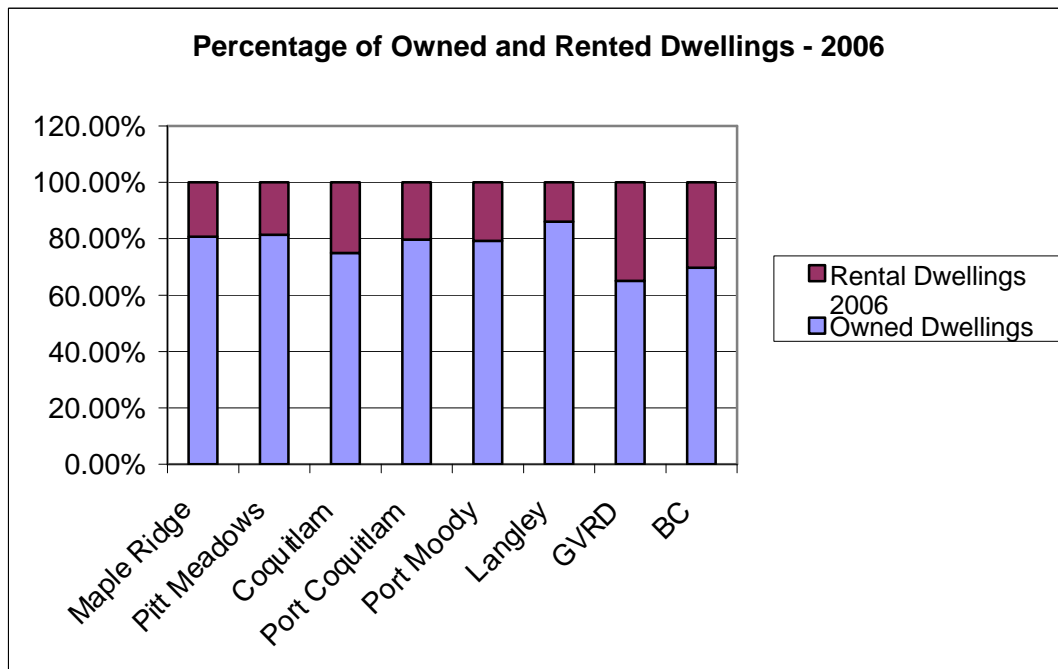


In 2006, 80.7% of householders in Maple Ridge, and 81.4% of householder in Pitt Meadows, owned their own homes. Conversely, 19.3% of householders in Maple Ridge, and 18.6% of householders in Pitt Meadows, were renters. The Katzie First Nation owned all homes in Katzie.

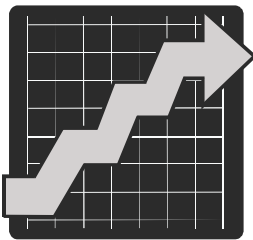
How do our communities compare with others?

The proportion of households in Maple Ridge who owned their own homes (80.7%) in 2006 was similar to that in Port Coquitlam (79.75) and Port Moody (79.2%), lower than in Pitt Meadows (81.4%), and significantly higher than in Coquitlam (74.9%). Of the communities examined, the

highest rate of home ownership was found in Langley Township (86%), a municipality that has not encouraged the development of rental housing. Households in the Langley area wanting to access rental housing locate instead in the nearby City of Langley, where the rate of home ownership was just 60.7%. The average rate of home ownership in the GVRD was 65%, which was somewhat less than the British Columbian average of 69.7%.



What are the trends?



The rate of home ownership is increasing in both Maple Ridge and Pitt Meadows. In 1996, 75.7% of homes in the municipality were owned, compared to 80.7% a decade later. The rate of home ownership also rose in Pitt Meadows during the same period, from 77% in 1996 to 81.4% in 2006. During the decade 1996 to 2006, however, the average provincial rate of home ownership fell marginally, from 65.2% to 65%.

What are the limitations of the data?



The data is derived from the decennial censuses of Canada and is near fully accurate.

Where can I go for more information?



1. Statistics Canada. 97-551-X2006011 Age (123) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 100% Data (www.statcan.gc.ca).
2. Statistics Canada. Selected Characteristics for Census Divisions and Census Subdivisions. 1996 Census - 100% and 20% Sample Data. Statistics Canada - Cat. No. 95-191-XPB
3. Canadian Mortgage and Housing Corporation. (www.cmhc-schl.gov.ca).



6.0

Health Indicators

Health Indicators

6.1 Number of Live Births to Teen Mothers, and Rate of Live Births to Teen Mothers, in 2001-06.

In 2001-05, there were 131 live births to teen mothers aged 15 to 19 in the Maple Ridge Local Health Area, representing a live birth rate of 8.72 per 1,000 female teens.

Why is this important?



Children who are born to teen mothers often face a challenging future. Their mothers also often face future difficulties. Approximately 80 to 95% of all teen pregnancies in British Columbia are unplanned.

Many teen mothers are single, less well educated than their peers and most are more likely to be living below the poverty level. Their pregnancies and subsequent parental responsibilities often interfere with their ability to continue their education. Children born to teen mothers are often small for their gestational age i.e. they may possess low birth weights. Low birth weights are associated with 6.5% of births to mothers aged 20 or less, a rate that is only exceeded in elderly gravidas (births to older mothers). Low birth weight babies are at greater risk to suffer from long-term health problems, such as cerebral palsy and learning disorders. If raised in poverty, they are more likely to suffer from poor nourishment and may experience learning and socialization problems in school. There is a higher probability that they will not complete their education and that they will not be able to escape the poverty cycle.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

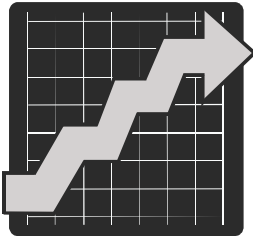


In the Maple Ridge Local Health Area (which include both Maple Ridge and Pitt Meadows, as well as Katzie), there were 29 live births to teen mothers in 1997/98 and 44 live births to teen mothers in 1998/99. This represents a rate of 11.8 live births per 1,000 female teens in 1997/98, and a rate of 17.2 live births per 1,000 female teens in 1998/99. In 2001-05 there were 131 live births to teen mothers in the local health area, representing a rate of 8.72 live births per 1,000 female teens.

How do our communities compare with others?

In the period 2001-05 the rate of live births to female teens in the Maple Ridge LHA was the highest in the sub-region, with a rate of 8.72 per thousand female teens. The rate of 8.28 in the Langley Local Health Area's rate of 8.28 and the Coquitlam Local Health Area's rate of 5.49 were both lower than that for Maple Ridge. The average rate for the province, however, was higher, at 11.09 per 1,000 female teens.

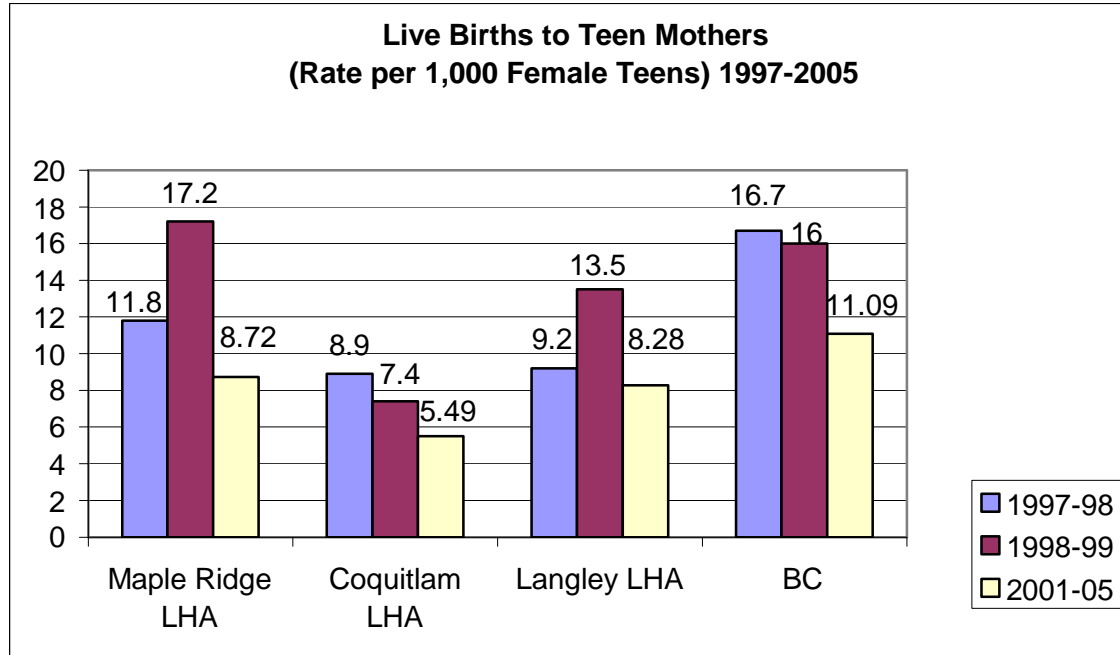
What are the trends?



Because the data relating to live births to teen mothers can vary substantially from year to year, the province's Vital Statistics Agency endeavours to present its statistics in multi-year agglomerations, recognizing that average data may present a more accurate picture of the situation than single years data.

Data from the Vital Statistics Agency suggests that teen birth rates can be highly volatile. The data, however, do show consistency between jurisdictions, with rank order of the jurisdictions considered in this report being consistent from year to year. According to the data, the rate of live births to teen mothers is generally highest at the provincial level, with the rate for the Maple Ridge Local Health Area being consistently the highest in the sub-region, though generally less than the provincial average.

In 2006, the rate of live births to teen mothers in the Maple Ridge Local Health Area (8.72 per 1,000) remained higher than in the Langley Local Health Area (8.28 per 1,000) or the Coquitlam Local Health Area (5.49 per 1,000). The rate in the Maple Ridge Local Health Area, however, was very close to the average for the Fraser Health Authority (7.8 per 1,000) and was significantly lower than in communities in the eastern Fraser Valley, including the Mission Local Health Area (14.4 per 1,000), the Abbotsford Local Health Area (10.9 per 1,000), and the Agassiz-Harrison Local Health Area, where the rate of 31 per 1,000 was the highest in the Lower Mainland. In 2006, the lowest rate of live births to female teens was in South Surrey-White Rock (0.87 per 1,000).



Community responses to the issue of teen parenthood include a parenting programme at Maple Ridge Secondary School, which allows teen mothers to individualize the pace of their educations to accommodate the challenges of motherhood. While in class, mothers and their children benefit from onsite daycare funded by the Ministry of Children and Family Development. Students also receive support and guidance in their roles as mothers. Anecdotal information suggests that increasing numbers of these young women are entering regular school programming and that they may also be pursuing post-secondary educations. Other services for teen mothers include “Healthy Babies,” a programme sponsored by the Canada Prenatal Nutrition Programme, which provides support, nutritional counselling, education, food supplementation, and referrals and counselling around health and lifestyle issues.

What are the limitations of the data?



Higher teen birth rates may reflect a low rate of abortions among area teens. It should be noted that the data reflects the place of residence of the teen mother, not the place where the birth took place. The data can therefore be considered an accurate reflection of the rate of live births to teen mother in the local health area.

Where can I go for more information?



1. Ministry of Health Planning and Ministry of Health Services, Health Data Warehouse. Pregnancy Rates. (www.moh.hnet.bc.ca)
2. Simon Fraser Health Region. Health Profile 2000. Burnaby, 2000.
3. Fraser Valley Health Region. Health Profile 2000. Abbotsford, 2000.
4. Fraser Health Authority. Health Profile 2008. Abbotsford, 2008. (www.fraserhealth.ca).
5. British Columbia Vital Statistics Agency. Annual Report 2006. (www.vs.gov.bc.ca).
6. Canadian Institute of Child Health. The Health of Canada's Children. Ottawa, 2000.

Health Indicators

6.2 Teen Pregnancy Rate in 2006

In 2006, the Teen Pregnancy Rate in the Maple Ridge Local Health Area was 28 per 1,000 female teens aged 15 to 17.

Why is this important?



The teen pregnancy rate includes live births to teens as well as pregnancies ending in abortion, miscarriage, and stillbirth. Many teens that have become pregnant have placed themselves in danger of contracting potentially serious sexually transmitted diseases.

High teen pregnancy rates can be a reflection of a number of things. In some cultures, young women marry early, and teen pregnancies are not only uncommon, but also expected. Teen pregnancies may also reflect a lack of knowledge of implications of engaging in risky sexual behaviour, a lack of knowledge of contraception, or lack of access to contraceptives. Teen pregnancies often result from having sex while intoxicated, when unsafe sexual practices are more likely. For many in Canadian society, teen pregnancies create a stigma that not only affects pregnant teens, but their sexual partners and their families as well.

Pregnant teens are often poorer, and children born to them often experience negative health outcomes. These can include low birth weights, which in turn may result in long-term health challenges such as learning disorders. Teens who give birth to and who keep their children may face a difficult life in which they may become reliant upon government income assistance programmes and in which poverty may seem inescapable. With their formal education disrupted, they may find it difficult to find well-paying employment that will allow them to purchase quality childcare while at work.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



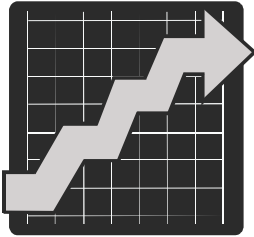
In 2006, the Teen Pregnancy Rate in the Maple Ridge Local Health Area was 28 per 1,000 female teens aged 15 to 17.

How do our communities compare with others?

The most recent figures available for the Maple Ridge Local Health Area indicate that its rates of teen pregnancy exceed those in the Langley Local Health Area and the Coquitlam Local Health Area, and in the Fraser Health Authority as a whole. In 2004-06 the teen pregnancy rate in the Maple Ridge Local Health Area was 21.6, compared to 11.2 and 11.4 respectively in the Coquitlam and Langley Local Health Areas, and 12.5 for the Greater Vancouver Regional District as a whole. The provincial average was 16.2. Of the 78 local health areas in the

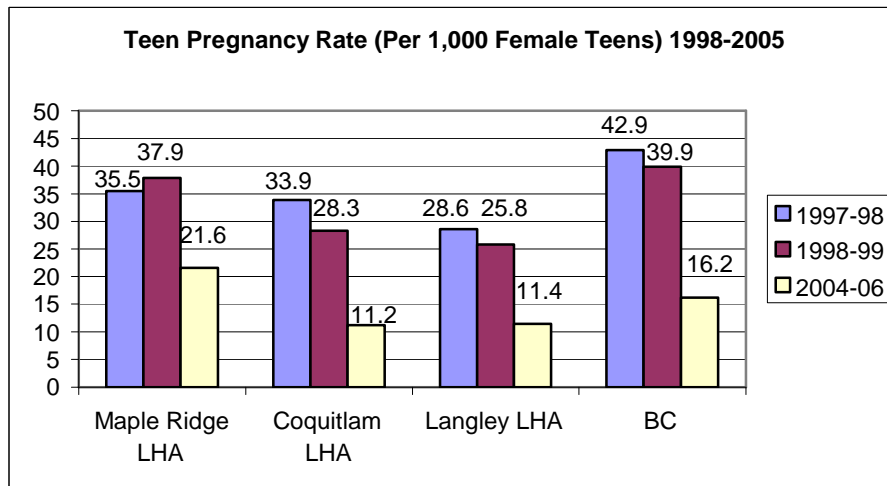
province, the teen pregnancy rate in the Maple Ridge Local Health Area ranked 46th with Bella Coola ranking 1st (highest) and West Vancouver ranking 78th (lowest).

What are the trends?



Teen pregnancy rates are declining in a number of areas in the province, including the Fraser Valley. Indeed, the rate in 2004-06 was significantly lower than in 1997-98 and 1998-00 in each of the communities considered in this study. Although the rate in the Maple Ridge Local Area remains about twice that in the Coquitlam and Langley Local Health Areas, its fall has been precipitous – a decline of 16.3 per thousand from 1998-99 to 2004-06. Much of the decline may be attributable to the opening of the Iron Horse Youth Clinic in 2002. The clinic provides confidential health services for youth aged 18 and under, including health education services and subsidized birth control. The clinic’s services also include pregnancy testing and sexually transmitted infection testing.

At the national level, the greatest proportion of teen pregnancies is found in older teens, i.e. those aged 18 and 19. Nationally, almost half of teen pregnancies do not result in a live birth. If single-year data for a broader cross-section of teens are reviewed, rather than averaged multi-year data for younger teens only, a different picture emerges. In 2006, the teen pregnancy rate for 15 to 19 year-olds was 32.8 per 1,000 in the Maple Ridge Local Health Area, compared to 16.9 and 18.3 per thousand, respectively, in the Coquitlam and Langley Local Health Areas.



In the former Simon Fraser Health Region, some teens may be slightly more careful about their sexual behaviour than they were in the past. When responding to a survey by the McCreary Centre in 1998, 21% of males aged 12 to 19 reported having had sexual intercourse, compared to 23% in Greater Vancouver in 1992. The 1998 rate of sexual experience by teen females, however, was 18% in both 1992 and 1998. A large percentage (24%) of Simon Fraser Health Region teens reported that they relied on withdrawal or did not use any form of birth control

when having intercourse. The survey results for the province as a whole in 2008 indicate a rate of sexual activity among teens of 22% for both genders, with participation rates increasing with age. 72% of males and 61% of females reported using condoms during intercourse. More detailed analyses of the 2008 survey are being produced to provide data at the health service delivery area level.

What are the limitations of the data?



The teen pregnancy rate recorded by the provincial Vital Statistics Agency and BC Stats does not record miscarriages that did not involve medical intervention, nor does it include pregnancies involving teens under the age of 15. It should also be noted that in some cultures, teen pregnancies are not considered inadvisable.

Where can I go for more information?



1. Ministry of Health Planning and Ministry of Health Services, Health Data Warehouse. Pregnancy Rates. (www.hdw.moh.hnet.bc.ca)
2. Simon Fraser Health Region. Health Profile 2000. Burnaby, 2000.
3. Fraser Valley Health Region. Health Profile 2000. Abbotsford, 2000.
4. Canadian Institute of Child Health. The Health of Canada's Children. Ottawa, 2000.
5. McCreary Centre Society. Listening to BC Youth: Simon Fraser/Burnaby Region. Burnaby, 2000.
6. Fraser Health Authority. Health Profile 2008. (www.fraserhealth.ca).
7. BC Stats. Indicators of Health Problems 2007. (www.bcstats.gov.bc.ca).
8. McCreary Centre Society. A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey. (www.mcs.bc.ca).

Health Indicators

6.3 Number and Rate of Live Births Classified as Having Low Birth Weights in the Period 2001 to 2005.

In the period 2001-05, there were 238 births classified as low birth weight births in the Maple Ridge Local Health Area. This represented a rate of 54.29 per 1,000 live births.

Why is this important?



Most babies weigh between 5.5 and 11 lb. at birth. Babies born with low birth weights weigh less than 5.5 lb. (2,500 grams) at birth. These infants are at increased risk with respect to contracting illness, experiencing mental or physical disabilities, or even dying. In the long-term, their health, quality of life, and very survival may be in question. Babies born with low birth weights place additional demands on the health care system, both at birth and as they mature. More specifically, low birth weight babies have a greater risk of exhibiting cerebral palsy and learning disabilities that may plague them all their lives.

Many factors influence whether a child will be born with a low birth weight. The age of the mother is one, as teens and mothers over the age of 35 (elderly gravidas) tend to give birth to such children at a higher rate than mothers in other age categories. Other factors, such as smoking, nutrition, lifestyle, genetics, human physiology, and the use of health services also influence whether a baby will be born with a low birth weight. Low birth weights are often associated with mothers with lower levels of income and education, with poor diet, and with alcohol and drug a misuse.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

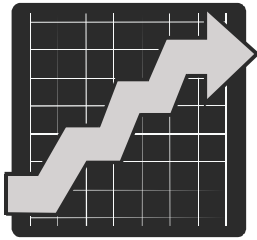


In the period 2001-05, 238 babies with low birth weights were born in the Maple Ridge Local Health Area. This represented a rate of 54.29 low birth weight births per 1,000 live births. In 2006, 77% of low birth weight babies were born at less than 37 weeks gestational age.

How do our communities compare with others?

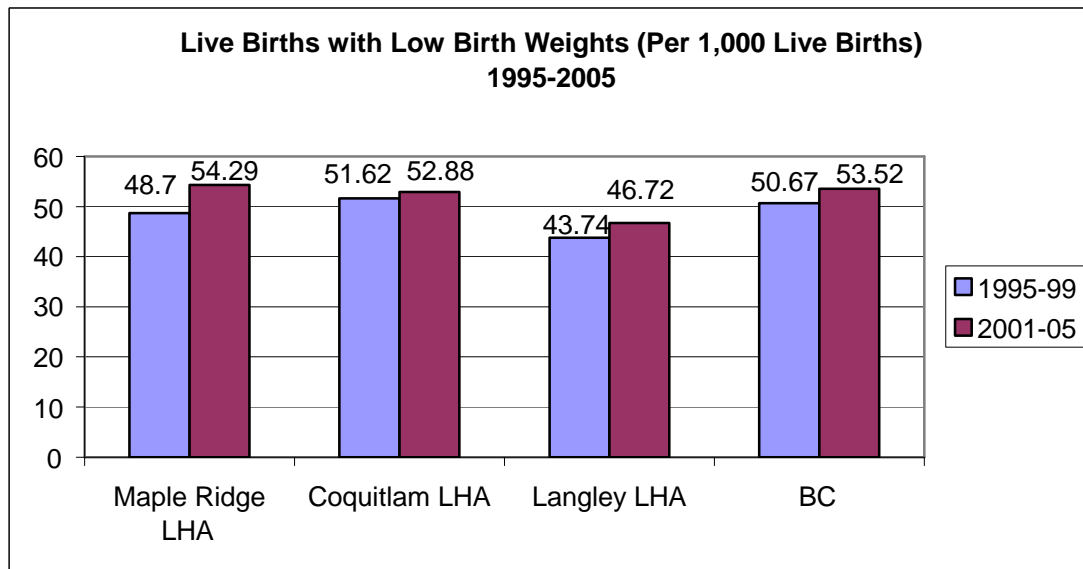
In recent years, the low birth weight rate in the Maple Ridge Local Health Area has been moderate to high, when compared to other local health areas in the region. Although the 2001-05 rate (54.29) in the Maple Ridge Local Health Area was only slightly higher than the rate in the Coquitlam Local Health Area (52.88) or the rate in the province as a whole (52.52) it was significantly higher than that in the Langley Local Health Area (46.72). Within the Greater Vancouver Regional District, only the rates in the New Westminster Local Health Area (59.36), Burnaby (54.86), and sections of Vancouver, were higher than in Maple Ridge.

What are the trends?



While the actual number of babies born with low birth weights in the Maple Ridge Local Health Area has remained relatively constant during the last decade (49 babies in 1998, 46 babies in 2002, and 52 babies in 2006), the low birth weight rate has slowly increased. In 1993-97 the rate was 44.5 per thousand. In 1997-2001 it rose to 50.75, while in 2001-05 it increased to 54.29. The number of babies born with low birth weights in the Coquitlam and Langley Local Health Areas, has also kept pace with population growth, but the rates in those two areas have remained more constant, Coquitlam's hovering in the 50.5 to 52.9 range, Langley's rising from 46 in 1993-97 to its current high of 46.72.

At the national level, Canada's low birth weight rates have consistently been lower than those in a number of other industrialized countries, including the United States of America and the United Kingdom, but higher than those recorded in Norway.



What are the limitations of the data?



Data on rates of low birth weights does not demonstrate why low birth weights occur. Low birth weights appear to be caused by stunted growth while in the womb, or by birth occurring prior to 37 weeks of gestation being completed.

Where can I go for more information?



1. Ministry of Health Planning and Ministry of Health Services, Health Data Warehouse. Birth Related Statistics. (www.hdw.moh.hnet.bc.ca)
2. Simon Fraser Health Region. Health Profile 2000. Burnaby, 2000.
3. Fraser Valley Health Region. Health Profile 2000. Abbotsford, 2000.
4. Canadian Institute of Child Health. The Health of Canada's Children. Ottawa, 2000.
5. Phipps, S. Canadian Policy Research Study No. F5. An International Comparison of Outcomes for Children. Ottawa, 1999.
6. Fraser Health Authority. Health Profile 2008. (www.fraserhealth.ca).
7. British Columbia Vital Statistics Agency. Annual Reports: 1998, 2002, and 2006. (www.vs.gov.bc.ca).

Health Indicators

6.4 Number of Suicides and Suicide Rates in 2006

In 2006, there were 10 deaths due to suicide in the Maple Ridge Local Health Area, or 1.18 suicides per 10,000 of population.

Why is this important?



Given their preventable nature, suicides are among the most tragic forms of death experienced in Canada. Suicides occur under circumstances of severe mental health problems and when social support networks either do not exist or do not function well. Suicides generally manifest themselves in people who are clinically depressed, and there is evidence that this condition is on the increase in Canada.

Women most frequently exhibit suicidal behaviours, and most of these do not succeed. Attempts by men are far more likely to succeed. Suicide is the second most prevalent cause of death among British Columbian youth (people aged 15 to 24). Those who are at higher risk include teens and young adults, the elderly, Aboriginal people, and people with known mental illnesses. Circumstances such as unplanned pregnancies, physical or social abuse, academic difficulties, imprisonment, family discord, and other forms of stress may lead to suicidal behaviour. Among older adults and seniors, suicide often stems from causes such as the loss of a job, the loss of a spouse, depression, loneliness, alcohol and drug misuse, and fear of being placed in a nursing home.

Suicide rates are reduced when there are strong societal supports for people suffering from depression, grief, and stress. Their incidence can be further diminished by addressing root causes such as unemployment, abuse, poverty, substance misuse, and so on, and by providing accessible and responsive support services.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

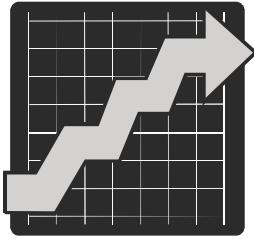


Statistics illustrating suicide rates can be expressed in a number of ways. In absolute terms, there were 10 deaths due to suicide in the Maple Ridge Local Health Area in 2006. This represented a rate of 1.18 suicide deaths per 10,000 of population as expressed by the ASMR (the Age Standardized Mortality Ratio).

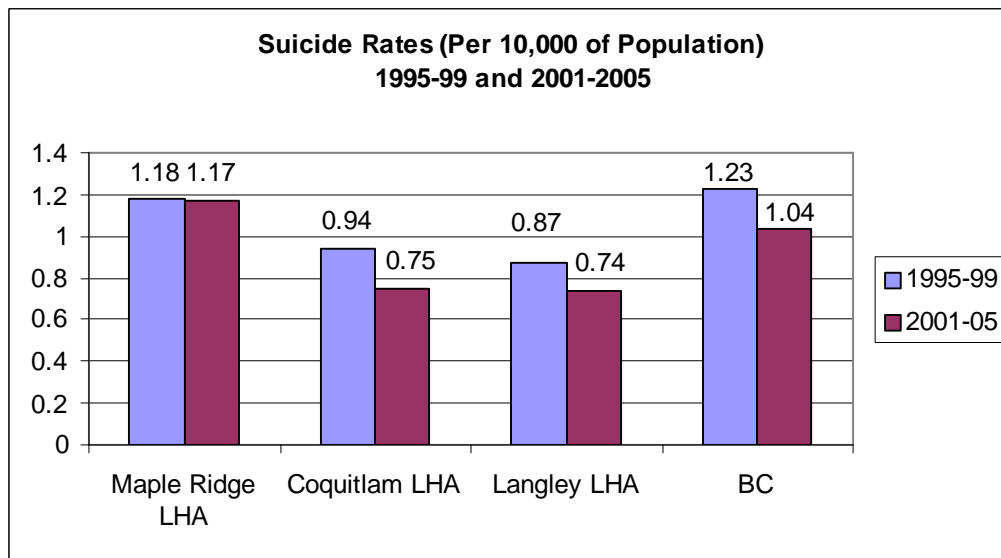
How do our communities compare with others?

In 2006, suicide rates in the Maple Ridge Local Health Area (1.18) exceeded those in the Langley Local Health Area and the Coquitlam Local Health Area, as well as that in the province as a whole. In the period 2001-05, averaged suicides rates in the Maple Ridge Local Health Area also exceeded those experienced in the Langley (0.81) and Coquitlam Local Health Areas (0.725) as well as that in the Fraser Health Authority as a whole (0.88). The rate in the Maple Ridge Local Health Area also exceeded the provincial average of 1.04 per 10,000 of the population.

What are the trends?



The data from 2006 demonstrates a continuation of the pattern established in previous years. In the period 1995 to 1999, suicide rates in the Maple Ridge Local Health Area exceeded those in the Langley Local Health Area and the Coquitlam Local Health Area, as well as that in the former Simon Fraser Local Health Area as a whole. Where the rate was 1.18 per 10,000 of population in the Maple Ridge Local Health Area, it was 0.87 per 10,000 in the Langley Local Health Area, 0.94 per 10,000 in the Coquitlam Local Health Area, and 1.04 per 10,000 in the Health Region as a whole. The Maple Ridge Local Health Area's rate was only slightly less than the provincial rate of 1.23 per 10,000 of population.



It is difficult to determine if suicide rates in the Maple Ridge Local Health Area are increasing or declining, given that the annual numbers, though consistently tragic, are small in terms of statistical validity. In 1997, there were 1.26 suicides per 10,000 population in the Local Health Area. In 1998, there were 1.53, and in 1999, there were 0.95. In the period 2001-05 the annualized average was 1.17. In British Columbia, suicide remains the fourth highest external cause of premature death among males and the second highest cause of premature death among people aged 15 to 24. . It should also be noted that the incidence of suicidal behaviour remains high. For every suicide, there are an estimated 10 to 100 instances of suicidal behaviour, many of them unreported.

What are the limitations of the data?



Some suicides may not be included in suicide statistics. Examples include some deaths by young adults in motor vehicle accidents, and other deaths where the intent of suicide is not apparent. Some authorities believe that the underestimation of suicides may be 18% for female deaths and 12% for male

deaths. Consideration of suicide is not necessarily reflected in the data. A study undertaken among youth in the former Simon Fraser Health Region in 2000 indicated that 40% believed that they know someone who has attempted or committed suicide, while 16% of female and 9% of male youth indicated that they had considered committing suicide in 1999.

Where can I go for more information?



1. Ministry of Health Planning and Ministry of Health Services, Health Data Warehouse. Death-Related Statistics. (www.hdw.moh.hnet.bc.ca)
2. Ministry of Health Planning and Ministry of Health Services, Death-Related Statistics by Selected Causes of Death by Local Health Area.
3. Simon Fraser Health Region. Health Profile 2000. Burnaby, 2000.
4. Fraser Valley Health Region. Health Profile 2000. Abbotsford, 2000.
5. McCreary Centre Society. Listening to BC Youth: Simon Fraser/Burnaby Region. Burnaby, 2000.
6. Harvey, L, D Avar, and L Graham. The Health of Canada's Children: A CICH Profile. The Canadian Institute of Child Health. Ottawa, 1994.
7. British Columbia Vital Statistics Agency. Annual Report 2006. (www.vs.gov.bc.ca).
8. Fraser Health Authority. Annual Report 2008. (www.fraserhealth.ca).

Health Indicators

6.5 Per Capita Sales of Alcoholic Beverages through the Liquor Distribution Branch in 2006-07

During the 2006-07 fiscal year, Maple Ridge government liquor stores sold alcoholic beverages at a rate of 25.75 litres per capita (of the Maple Ridge population), while the government liquor store in Pitt Meadows sold alcoholic beverages at the rate of 74.44 litres per capita (of the Pitt Meadows population).

Why is this important?



Liquor sales are a crude indicator of the consumption of alcoholic beverages in a community (while it may be desirable to track the frequency of alcohol-related conditions such as FAS, current data collection systems do not allow this). Alcohol has been demonstrated to have both efficacious and deleterious effects on human health. Taken in modest amounts, alcohol can have a positive effect on cardio-vascular health. This can be accomplished through 2 standard drinks per week for females, and 5 to 7 standard drinks per week for men.

Taken in larger quantities and with greater frequency, alcohol has the capacity to cause irreparable damage to human health. Known outcomes of alcohol misuse include cirrhosis of the liver, poisoning, falls, coronary heart disease, several cancers (including those of the digestive and respiratory systems), birth defects, and industrial and motor vehicle accidents. In the former Simon Fraser Health Region, alcohol misuse was the cause of 10% of all crashes, 10% of all injuries, and 13% of all deaths occurring there in 1999.

Fetal Alcohol Spectrum Disorder (FASD) is an increasingly well-known outcome of alcohol consumption during pregnancy. FASD is a set of conditions that manifest themselves in restricted growth, neurological damage, and a number of facial features. The condition can result in physical handicaps, mental retardation, and other disabilities. In Canada, it is estimated that the FASD rate is 2 per 1,000 babies. An additional 4 to 5 per 1,000 are estimated to have partial FASD. Using this logic, about 32 of the 4,677 babies born in the Maple Ridge Local Health Area in the period 1995 to 1999 might be expected to have full or partial FASD.

What is the situation in Maple Ridge and Pitt Meadows?

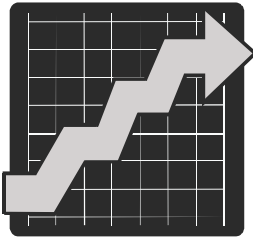


Consumers purchasing liquor in Maple Ridge government liquor stores made purchases at the rate of 25.75 litres per capita (of the Maple Ridge population in 2000-2001). In Pitt Meadows the rate was 74.44 litres per capita. The melded rate of purchase in the two municipalities was 34.34 litres per capita.

How do our communities compare with others?

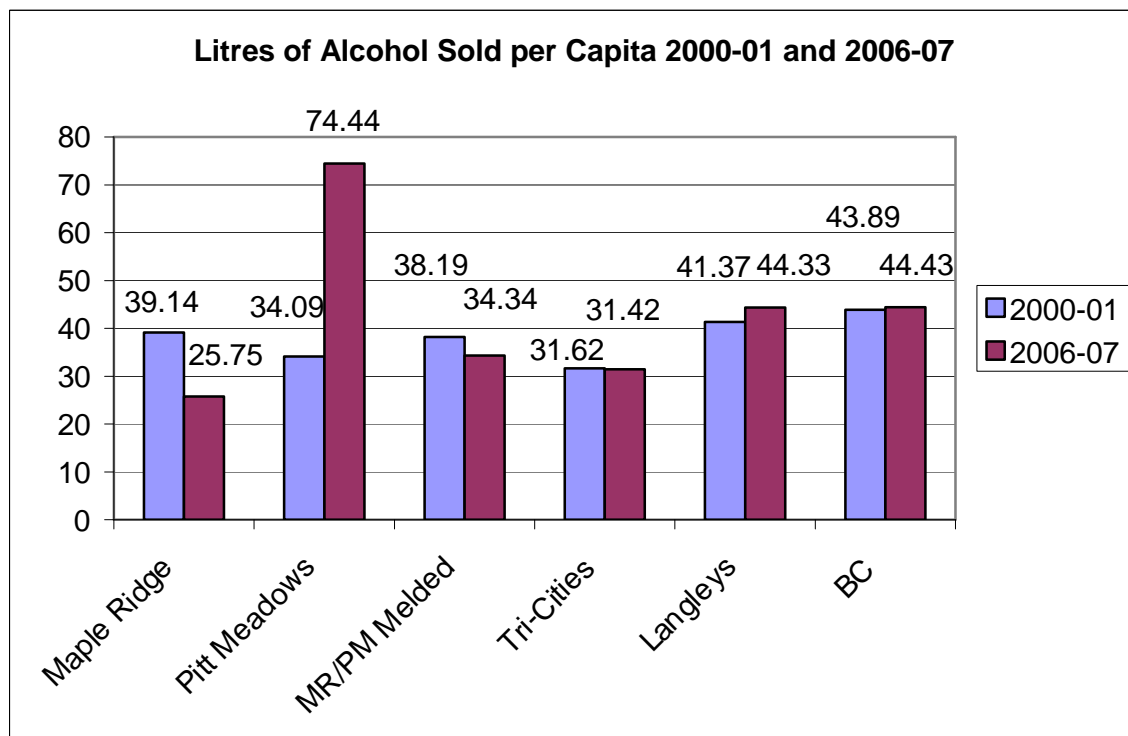
The rate at which alcohol is purchased in Maple Ridge exceeds that in Pitt Meadows and the Tri-Cities, but is less than the rate of purchase in the Langleys and British Columbia as a whole. Where Maple Ridge's rate is 39.14 litres per capita, and Pitt Meadows' rate is 34.09 litres per capita, the Tri-Cities' rate is 31.62 per capita, and the Langleys rate is 41.37 per capita. In comparison, the provincial average was 43.89 litres per capita.

What are the trends?



In the 1999-2000 fiscal year, 51 litres of alcohol were sold per capita through BC Government Liquor Stores in the Maple Ridge Local Health Area (which includes Pitt Meadows and Katzie, as well as Maple Ridge). In the 2000-2001 fiscal year, the rate was 38.19 litres per capita. This reduction may have been due to increases in sales through other outlets, to home beer and wine production, or perhaps, to reduced consumption.

The rate at which alcoholic beverages were purchased in the local health area declined again in 2006-07, to 34.34 litres per capita. The decrease occurred despite the opening of a signature liquor store in Pitt Meadows in 2006. It should be noted that the signature liquor store in Pitt Meadows has likely been responsible for a decline in sales in Maple Ridge and that the increase in sales in Pitt Meadows reflect the store's role as a specialty store for the sub-region, attracting shoppers from Coquitlam and Port Coquitlam, as well as from Maple Ridge and Pitt Meadows.



What are the limitations of the data?



BC Liquor Store statistics do not reflect alcohol sales made in pubs, lounges, restaurants, or privately operated beer and wine stores. Further, the statistics reflect the place of purchase, rather than the place of residence of the consumer (though in the case of Maple Ridge, Pitt Meadows, the Langleys, and the Tri-Cities, it seems likely that consumers generally purchase their liquor in their home municipality or in signature stores such as Pitt Meadows's).

Where can I go for more information?



1. British Columbia Liquor Distribution Branch. Annual Reports 2000/01, 2005/06, 2006/07. (www.bcliquorstores.com).
2. Simon Fraser Health Region. Health Profile 2000. Burnaby, 2000.
3. Fraser Valley Health Region. Health Profile 2000. Abbotsford, 2000.
4. Fraser Health Authority. Health Profile 2008. (www.fraserhealth.ca).
5. Health Canada. Alcohol and Pregnancy. Canadian Perinatal Surveillance System. Ottawa, 1999.

Health Indicators

6.6 Rate of Deaths Due to Alcohol in the Period 2001 - 2005

In the period 2001-05, there were 173 alcohol-related deaths in the Maple Ridge Local Health Area. This represents a Standardized Mortality Ratio of 1.02.

Why is this important?



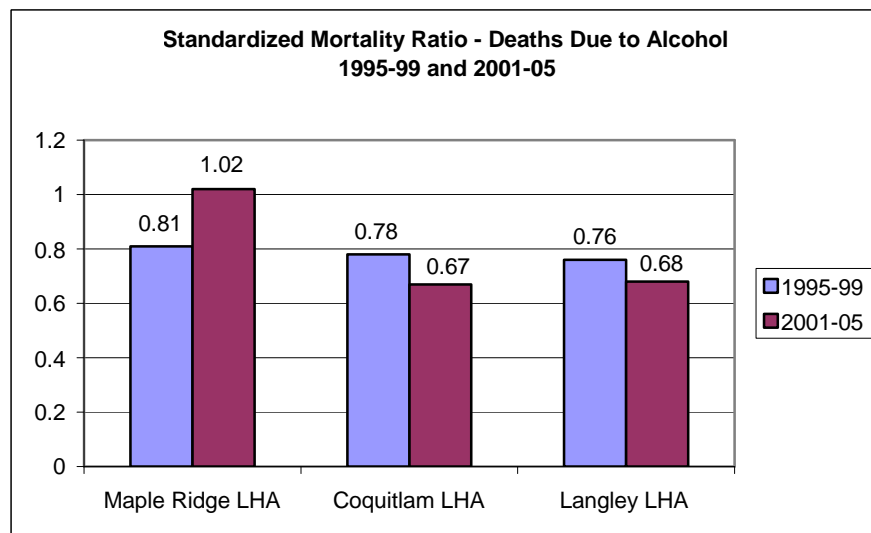
Besides causing or contributing to numerous physical health problems, contributing to family discord, and diminishing workplace productivity, severe alcohol misuse is a significant cause of premature death. Deaths due to alcohol occur as a result of long-term physical health problems, such as cirrhosis of the liver, certain cancers, and coronary heart disease; motor vehicle accidents; workplace accidents; and suicides.

Alcohol misuse is a prime contributor to motor vehicle accidents. In 1998, in the former Simon Fraser Health Region, there were 509 collisions, 328 injuries, and 3 deaths emanating from alcohol misuse. Drunk driving accounted for 10% of all automobile crashes and 10% of all physical injuries sustained therein. 13% of all automobile accident related deaths in 1998 stemmed from alcohol misuse.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



In the period 2001-05, there were 173 alcohol-related deaths in the Maple Ridge Local Health Area. This represents a Standardized Mortality Ratio of 1.02 (Standardized Mortality Ratios are determined by dividing observed deaths per year in a specific geographical location by the number of expected deaths). In the year 2006 alone there were 32 deaths due to alcohol in the local health area.

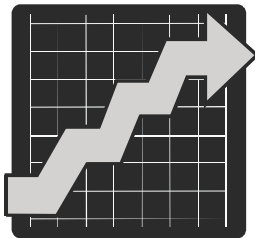


How do our communities compare with others?

In the period 2001-05, the frequency of alcohol-related deaths in the Maple Ridge Local Health Area (1.02 SMR) was significantly higher than in the Coquitlam Local Health Area (0.67 SMR) or the Langley Local Health Area (0.68 SMR). In 2006 alone, the pattern was similar, with a SMR of 0.91 in the Maple Ridge Local Health Area (reflecting 32 alcohol-related deaths), a SMR of 0.72 in the Coquitlam Local Health Area, and a SMR of 0.86 in the Langley Local Health Area.

What are the trends?

Historical data indicates that the rate of alcohol-related deaths in the Maple Ridge Local Health Area is generally higher than in the Coquitlam and Langley Local Health Areas. In the Maple Ridge Local Health Area, in the period 1995 to 1999, there were 124 observed deaths due to alcohol. This represents an SMR of 0.81. This rate was higher than the rate in the Coquitlam Local Health Area (0.78 SMR) and the Langley Local Health Area (0.76 SMR).



During the year 2000, the SMR for the Maple Ridge Local Health Area increased markedly over the previous rate, to 1.17. The SMR for the Coquitlam Local Health Area also increased (to 0.88), while that in the Langley Local Health Area declined (to 0.64).

During the five-year period 1994 to 1998, there was an average of 188 deaths due to alcohol in the Health Region each year. Anecdotal information from health professionals suggests a marked increase in the use of alcohol in the local health area in recent years.

What are the limitations of the data?



These statistics refer to deaths in which alcohol was either a direct or an indirect cause of death. Where alcohol was an indirect cause of death, alcohol was mentioned somewhere on the Medical Certification of Death form.

Where can I go for more information?



1. British Columbia Vital Statistics Agency. Selected Vital Statistics and Health Status Indicators: Annual Report 2000. Victoria, 2001.
2. Simon Fraser Health Region. Health Profile 2000. Burnaby, 2000.
3. Fraser Valley Health Region. Health Profile 2000. Abbotsford, 2000.
4. British Columbia Vital Statistics Agency: Annual Report, 2006. (www.vs.gov.bc.ca).
5. Fraser Health Authority. Health Profile 2008. (www.fraserhealth.ca).

Health Indicators

6.7 Rate of Hospitalizations Resulting from Mental and Behavioural Disorders Due to Use of Psychoactive Substances in 2007-08

During the period 2007-2008, there were 181 hospitalizations resulting from Mental and Behavioural Disorders Due to Use of Psychoactive Substances in the Maple Ridge Local Health Area. This equates to a rate of 2.1 cases per 1,000 of population for the period.

Why is this important?



Psychoactive substances are generally defined as chemicals that react upon the central nervous system, where they temporarily alter various brain functions governing mood, perception, consciousness, and behaviour. Many such substances have valid medical benefits, when used under a physician's supervision, whether for anaesthesia, pain control, or for the control of psychiatric disorders. The "recreational" use of such substances has long been an issue in British Columbia.

Opium and opiates were commonly used in the province beginning in the mid-1800s, followed by heroin in the twentieth century. By the 1950s, amphetamines had become a popular recreational drug, while cannabis and LSD became icons for the 1960s. Substances such as ecstasy, crack-cocaine, and crystal meth have become popular in more recent years.

The use of psychoactive substances creates numerous problems in society, with side effects ranging from physical dependence to physical damage to death. The trafficking in illegal psychoactive substances may also lead to major disruptions (including violence) to the ordered life of the communities in which drugs are traded or in which their distributors live. Individuals' use and dependence on psychoactive substances can play havoc with family life, social interaction, schooling, and performance in the workplace. Enormous sums of taxpayers' money are required to police the trade in illegal psychoactive substances, to incarcerate serious offenders, to treat addicts and victims, and to address related social issues. In 2007-08, hospitalizations resulting from the use of psychoactive substances accounted for 3,845 days of hospitalizations in British Columbia.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

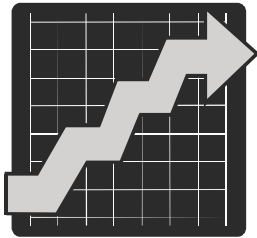


During the period 2007-2008, there were 181 hospitalizations resulting from Mental and Behavioural Disorders Due to Use of Psychoactive Substances in the Maple Ridge Local Health Area. This equates to a rate of 2.1 cases per 1,000 of population for the period. It should be noted that these hospitalizations might be attributable to misused substances prescribed by a physician and to certain over the counter drugs, as well as to illegal substances.

How do our communities compare with others?

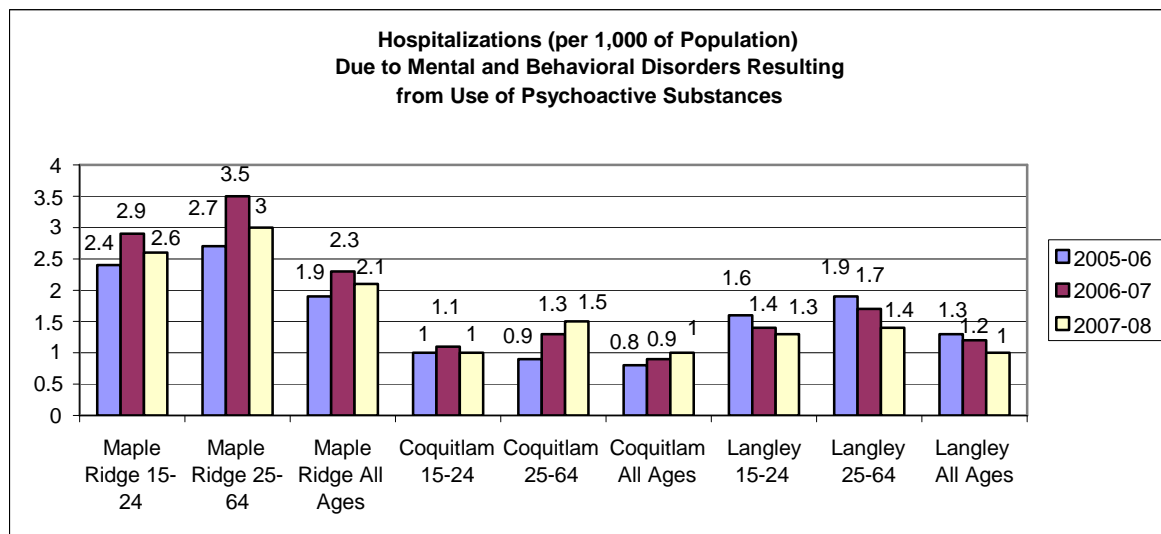
In the period 2007-08, the rate at which residents of the Maple Ridge Local Health Area were hospitalized due to mental and behavioural disorders resulting from the use of psychoactive substances (2.6 per 1,000 of population) was greater in all age groups than in either the Coquitlam (1.0) and Langley (1.3) Local Health Areas, or indeed, the rate for the province as a whole (1.4).

What are the trends?



During the years 2005 to 2008, the rate at which residents of the Maple Ridge Local Health Area were hospitalized due to mental and behavioural disorders resulting from the use of psychoactive substances was consistently greater than in the other geographies considered in this report. Within this period, however, the rate at which hospitalizations of residents of the local health region occurred increased, then decreased in each of the age groups for which data is available (ages 15 to 24, 25 to 64, and all ages). The rates for 2007-08 remain higher than the rates for 2005-06, save for those in the Langley Local Health Area, where the rates have declined from year to year.

In the Maple Ridge Local Health Area, the highest rate of hospitalizations occurred within the age 25 to 64 category. This trend is also true of the Fraser Health Authority as a whole, where mental and behavioural disorders resulting from the use of psychoactive substances was the leading cause of hospitalization among males aged 25 to 44 (2.7 per 1,000 of population) and the fifth highest cause among males aged 45 to 64 (2.2 per 1,000 of the population). The pattern among women is different, however, insofar as disorders resulting from the use of psychoactive substances was not a major contributor to the hospitalization of females, save for those in the group aged 15 to 24, where such substances were the fifth leading cause of such hospitalizations (1.0 per 1,000).



What are the limitations of the data?



These statistics are for a relatively small number of cases and reflect observed hospitalizations during a short timeframe. Caution should be exercised in interpreting trends. It should also be noted that hospitalizations represent only the most serious of cases, and that many users of psychoactive substances may be dealt with in other venues, or not at all. Youth in particular may avoid seeking medical assistance – to avoid the repercussions or because they are unable to get to a hospital. Further, the diagnosis that the attending physician ascribes to the hospitalization is the one that he or she considers the most responsible for the patient's stay. Emergency room visits not resulting in admission to hospital are not included in the statistics.

Where can I go for more information?



1. Fraser Health Authority. Health Profile 2008. (www.fraserhealth.ca).
2. Fraser Health Authority. Custom Reports, March 2009.

Health Indicators

6.8 Rate of Hospitalizations of Seniors Resulting from Poisoning by Drugs, Medicaments, and Biological Substances in 2007-08

During the period 2007-2008, there were 5 hospitalizations of seniors resulting from Poisoning by Drugs, Medicaments, and Biological Substances in the Maple Ridge Local Health Area. This equates to a rate of 0.4 cases per 1,000 of the seniors population for the period.

Why is this important?



Whether issued via prescriptions from a physician or acquired as over the counter drugs, medications have the capacity to greatly enhance seniors' quality of life. If incorrectly used, however, the same medications have the potential to inflict considerable harm on their users, to challenge the health care system, and to place added strain on families and caregivers.

According to the provincial Ministry of Health, poisoning by drugs, medicaments, and biological substances can occur as both an adverse reaction to authorized medications. Persons who take multiple medications may be at greater risk of adverse reactions, given the increased potential for negative interactions occurring between medications. Self-medication may also lead to problems as seniors overdose or combine over the counter products with those prescribed by their doctors. The potential for poisoning or adverse reactions to such substances increases with the number of substances consumed. Data from the province's Pharmacare programme indicates that 45% of seniors take 3 to 6 medications on a regular basis. A further 23% take from 7 to 10 different medications. 8% of seniors take from 11 to 14 different medications.

Analysis from the Ministry of Health also indicates that seniors are more likely to be selective about adhering to instructions for the use of prescribed drugs, sometimes being influenced by their own perceptions of which are the more important for their own medical conditions. Patients often cease to comply with physicians' instructions when they conclude that they are taking too much medication in general. Although cardiac patients generally adhere to recommended medication regimes, older seniors often decide to discontinue the use of prescribed medications, feeling that they are unnecessary or deciding that unpleasant side effects justify their abandonment. At the other extreme, patients who continue to take medications may experience poisoning and hospitalization when they take too much medication, self-prescribe, or mix incompatible medications.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



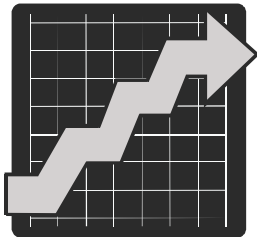
During the period 2007-2008, there were 5 hospitalizations of seniors resulting from poisoning by drugs, medicaments, and biological substances in the Maple Ridge Local Health Area. This equates to a rate of 0.4 cases per 1,000 of the seniors population for the period. During this same period, there were 41

hospitalizations of residents aged 0 to 64 resulting from poisoning by drugs, medicaments, and biological substances in the local health area. This equates to a rate of 0.5 cases per 1,000 of the population aged 0 to 64 for the period.

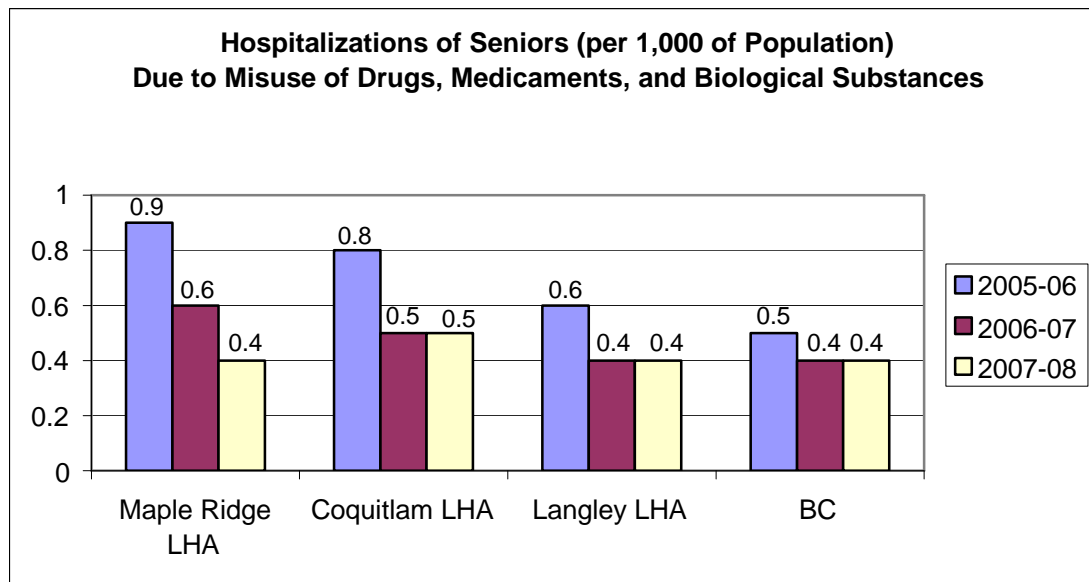
How do our communities compare with others?

In 2007-08, the rate (0.4 cases per 1,000 of population) at which members of the seniors population (people aged 65 and over) were hospitalized as a result of poisoning by drugs, medicaments, and biological substances in the Maple Ridge Local Health Area was equal to the rate in the Langley Local Health Area as well as to the provincial average. The rate in the Coquitlam Local Health Area (0.5 cases per 1,000) was only marginally higher.

What are the trends?



Data gathered in British Columbia during the years 2005 to 2008, the rate at which seniors were hospitalized as a result of poisoning by drugs, medicaments, and biological substances declined in each of the geographies examined in this report. The decline in the rate of hospitalizations in the Maple Ridge Local Health Area appeared to be the most dramatic, falling from 0.9 per 1,000 of population in 2005-06 to 2007-08. However, the numbers hospitalized are so small that a clear statistical trend cannot be demonstrated. The rate of comparable poisoning among the population aged 0 to 64 is surprisingly greater than it is within the seniors population: 0.8 per 1,000 of population in the Maple Ridge Local Health Area, 1.6 in the Coquitlam Local Health Area, 0.5 in the Langley Local Health Area, and 1.4 in the province as a whole.



What are the limitations of the data?



Many cases of poisoning due to the misuse of drugs, medicaments, and biological substances may go unreported or untreated, or may be addressed by family physicians, clinics, or emergency rooms. These statistics would not be recorded as hospitalizations.

Where can I go for more information?



1. British Columbia Vital Statistics Agency. Annual Report, 2006. (www.vs.gov.bc.ca).
2. British Columbia Ministry of Health Services. A Profile of Seniors in British Columbia. Victoria, 2004. (www.health.gov.bc.ca).
3. Fraser Health Authority. Health Profile 2008. (www.fraserhealth.ca).
4. Fraser Health Authority. Custom Reports: 2005-08.

Health Indicators

6.9 Rate of Deaths Due to Illegal Drugs in the Period 2001- 2005

During the period 2001-2005, there were 39 observed deaths due to illegal drugs in the Maple Ridge Local Health Area. This equates to a Standardized Mortality Ratio of 0.92 for the period.

Why is this important?



Drug misuse is both a serious health concern and a serious social concern. It is an area that is often associated with crime, as drug dealers recruit new clients; grow, manufacture or smuggle their products; and combat each other for territory. The numbers of people and the rate of people dying from illicit drug use in British Columbia have increased dramatically since the late 1980s. Deaths may be both directly and indirectly attributable to drugs. Direct deaths include those due to overdoses. Indirect deaths include those due to diseases transmitted through needle sharing.

There are an estimated 5,000 to 15,000 regular and frequent users of injection drugs such as heroin in British Columbia. In the former Simon Fraser Health Region, there were an estimated 2,000 such users in 2002. If distributed evenly through the Region's municipalities, there were about 300 injection drug users in the Maple Ridge Local Health Area.

Among high-risk drug users in the Downtown Eastside of Vancouver, it is estimated that about 25% of injection drug users are HIV-positive, and that 88% have Hepatitis C. While the severity of the associated health issues may not be as great in the Maple Ridge Local Health Area, authorities feel that the frequency of these conditions is increasing there. Apart from its tragic, human toll, drug misuse results in very high costs to both the justice and the health systems. The cost to taxpayers of the 2,000 injection drug users in the former Simon Fraser Health Region has been estimated at almost \$6,400 each, or \$12,764,000 each year.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



During the years 2001-05, the SMR for deaths due to illegal drugs in the Maple Ridge Local Health Area was 0.92. There were 39 deaths ascribed to drugs in the local health area during this period. In 2006, there were 8 deaths attributed to drugs in the local health area, a rate equivalent to a SMR of 1.15. Note: a Standard Mortality Ratio or SMR is the number of observed deaths per year in a specific geographic location divided by the number of expected deaths in that location, based on that area's proportion of the provincial population.

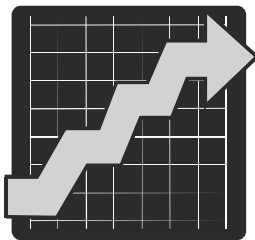
How do our communities compare with others?

The rate at which the use of illegal drugs has resulted in death within the Maple Ridge Local Health Area is higher than in the Coquitlam or Langley Local Health Areas. In 2001-05, the rate for Maple Ridge was 0.92, compared with 0.64 in Coquitlam and 0.67 in Langley. The pattern

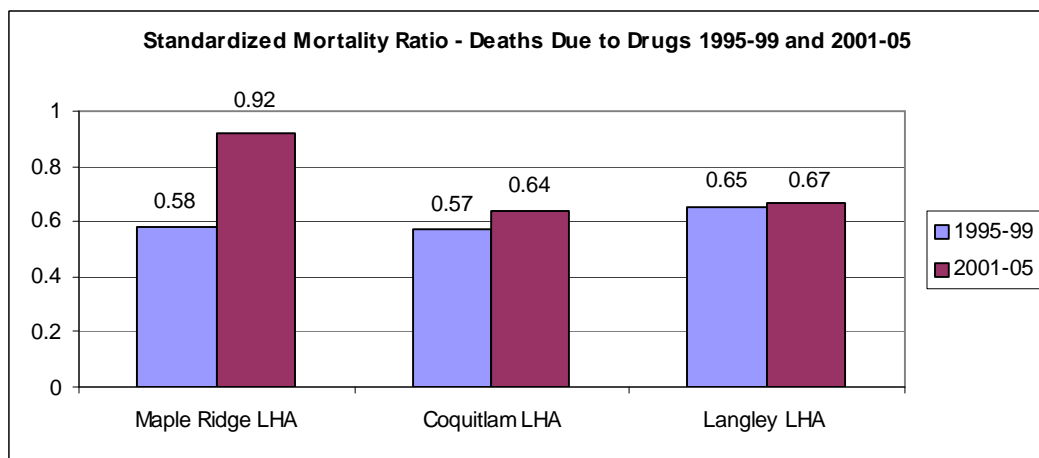
was also true for 2006, when the SMR for Maple Ridge was 1.15, when the SMR for Coquitlam was 0.98, and when the SMR for Langley was 0.53.

What are the trends?

During the period 1995 to 1999, the SMR for deaths due to drugs in the Maple Ridge Local Health Area (0.58) was virtually the same as the SMR in the Coquitlam Local Health Area (0.57). The rate in the Langley Local Health Area was higher, at 0.65. Since that time, the SMR for Maple Ridge has been outstripping those for Coquitlam and Langley. In 2001-05 the SMR for the Maple Ridge Local Health Area was 0.92 compared to 0.64 in the Coquitlam Local Health Area and 0.67 in the Langley Local Health Area.



Data gathered in British Columbia over the last decade indicates a dramatic increase in deaths related to injection use drugs. There were 67 deaths directly attributable to injection drug use in the entire province in 1989. By 1998, this figure had grown to 411, an increase of 613% (far in excess of the rate of population growth). During the period 1994 to 1998, there was an annual average of 35 deaths due to drug overdoses in the former Simon Fraser Health Region. In 2007-08, the leading cause of hospitalizations of men aged 25 to 44 in the Fraser Health Authority related to mental and behavioural disorders due to the use of psychoactive substances (605 cases accounting for 8.8% of discharges within the age group).



What are the limitations of the data?



The cause of death recorded on a death certificate may reflect the primary or immediate cause of death, such as a fall or a motor vehicle collision. The underlying cause of many deaths is substance misuse, whether from drugs or alcohol, so the number and rate of deaths due to drugs may in fact be higher than the statistics suggest.

Where can I go for more information?



1. British Columbia Vital Statistics Agency. Selected Vital Statistics and Health Status Indicators: Annual Report, 2000. Victoria, 2000.
2. Simon Fraser Health Region. Health Profile 2000. Burnaby, 2000.
3. Fraser Valley Health Region. Health Profile 2000. Abbotsford, 2000.
4. Fraser Health Authority. Health Profile 2008. (www.fraserhealth.ca).
5. British Columbia Vital Statistics Agency. Annual Report, 2006. (www.vs.gov.bc.ca).

Health Indicators

6.10 Percentage of the Population Who Smoked in 2007

In 2007, 15.1% of all people over the age of 12 living in the Fraser North Health Service Delivery Area were cigarette smokers, while the percentage of young adults who smoked was 24.7%.

Why is it important?



Death due to tobacco use is the single-most preventable cause of death in most health jurisdictions in Canada. Disease traceable to tobacco use is also highly preventable.

Tobacco use is now an undisputed cause of mouth, throat, and lung cancers, and is at the very least, a major risk factor for heart disease and respiratory ailments. Infants exposed to smoke from tobacco at the gestational stage experience a greater risk of being born with a low birth weight. This, in turn, places babies at risk in a number of areas, some of which cannot be addressed effectively by medical science. Infants exposed to tobacco smoke face an increased risk of succumbing to Sudden Infant Death Syndrome, contracting ear and respiratory infections, and developing chronic asthma (which can be life-threatening).

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



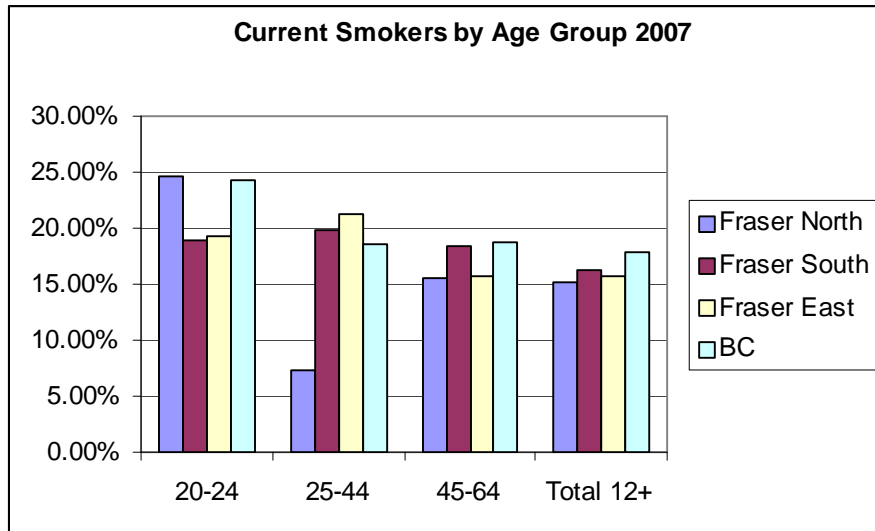
Data specifically recording rates of tobacco use in Maple Ridge, Pitt Meadows, and Katzie is not available. However, data from Statistics Canada's Canadian Community Health Survey of 2007, indicates that 15.1% of all people over the age of 12 living in the Fraser North Health Service Delivery Area (which includes the Maple Ridge, Coquitlam, Burnaby, and New Westminster Local Health Areas) were cigarette smokers, while the percentage of young adults (aged 20 to 24) who smoked was 24.7%.

How do our communities compare with others?

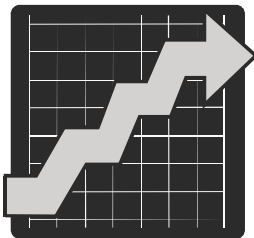
According to the Canadian Community Health Survey of 2007, the percentage of people aged 12 and over and who smoked was lower in Fraser North (15.1%) than in either Fraser South (15.7%) or Fraser East (16.2%). The average for the Health Authority as a whole was 15.6%, which was somewhat lower than the provincial rate of 17.8%.

Although the percentage of the population aged 12 and over and who also smoked was lower in Fraser North than elsewhere in the Health Authority, the percentage of smokers in the age 20 to 24 category was greater in Fraser North (24.7%) than in Fraser South (19%) or Fraser East (19.3%). Curiously, the percentage of smokers in the next population cohort, i.e. those aged 25 to 44, was the lowest in the Health Authority (7.4% in Fraser North compared to 21.2% in Fraser South and 19.9% in Fraser East).

In British Columbia as a whole, there were 5,514 deaths attributed to smoking in 2000. Of these, about 60% were male, and 40% were female.



What are the trends?



There is no historical information comparable to that gathered in 2007 in the Canadian Community Health Survey to indicate whether the incidence of smoking is increasing or decreasing in the region.

According to studies undertaken by the McCreary Institute, smoking among teens was at about the same rate in 1992 as it was in 2000. The 2003 survey, however, suggested that smoking among teens declined between 1998 and 2003. According to the 1998 survey, 12% of Greater Vancouver teens were smokers. In 2003, however, just 6% of area teens

described themselves as smokers (had smoked more than 100 cigarettes and had smoked in the last month). The 2003 survey further suggested older teens in the Fraser Health Authority were more likely to be smokers than younger teens and that male teens were equally likely to be smokers as were females.

Anecdotal information, however, suggests that smoking among teens is now on the increase in North America, and among female teens in particular. The high proportion of smokers in the Canadian Community Health Survey in the group aged 20 to 24, compared with the much smaller proportion in the group aged 25 to 44 in Fraser North, seems to confirm this impression.

What are the limitations of the data?



The data is based on a single survey, albeit by professional polling consultants working on behalf of Statistics Canada. There is no historical data and no municipality-specific data available at this time. The data does not account for people who smoke cigars or pipes or who chew tobacco, nor does it provide information about exposure to second hand smoke (the 2008 survey of British Columbian youth by the McCreary Centre indicates that about 28% are exposed to second hand smoke inside their home or their family's motor vehicle. 10% advised that they experienced this exposure on a daily basis).

Where can I go for further information?



1. Simon Fraser Health Region. Health Profile 2000. Burnaby, 2000.
2. Canadian Institute of Child Health. The Health of Canada's Children. Ottawa, 2000.
3. Fraser Health Authority. Health Profile 2008. (www.fraserhealth.ca).
4. McCreary Centre Society. Healthy Youth Development: Fraser Region. Highlights from the 2003 Adolescent Health Survey III. (www.mcs.bc.ca).

Health Indicators

6.11 Rate of Hospitalizations of Seniors due to Mental Illness in 2007

In 2007, 68 members of the seniors population in the Maple Ridge Local Health Area were hospitalized due to a mental illness. This equates to a rate of 6.7 cases per 1,000 members of the seniors population of the local health area.

Why is it important?



Though generally invisible, mental illness is increasingly being recognized as a serious and growing challenge for Canadians. Mental illness defies easy definition, and definitions tend to vary between countries. The Canadian Mental Health Association has defined mental illness as “a variety of mental disorders that can be diagnosed. Mental disorders are health conditions that are characterized by alternations in thinking, mood, or behaviour (or some combination thereof)

associated with distress and/or impaired functioning.” For the purposes of this report, mental illness has been defined as including organic, including mental symptomatic disorders, schizophrenia and schizotypal and delusional disorders, mood (affected) disorders; neurotic, stress-related, and somatoform disorders; behavioural syndromes associated with physiological and physical disturbances; disorders of adult personality and behaviour; mental retardation; disorders of physiological development; behavioural and emotional disorders with onset usually occurring in childhood; and unspecified mental disorders.

According to some estimates, up to 20% of Canadians, will develop a mental illness – perhaps temporary and undiagnosed – sometime during their lives. The proportion of Canadians who will actually be diagnosed and treated for a mental condition is dramatically smaller – perhaps just 1% – and results in many individuals suffering unnecessarily. According to the Canadian Mental Health Association, schizophrenia affects about 1% of Canadians. Depression may affect about 10% of the population at some point in their lives, while anxiety disorders may affect about 12% of the population.

Mental illness may be diagnosed among members of any age group and presents a variety of challenges for family members, friends, and co-workers as well as for those diagnosed with mental conditions, the consumers of mental health services. The challenges that consumers of mental health services face may vary with age, as, indeed, may the nature of their mental illness. For seniors (people aged 65 and over) and their families or caregivers, mental illness presents the challenge, stress, and cost of dealing with aging bodies and increasing physical infirmities while also addressing the causes and symptoms of mental illness.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

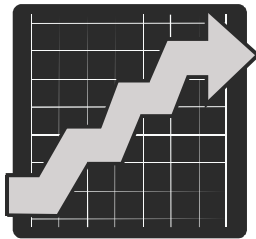


In 2007, 68 members of the seniors population in the Maple Ridge Local Health Area were hospitalized due to a mental illness. This equates to a rate of 6.7 cases per 1,000 members of the seniors population of the local health area.

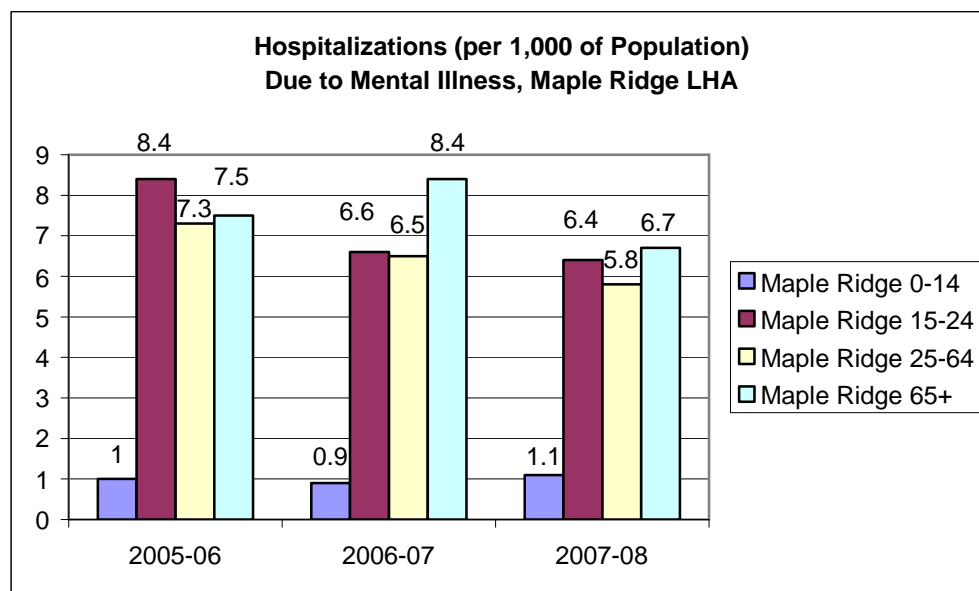
How do our communities compare with others?

In 2007, the rate of hospitalization of seniors due to a mental illness was higher in the Maple Ridge Local Health Area than in any of the other geographies considered in this report. The rate in the local health area was 6.7 per 1,000 seniors, compared to 4.8 in the Langley Local Health Area, 4.5 in the Coquitlam Local Health Area, and 5.2 in British Columbia as a whole.

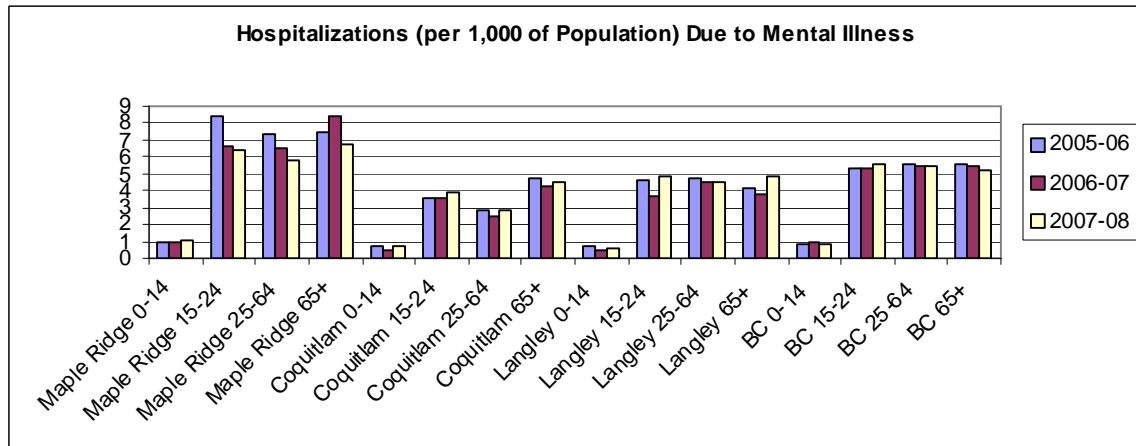
What are the trends?



Deep historical data on this indicator is not readily available. Data for the last three years, however, suggests that the rate of hospitalization of seniors is a somewhat variable indicator, but one that indicates that seniors are more likely to be hospitalized with a mental illness than are members of the populations aged 0-14, 15-24, or 25-64.



It should also be noted that residents of the Maple Ridge Local Health Area are far more likely to be hospitalized with a mental illness than residents of the Coquitlam and Langley Local Health Areas or the province as a whole, regardless of their age grouping. According to Ministry of Health data, the rates of hospitalization of Maple Ridge LHA residents in each of the ministry's four age categories (0-14, 15-24, 25-64, and 65+) consistently exceeded the rates of hospitalization in the Coquitlam and Langley LHAs, as well as the provincial average, in each of the three years for which data is available.



What are the limitations of the data?



Having a psychiatric unit in a particular hospital may result in higher levels of diagnosis of mental health conditions. Given the relatively low number of individuals hospitalized at the local health area level primarily due to a mental illness, a slight shift in numbers can result in noticeable shift in rates of hospitalization. Further, it should be noted that a mental illness is more likely to be coded as a *contributing* factor to a hospitalization, rather than as the *primary* cause of a hospitalization. The data provided here represent the hospitalizations where a mental illness was the primary cause of admission. Caution should also be exercised in trying to establish an historical trend within individual local health areas until such time as a more extensive set of year-based data becomes available.

Where can I go for further information?



1. Simon Fraser University, Gerontology Research Centre. (www.sfu.ca/grc).
2. Fraser Health Authority. Health Profile 2008. (www.fraserhealth.ca).
3. Fraser Health Authority. Custom Reports; 2005-06.
4. Canadian Mental Health Association. (www.cmha.ca).



7.0

Environmental Indicators

Environmental Indicators

7.1 Percentage of Water Samples in Six Month Periods in which the Number of E. Coli./100 mL Exceeded 20 in 2006-07

In 2006-07, in the Coquitlam Watershed, the Annualized Percentage of Water Samples in which the Number of E. Coli per 100 mL Exceeded 20, was 0.27.

Why is this important?



Given our abundant precipitation and many clear flowing rivers, clean drinking water has long been assumed to be "a given" in British Columbia. In an increasingly urbanizing environment, and in an environment where agriculture is assuming industrial overtones, pure drinking water is not always available.

In the Fraser Health Authority, water quality (whether surface water or ground water) may be adversely affected by industrial effluent, logging, human intrusion into watersheds, effluent from septic systems, and intensive agriculture (through the leaching of fertilizers and pesticides, and through runoff containing particles of animal manure).

There are now over fifty community water systems supplying drinking water to residents, work sites, and public facilities in the former Simon Fraser Health Region. Most residents and businesses derive their drinking water from the Greater Vancouver Water District (it supplies over 99.5% of the region's residents with their drinking water). Forty-five water purveyors supply water to the remaining population, most of which are located in rural or wilderness areas.

In the Greater Vancouver Regional District, the vast majority of residents derive their drinking water from one or more watersheds: the Capilano, the Seymour, and the Coquitlam. Residents in Maple Ridge and Pitt Meadows receive most of their water from the latter water source, although residents of rural areas not served by the municipal water system rely on groundwater, much of which is derived from wells accessing aquifers.

British Columbia's Health Act, through the Safe Drinking Water Regulation and the Sanitary Regulations, prescribes microbiological standards for the province's drinking water. The regulations are designed, in part, to address acceptable levels of fecal coliforms, a disease-inducing bacillus. When fecal coliforms are found in tested drinking water, boil water advisories are released to protect public health.

What is the situation in Maple Ridge and Pitt Meadows?

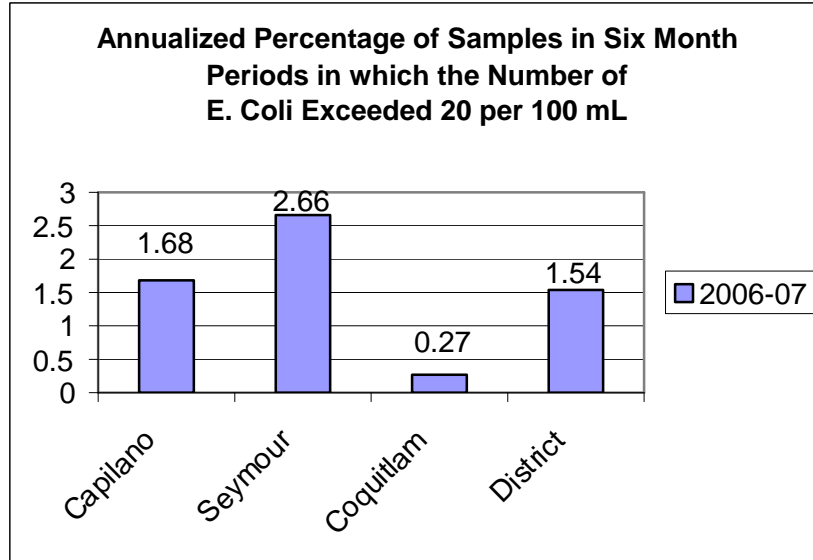


The *Canadian Guideline for Turbidity* was published in 2005 and specifies that prior to the point where disinfectant is added to a water supply, the number of E. Coli. Bacteria in the water may exceed 20/100mL in not more than 10% of the weekly samples from the previous six months. In 2006-07, in the Coquitlam Watershed, the Annualized Percentage of Water Samples in which the number of E. Coli per 100 mL exceeded 20, was 0.27, i.e. far below the 10% stipulated in the Guideline

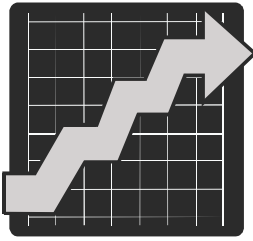
How do our communities compare to others?

The Coquitlam Watershed appears to have access to water that is amongst the “safest” in the Greater Vancouver Regional District, insofar as the percentage of samples from the Coquitlam Watershed consistently has E. Coli. concentrations well below those allowed by the *Canadian Guideline for Turbidity*, i.e. not more than 20/100 mL in 10% of the weekly samples from the previous six months.

In 2006-07, in the Coquitlam Watershed, the percentage of samples in six months (current month plus the five previous months) where the number of E. Coli/100 mL. exceeded 20, never exceeded 0.55. In comparison, rates in the Seymour Watershed reached 5.5, and rates in the Capilano Watershed reached 4.9, in each of the months October to December (which, being below 10%, were still well within allowable levels).



What are the trends?



An analysis of source water for the GVRD's watersheds in the period 2002-2007 indicates that the region's water intakes all met the limit of not more than 10% of samples exceeding 20 E. Coli./100 mL. The analysis indicates that E. Coli levels were at their highest in late summer and early fall. These higher levels have been attributed to high levels at the main tributaries of the supply lakes in the system and "first flush phenomenon" when rains follow a period of dry weather. Restricted access by humans to watershed areas suggests that animals are the source of any E. Coli.

detected in the water sampled.

| | Capilano | Seymour | Coquitlam |
|-----------|----------|---------|-----------|
| January | 0.5 | 0.5 | 0.5 |
| February | 0.5 | 0.5 | 0.5 |
| March | 0.6 | 0.6 | 0.6 |
| April | 0.6 | 0.6 | 0 |
| May | 0 | 0 | 0 |
| June | 0 | 0 | 0 |
| July | 1.1 | 4.4 | 0 |
| August | 1.1 | 4.4 | 0 |
| September | 1.1 | 4.4 | 0 |
| October | 4.9 | 5.5 | 0.55 |
| November | 4.9 | 5.5 | 0.55 |
| December | 4.9 | 5.5 | 0.55 |

What are the limitations of the data?



The GVRD's system for measuring E. Coli. entails testing at intakes and precedes disinfection procedures. Sampling and testing is also conducted to determine levels of Giardia and Cryptosporidium in the region's water supply. The frequency of testing is deemed more than sufficient to safeguard the region's water supply.

Where can I go for more information?



1. Water: The Greater Vancouver Water District Quality Control Annual Report 2007. Volume 1. (www.metrovancouver.org).

Environmental Indicators

7.2 Number of Hectares of Recreational and Protected Natural Areas per 1,000 of the Population in 2006

In 2006, there were 60 hectares per 1,000 of the population of recreational and protected natural areas in Maple Ridge and 140.46 hectares per 1,000 of the population of recreational and protected natural areas in Pitt Meadows.

Why is this important?



Metro Vancouver (the Greater Vancouver Regional District) is one of the most rapidly urbanizing areas of Canada. The population of the region has grown from 1,831,665 in 1996 to 1,986,695 in 2001 to 2,116,580 in 2006, a ten-year increase of 15.55%. During the decade 1996 to 2006 the population of the province grew by just 10.44%. Statistics thus indicate that most of the growth in the province in the ten-year period occurred in the Greater Vancouver Regional District.

The Greater Vancouver Regional District has undertaken a number of initiatives to ensure sustainability in the region. These include the development, adoption, and update of the Liveable Region Strategic Plan, one of the aims of which is to create dense nodes of population (regional town centres) connected to each other by transit. The development of a system of regional parks and the identification a “Green Zone” in non-urban areas is intended to channel development to more appropriate areas and to ensure that residents have access to managed natural spaces.

In 2006, 75% of the landmass in Langley, Pitt Meadows, and Maple Ridge was “Green Zone designated.” About 70% of the land mass within the GVRD fell within the Green Zone. 28% of this was watersheds, parks, and conservation areas; 21% was agricultural land; 16% was crown lands, forestry lands, or golf courses, while a further 5% was classified as “other,” including both municipal and private lands. The GVRD’s definition of the Green Zone is currently undergoing a thorough review and restructuring as part of the new Regional Growth Strategy consultations between the GVRD and its member municipalities.

One of the important land uses that falls at least partly within the Green Zone is “Recreation and Protected Natural Areas.” This classification includes local, regional and provincial parks, ecological reserves and wildlife management areas and recreational facilities such as golf courses, ski areas, exhibition grounds and community centres. Golf courses in the Agricultural Land Reserve, however, fall outside this classification.

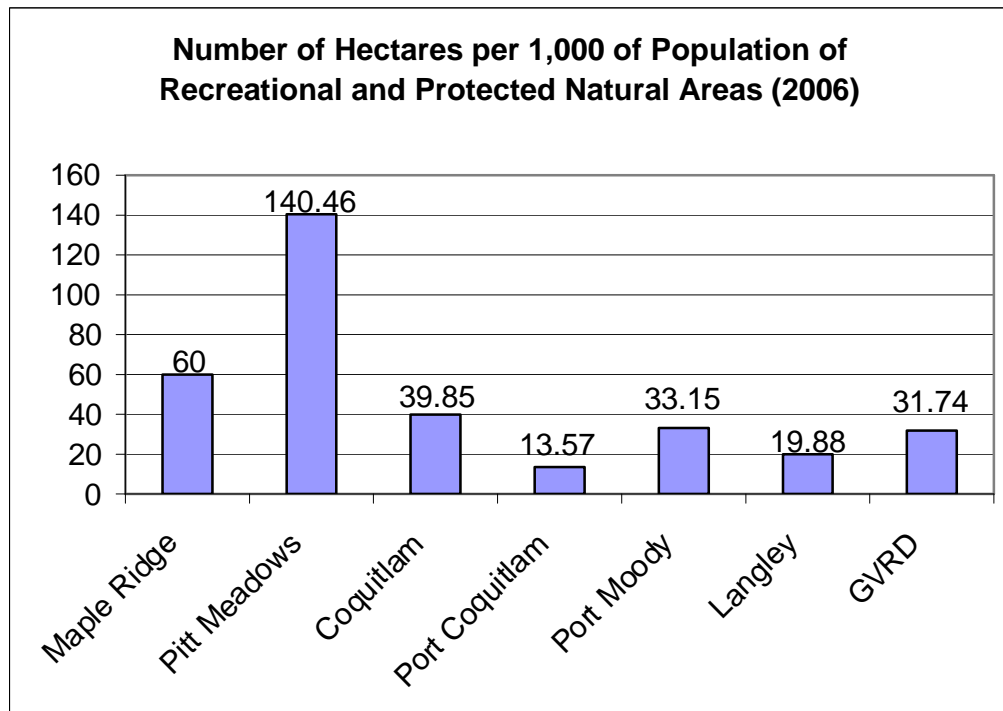
What is the situation in Maple Ridge and Pitt Meadows?



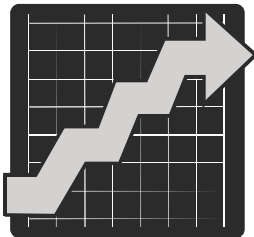
In 2006, there were 60 hectares of recreational and protected natural areas per 1,000 of population in Maple Ridge and 140.46 hectares of recreational and protected natural areas per 1,000 of population in Pitt Meadows.

How do our communities compare with others?

The number of hectares of recreational and protected natural areas per 1,000 of population is far higher in Maple Ridge and Pitt Meadows than in any of the municipalities considered in this study. With 140.47 ha per 1,000 of population, Pitt Meadows had the highest amount of land per 1,000 of population within the recreational and protected natural areas category. Maple Ridge was second, with 60 ha per 1,000 of population. The lowest rate was Port Coquitlam's, at 13.57 ha per 1,000 of population. Langley Township had the second lowest rate, at 19.88 per 1,000 of population. The average for the region was 31.74 ha per 1,000 of population, a rate that approximated those in Coquitlam (39.85) and Port Moody (33.15).



What are the trends?



The GVRD's "generalized land use" classification system is relatively recent. Historical data is therefore not available.

What are the limitations of the data?



The amount of land classified as recreational and protected natural areas is sometimes the result of historical accidents rather than conscious design on the part of local government. Large provincial or regional parks and ecological conservation areas, for example, greatly increase the amount of land in the classification in particular municipalities. The majority of crown or forestlands in Maple Ridge's UBC Research Forest and the private wood lots on Blue Mountain, however, have not yet been recognized as protected areas or recreational areas. The GVRD's calculation of recreational and protected natural areas in Maple Ridge is based on incomplete mapping of the municipality. Data provided by the District of Maple Ridge has therefore been used to replace the GVRD's calculations, for Maple Ridge only. All other data is reported as provided by the GVRD. It should be noted that population growth without commensurate additions to the land use classification will result in changes to the data.

Where can I go for more information?



1. Greater Vancouver Regional District. Metro Vancouver's 2006 Generalized Land Use by Municipality. (www.metrovancouver.org).

Environmental Indicators

7.3 Number of Hectares of Parkland per 1,000 of Population in 2009

In 2009, there were 3.77 hectares of municipal parkland and 8.5 hectares of regional parkland per 1,000 residents of Maple Ridge, Pitt Meadows, and Katzie.

Why is this important?



Public open space, in the form of school playgrounds, neighbourhood parks, community and athletic parks; regional parks; and walkways, trails, and plazas, contribute substantially to the quality of life in our rapidly urbanizing region. The shrubs and trees common in our green spaces have been likened to lungs, providing oxygen to municipalities whose air quality may be compromised by carbon monoxide emissions. Equally importantly, they offer spaces for passive and active recreation, and form an extension of our living spaces, offering a ready antidote for the stress that is becoming increasingly commonplace in our society. Parks can provide a vehicle for people to meet each other in social situations, thereby helping to build community. They are also important habitat for birds and small animals, and help to bring nature closer to those who live in urban situations. They are especially important for people who may live in constrained spaces (such as basement suites, apartments, and single family houses on small lots). Proximity to a park may also have a favourable effect on residential property values, and may be a factor in people's choice of where to purchase a home.

What is the situation in Maple Ridge and Pitt Meadows?



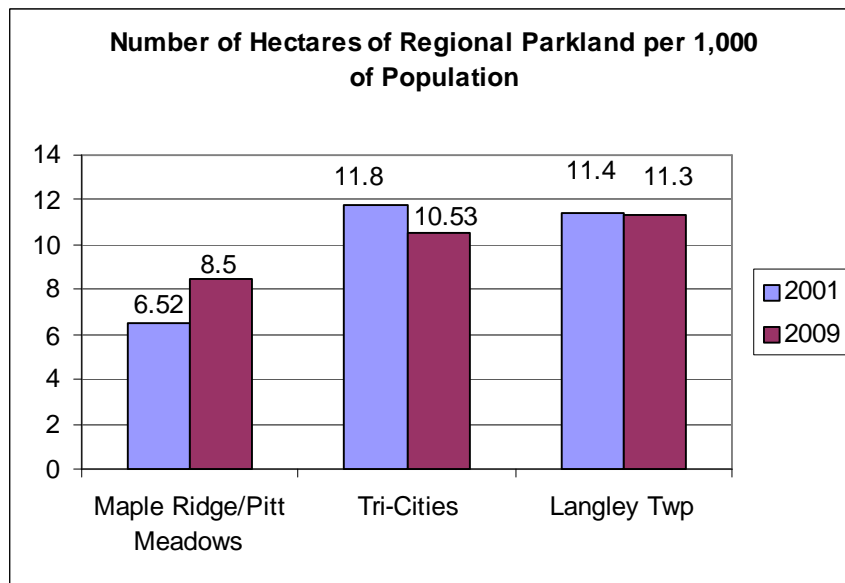
In 2009, there were 3.77 hectares of municipal parkland and 8.5 hectares of regional parkland per 1,000 residents of Maple Ridge, Pitt Meadows, and Katzie. As defined here, municipal parkland includes both municipal parkland (including conservation areas) and school playgrounds and playfields.

How do our communities compare with others?

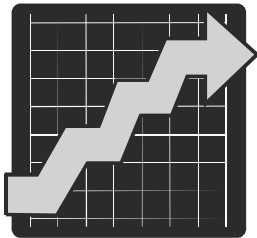
In 2009, Maple Ridge and Pitt Meadows had far fewer hectares of regional parkland per unit of population than Langley Township or the Tri-Cities. Where Langley Township had 11.3 hectares of regional parkland per 1,000 residents, and the Tri-Cities had 10.53 hectares per 1,000 residents, the rate in Maple Ridge was just 7.77, while that in Pitt Meadows was 11.84 hectares per 1,000 residents. If the Maple Ridge and Pitt Meadows allocation of regional parks is considered as a unit, then the two communities have an average of 8.5 hectares of regional parkland between them.

When compared to other jurisdictions, the two municipalities do not possess as much *municipal* public open space per 1,000 of population as some other municipalities. While Maple Ridge and Pitt Meadows have 3.77 hectares of public open space per 1,000 of population, this is less than is

found in Coquitlam (8.38 hectares per 1,000 of population), Port Coquitlam (5.01 hectares per 1,000 of population, exclusive of school playfields and playgrounds), and Port Moody (16.96 hectares per 1,000 of population). Data was not available from Port Coquitlam's Parks and Recreation department or from School District 43 regarding the number of hectares of school playfields and playgrounds in that municipality. Were those numbers added to the Tri-Cities data, that area would lead the sub-region in its supply of municipal-school district public open space.



What are the trends?



The number of hectares of regional parkland per 1,000 of population declined in Langley Township and the Tri-Cities between 2001 and 2009, insofar as acquisitions did not keep pace with population growth (nor was this the GVRD's intent). In Maple Ridge/Pitt Meadows/Katzie, however, the acquisition of additional regional parkland resulted in an increased rate of regional parkland per 1,000 of population, despite population growth.

During this same period, the amount of municipal parkland per unit of population declined very slightly in Maple Ridge/Pitt Meadows/Katzie, grew in Langley Township (largely due to the acquisition of a gold course), and increased in Coquitlam and Port Moody. Given that some of the subject municipalities no longer have much developable land, and given that municipal populations are growing, and that land prices are also increasing, it seems likely that the amount of public open space per unit of population will decrease over time.

What are the limitations of the data?



Caution should be exercised in reading the data for 2001, which may not be fully accurate. It should be noted that not all municipally owned parkland is “active” or accessible, insofar as some municipalities possess large tracts of undeveloped conservation areas or natural areas. It should also be noted that Maple Ridge and Pitt Meadows residents enjoy easy access to the UBC Research Forest and Golden Ears Provincial Park, and that figures for these open spaces are not accounted for in the statistics for the two municipalities. Residents of the Tri-Cities also enjoy easy access to Belcarra Regional Park and to B.C. Hydro’s Buntzen Lake Recreational Area.

Where can I go for more information?



1. Greater Vancouver Regional District Parks Department, 604-432-6350
2. Ridge Meadows Parks and Recreation Department, 604-467-7321
3. Township of Langley Parks and Recreation Department, 604-534-3211
4. City of Coquitlam Leisure and Parks Department, 604-927-3530
5. City of Port Coquitlam Parks and Recreation Department, 604-927-7900
6. City of Port Moody Parks, Recreation, and Culture Department, 604-469-4555

Environmental Indicators

7.4 Percentage of the Workforce Who Travelled Outside their Municipality of Residence to Work in 2006

In 2006 63.8% of the workforce resident in Maple Ridge, 87.5% of the workforce resident in Pitt Meadows, and 77.7% of the workforce resident in Katzie traveled outside their municipality to work.

Why is this important?



Rapid population growth in the Greater Vancouver Regional District during the last two decades has created a transportation crisis for many communities, especially those whose working populations work outside their municipality of residence. Between them, municipal planners, developers, and elected councils have created a landscape outside Vancouver's inner suburbs in which single-family dwellings predominate. This low-density form of development has rendered the creation of a successful public transit system problematic and has generally forced residents to use private automobiles to travel to and from work.

Significant strides have been made since 1986 in developing rapid transit in the more urbanized areas of the regional district. These have included the Expo, Millennium, and Canada Lines of Skytrain, which have connections to the older Seabus system, to fast busses, and to the West Coast Express. Planned extensions to the Skytrain system will see rapid transit reach Richmond, Coquitlam/Port Moody, and the University of British Columbia within the decade.

The acquisition of convenient and frequent transit remains an elusive goal for communities at the eastern extremities of the regional district on both sides of the Fraser River, and for Langley, Pitt Meadows, and Maple Ridge in particular. Although new bridges across the Fraser River (the Golden Ears Bridge, the Pitt River Bridge, and a new Port Mann Bridge) will ease existing traffic congestion, continued low density development and the lack of sufficient or appropriate employment opportunities within communities will continue to put people in cars traveling between a municipality of residence and a municipality of work. Having a large portion of its workforce travel beyond its municipal boundaries undermines community cohesiveness, places strains on families, and results in considerable air pollution. Indeed, automobile exhaust is one of the prime air pollutants within the region and is the major cause of respiratory distress among many of its residents, especially in the summer months.

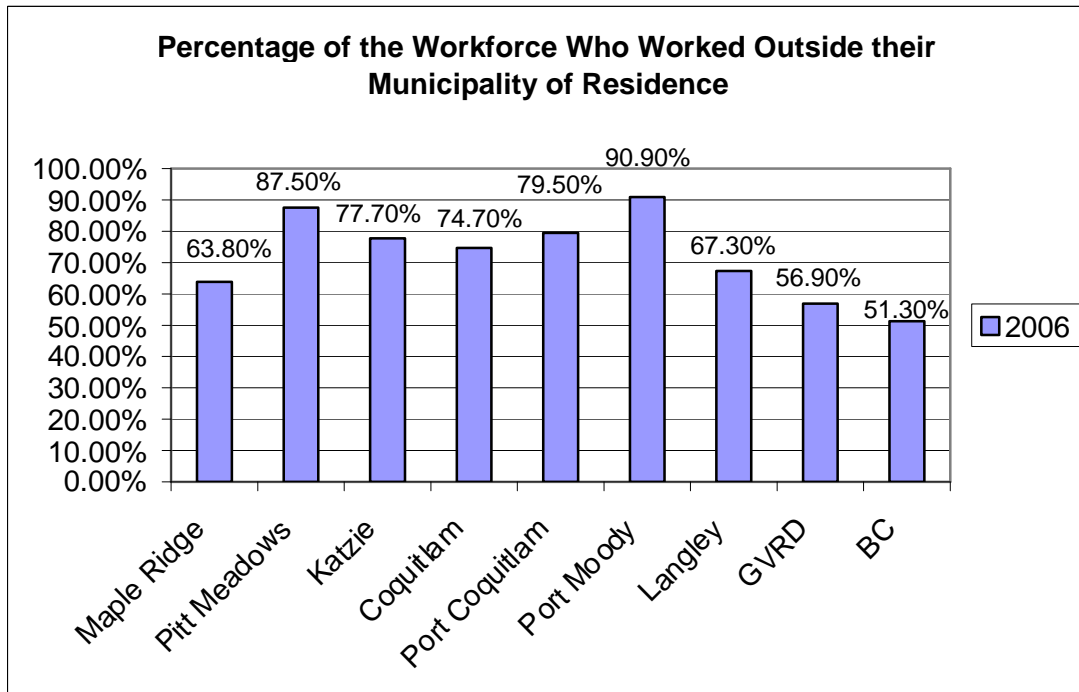
What is the situation in Maple Ridge and Pitt Meadows?



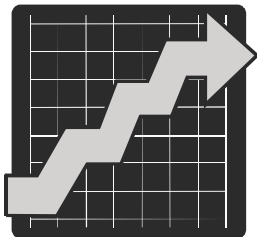
In 2006 63.8% of the workforce resident in Maple Ridge, 87.5% of the workforce resident in Pitt Meadows, and 77.7% traveled outside their municipality to work. These percentages represented 17,955 workers in Maple 6,000 workers in Pitt Meadows, and 35 workers in Katzie.

How do our communities compare with others?

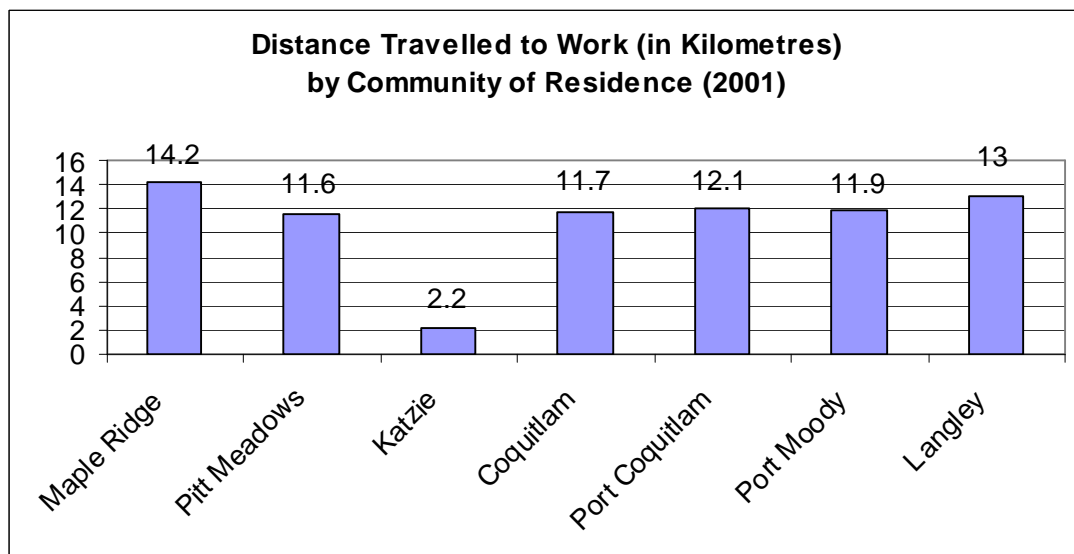
In 2006, the proportion of the workforce resident in Pitt Meadows (87.5%) which traveled outside the municipality to reach its place of work was the second highest in the sub-region, being exceeded only by the percentage in Port Moody (90.90%). The percentage in Maple Ridge (63.8%) exceeded both the average for the regional district (56.9%) and the average for the province as a whole (51.3%), but was nonetheless the lowest percentage in the sub-region.



What are the trends?



Statistics Canada is inconsistent in the questions it asks in its decennial and five-year Census enumerations. The 1996 and 2001 Census questions relating to place of work were not the same as those asked in 2006, rendering trend analysis difficult. The 2001 Census did, however, record information on distance traveled to work. In 2001, on average, residents of Maple Ridge traveled further to reach their place of work (14.2 km.) than residents of the other communities included in this study. Members of the workforce resident in Pitt Meadows traveled the second lowest distance (11.6 km.), while those living in Katzie traveled the least distance (2.2 km.).



What are the limitations of the data?



The data from the two Census years are not fully comparable, but they do give a sense of the proportion of the population of each community that travels across municipal boundaries to reach its place of work. The distance-related data for 2001 may be based on the subjective assessments of distance traveled by individual respondents. Further, the distances presented are averaged. Many residents undoubtedly travel much further to reach their place of work than the averages suggest.

Where can I go for more information?



1. Statistics Canada. Community Profiles: 2006. (www.statcan.ca).
2. Statistics Canada. Community Profiles: 2001. (www.statcan.ca)
3. Statistics Canada. Employed Labour Force by Place of Work Status, with Commuting Distance to Work - Cat. No. 97F0024XIE2001009. (www.statcan.ca).

Environmental Indicators

7.5 Rate of Hospitalization of Children (Aged 0 to 14) Due to Respiratory Diseases in 2006 - 2007

During 2006 –2007, there were 9.4 hospitalizations attributable to respiratory diseases for every 1,000 children aged 0 to 14 in the Maple Ridge Local Health Area.

Why is this important?



Rapid Hospitalization rates reflect the impact that accidents, conditions, and diseases have on an area's population. Hospitalization is generally a last resort for patients, some of whom may make repeated visits to the same hospital to address a single complaint.

Respiratory diseases are a leading cause of children's visits to physicians and a leading cause of hospitalizations among the young. Respiratory conditions resulting in hospitalization include asthma, pneumonia, and infection. Such conditions are about twice as common in male children as they are in female children.

The incidence of asthma in children has been linked to poor air quality, which may occur in substandard housing, result from second hand smoke, or be associated with air pollution, much of it being the result of excessive exposure to automobile emissions as well as industrial emissions. Asthma is now commonplace in British Columbia, limiting the quality of life of about 9% of all children aged 0 to 14.

What is the situation in Maple Ridge and Pitt Meadows?

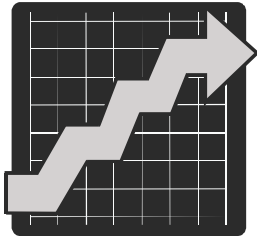


During 2006 –2007, there were 9.4 hospitalizations attributable to respiratory diseases for every 1,000 children aged 0 to 14 in the Maple Ridge Local Health Area.

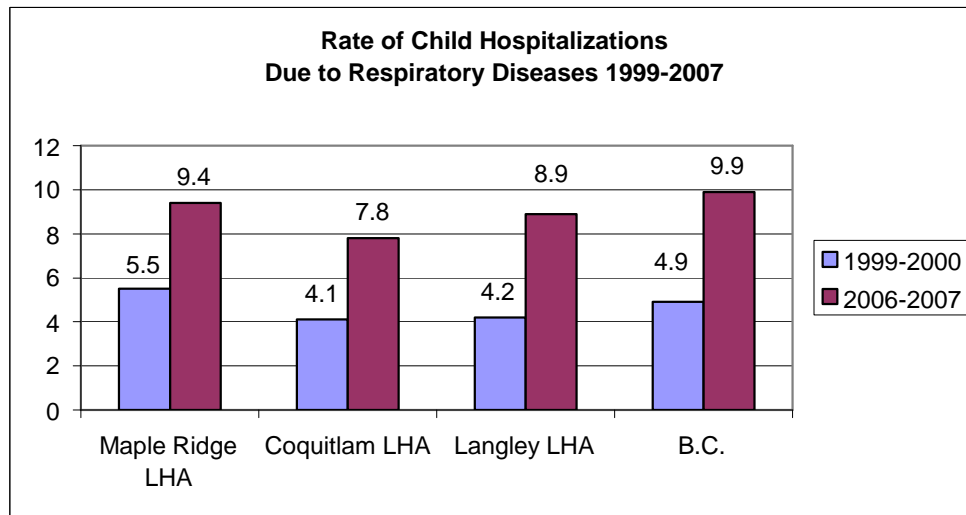
How do our communities compare with others?

In 2006-07, child hospitalizations due to a respiratory condition occurred at a higher rate in the Maple Ridge Local Health Area than in the adjoining Coquitlam and Langley Local Health Areas. The Maple Ridge Local Health Area rate of 9.4 hospitalizations per 1,000 children aged 0 to 14 was thus slightly higher than the rate in the Langley Local Health Area, where the rate was 8.9 per 1,000 children or the Coquitlam Local Health Area, where the rate was 7.8 per 1,000 children. The rate in Maple Ridge was slightly higher than the average for the Fraser Health Authority (9.1 hospitalizations per 1,000) but slightly lower than the average for the province as a whole, which was 9.9 per 1,000 in 2006-07.

What are the trends?



During the years 1999 to 2007, the proportion of children who are hospitalized with a respiratory disease grew significantly in each of the geographies considered in this report. The incidence of child hospitalizations due to respiratory conditions more than doubled provincially, rising from 4.9 per thousand to 9.9 per thousand. The rate in the Langley Local Health Area rose in similar fashion, from 4.2 per thousand to 8.9 per thousand. The increases in the Coquitlam and Maple Ridge Local Health Areas were not quite as dramatic, Coquitlam's rising from 4.1 to 7.8 and Maple Ridge's rising from 5.5 to 9.4.



What are the limitations of the data?



Childhood respiratory conditions do not always result in hospitalizations, many being handled by general practitioners, clinics, emergency rooms, and parents. Only the most serious conditions cases result in admission to hospital. The incidence of serious respiratory diseases among children may therefore be higher than the hospitalization figures suggest.

Where can I go for more information?



1. BC Stats. Socio-Economic Profiles. (www.bcstats.ca).
2. Fraser Health Authority. Health Profile: 2008. (www.fraserhealth.ca).



8.0

Participation Indicators

Participation Indicators

8.1 *Percentage of Taxpayers who Made Charitable Donations in 2007*

In 2007, 21.45% of the taxpayers in Maple Ridge and 22.2% of the taxpayers in Pitt Meadows, claimed donations (on their income tax returns) to charitable organizations in British Columbia and elsewhere in Canada.

Why is this important?



Canadian charitable organizations play a major role in supporting the economic, health, social service, educational, cultural, and recreational life of their communities. Overall, about 60% of their total funding is received through grants, service agreements, and other instruments of federal, provincial, and local government.

Earned revenue from the sales of goods and services accounts for 26% of their income, while charitable donations constitute 14% of their total income (the situation varies markedly from charity to charity, and between the various service sectors). Grants from the private sector and from foundations account for the balance of these organizations' revenues.

The degree to which communities support charitable organizations through charitable giving is a measure of community awareness, strength, and spirit. It may also be a measure of community wealth.

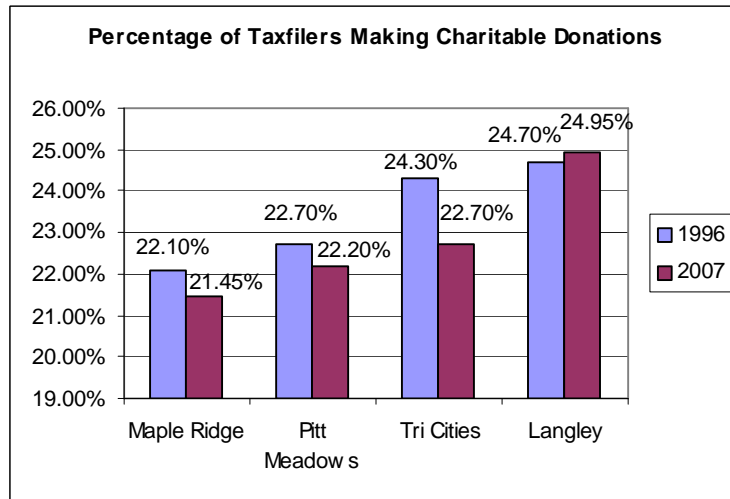
What is the situation in Maple Ridge and Pitt Meadows?



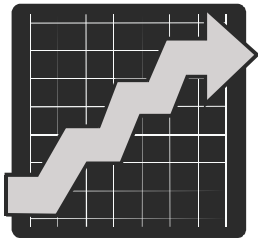
In Maple Ridge, 21.45% of tax filers made charitable donations in 2007. This compared with a rate of 22.2% in Pitt Meadows. The median value of donations made in Maple Ridge was \$260 compared to Pitt Meadows, where the rate was \$250.

How do our communities compare with others?

In 2007, Maple Ridge and Pitt Meadows tax filers made charitable donations at a rate that was lower than that in Langley and the Tri-Cities. The rate in Langley Township was 24.95%. The rate in the Tri-Cities was 22.7%, while that in the province as a whole was 22.8%. The national average, in comparison, was 24%. In 2007, the median value of charitable donations in Maple Ridge and Pitt Meadows was about the same as in Port Coquitlam (\$260) and Port Moody (\$270), but substantially lower than in Coquitlam (\$320), Langley (\$360), and the province as a whole (\$340).



What are the trends?



At the national level, the proportion of tax filers who made charitable donations has remained relatively constant. Given population growth, this indicates that the number of charitable donors is increasing. The average amount donated per tax filer is also increasing. In British Columbia, 74% of British Columbian residents aged 15 or older made donations to charitable organizations in the year 2000, though only a few of these claimed those donations on their income tax forms. By 2004, the percentage of British Columbian donors had risen to 77%. In Maple

Ridge, Pitt Meadows, and the Tri Cities, however, the proportion of tax filers who made charitable donations fell slightly from 1996 to 2007, while it increased in Langley. The frequency and magnitude of tax filers' donations tends to increase with education and income level, with females contributing at a higher rate than men, and the middle-aged contributing at a higher rate than younger or older adults.

What are the limitations of the data?



Many charitable donations are not reflected in income tax return statistics. Significant numbers of donations are made to canvassers on the street, and many of the receipts that registered charities issue to donors become lost, misplaced, or are forgotten. It should be noted that the data is based on Canada Post's "Postal Cities," a geographical term that closely approximates political boundaries of the communities named. The data is nonetheless

quite likely to be an accurate reflection of the rank order of charitable giving in the geographic areas documented.

Where can I go for more information?



1. United Way Research Services. Environmental Scan of the Lower Mainland Region: A Compilation of Socio-Demographic Facts and Trends. Burnaby, 1998.
2. Canadian Centre for Philanthropy. Caring Canadians. Involved Canadians: Highlights from the 2000 National Survey of Giving, Volunteering, and Participating. Ottawa, 2001.
3. Statistics Canada. The Daily, November 25, 1999. Ottawa, 1999. (www.statscan.ca).
4. Imagine Canada. Giving, Volunteering, and Participating in British Columbia: Findings from the 2004 Survey of Giving, Volunteering, and Participating. Toronto, 2007.
5. Statistics Canada. Small Area and Administrative Data Division. Financial Data and Charitable Donations (13C0014), 2007.
6. Statistics Canada. Small Area and Administrative Data Division. Financial Data and Charitable Donations: Summary Data, Charitable Donors, 2007.

Participation Indicators

8.2 Percentage of the Adult Residents who Volunteered in the Community in 2008.

In 2008, 34% of the adult residents of Maple Ridge, and 33% of the adult residents of Pitt Meadows, volunteered in the community.

Why is this important?



The level of voluntarism is a significant indicator of social involvement in any community. Although there are costs associated with managing volunteer programmes, the knowledge, skills, and abilities that residents contribute to their communities through voluntarism allow many not-for-profit organizations to expand their services in a manner that would not otherwise be possible. The linkages established through volunteer activity benefit both the volunteer and the organization or individual receiving their services not only through enhanced services, but also through the development of relationships and an increased sense of community.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

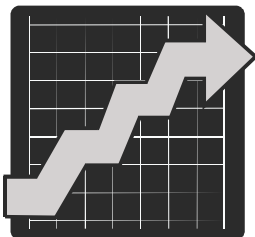


In 2008, 34% of the adult residents (i.e. residents aged 18 years and older) of Maple Ridge, and 33% of the adult residents of Pitt Meadows, volunteered in the community.

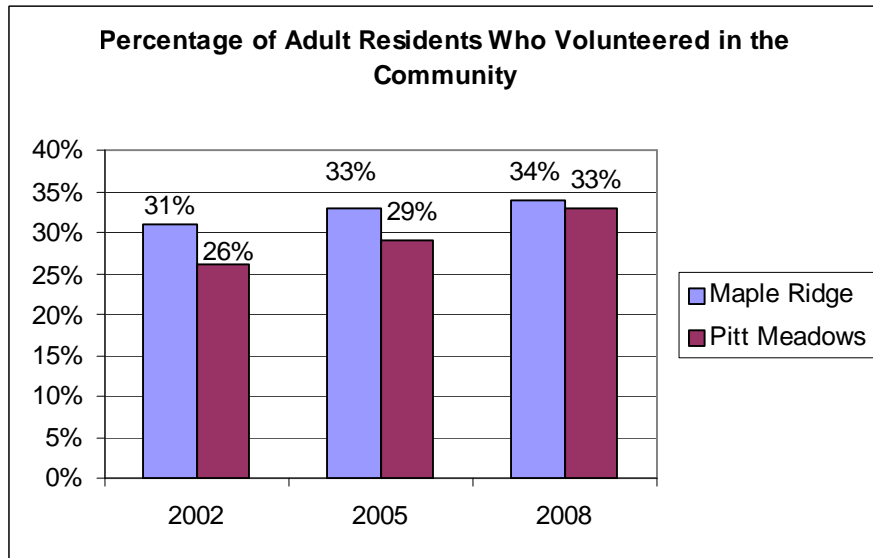
How do our communities compare with others?

Research by Imagine Canada Signature Research indicates that British Columbians are more likely to support community initiatives and services through charitable donations than through volunteering. In 2004, 45% of British Columbians aged 15 and over reported some level of voluntarism in their communities. In the absence of uniform measurement systems and consistent surveys, it is not possible to make comparisons between communities with respect to levels of voluntarism. Work on the part of the British Columbia Recreation and Parks Association may result in the creation and implementation of provincial standards in the next few years.

What are the trends?



The percentage of adult residents who volunteered in their communities has grown in both Maple Ridge and Pitt Meadows. The increase has been more marked in Pitt Meadows, where the percentage of adult volunteers rose from 26% in 2002 to 33% in 2008, than in Maple Ridge, where the rate grew from 31% in 2002 to 34% in 2008.



What are the limitations of the data?



Given the absence of uniform data collection systems, it is not possible to make comparisons between national and provincial data and that gathered by Ridge Meadows Leisure Services. The community surveys that produced the data for Maple Ridge and Pitt Meadows are subject to an overall margin of error of $\pm 3.45\%$ 19 times out of 20.

Where can I go for more information?



1. Imagine Canada. Giving, Volunteering, and Participating in British Columbia: Findings from the 2004 Survey of Giving, Volunteering, and Participating. Toronto, 2007.
2. Points West Consulting Ltd. Pitt Meadows Parks and Leisure Services Parks and Recreation Survey 2009.
3. Points West Consulting Ltd. Maple Ridge Parks and Leisure Services Parks and Recreation Survey 2009.

Participation Indicators

8.3 Percentage of Eligible Voters Who Voted in Municipal Elections in 2008

In the years 2002 to 2008, an average of 31% of eligible voters in Maple Ridge, and 28.10% of eligible voters in Pitt Meadows, voted in municipal elections.

Why is this important?



The ability to vote is a much-cherished democratic right. British Columbians have the ability to vote for three levels of government: municipal, provincial, and federal. In British Columbia, school boards are also directly elected, at the same time as voters select their mayors and councils, the members of each serving three-year terms. Elected officials serving on the province's regional districts are chosen indirectly, by vote of local councils.

Local elections sometimes also feature money referenda to authorize borrowing in aid of large capital projects. Plebiscites are less common at the provincial or federal levels, and generally relate to matters of policy. A notable recent example is a provincial referendum on the implementation of a single transferable vote system for elections to the legislative assembly.

The election of mayors, councils, school trustees, members of the legislative assembly, and members of parliament results has strong implications for policy direction, for the creation or dismantling of government programmes, and taxation. Decisions made at all levels of government impact each and every eligible voter, yet voter turnout is often very low, especially at the municipal level, which, ironically, is the most accessible level of government in confederation. The degree to which residents are informed and care about local issues at a level sufficient to motivate them to exercise their right to vote is a clear indicator of community cohesiveness and community health.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

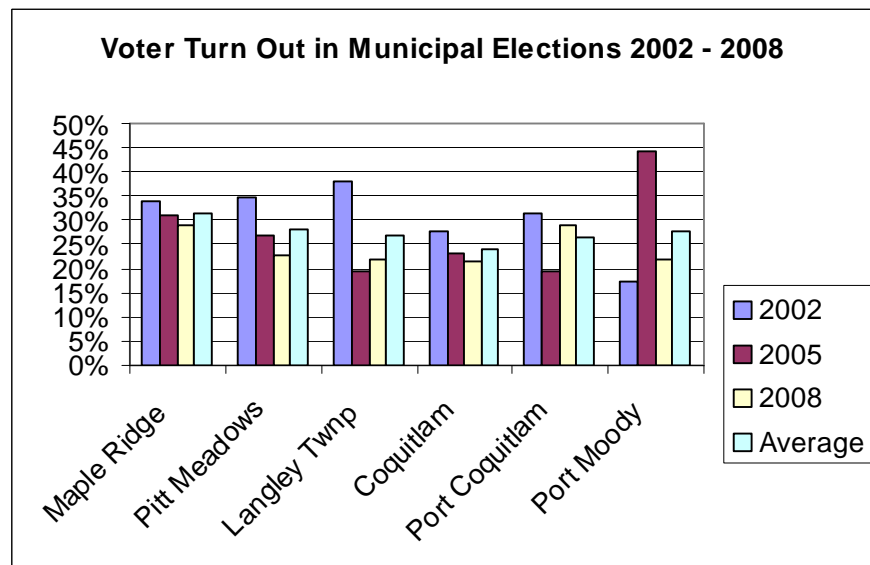


In the years 2002 to 2008, an average of 31% of eligible voters in Maple Ridge, and 28.10% of eligible voters in Pitt Meadows, voted in municipal elections. In the 2008 municipal elections, 31% of eligible voters in Maple Ridge cast a ballot, compared to 28.10% of eligible voters in Pitt Meadows.

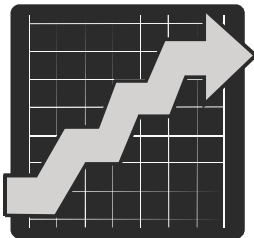
How do our communities compare with others?

Although low, the average voter turnout in Maple Ridge and Pitt Meadows has consistently been higher than in the other municipalities reviewed in this study. Where the average voter turnout in Maple Ridge in the period 2002 to 2008 was 31%, and the average voter turnout in Pitt Meadows was 28.10%, other municipalities have experienced lower levels of voter turnout. The average rate during this period in Port Moody was 27.84% while that in Langley Township was 27%. During the same period the average rate of voter turnout in Port Coquitlam was 26.56%. The

lowest rate among the municipalities reviewed in this study was Coquitlam, where the voter turnout was just 24.17%.



What are the trends?



With the exception of Port Moody, voter turnout in the municipalities reviewed was highest in 2002, when 34% of Maple Ridge voters, 34.6% of Pitt Meadows voters, and 38% of Langley Township voters turned out to vote. In Port Moody, however, the turnout was just 17.50%, a rate that was greatly exceeded at the time of the subsequent election in 2005, when 44.03% of voters cast ballots in a hotly contested mayoral contest.

Despite such periodic aberrations in the data, the rate at which voters have turned out in the subject municipalities has generally been declining since 2002. Voter turnout for provincial elections is also declining. At the provincial level, between the years 1983 to 2005, the percentage of eligible voters fell steadily between elections, from a high of 77.66% in 1983 to a low of 62.36% in 2005. The rate at which British Columbian voters have turned out for federal elections has also been declining: from a high of 63% in 2000 to a low of 63.2% in 2008. Nationally, just 58.8% of eligible voters chose to exercise their franchise in 2008. Declining voter turnout has been attributed to lack of interest on the part of young voters and a general disenchantment and scepticism about elected officials.

What are the limitations of the data?



At the local level, voter turnout is often highest when a referendum is being held, often for the construction of a recreational facility (other forms of infrastructure generally being viewed as necessary and non-contentious). High voter turnout also occurs at times of hotly contested mayoral contests,

such as those experienced in Langley Township in 2002 and Port Moody in 2005.

Where can I go for more information?



1. Clerk's Office/Legislative Services: Maple Ridge, Pitt Meadows, Coquitlam, Port Coquitlam, Port Moody, Township of Langley.
2. Elections Canada. Voter Turnout for the 2008, 2006, 2004, and 2000 General Elections. (www.elections.ca).
3. Elections BC. B.C. Voter Participation: 1983 to 2005. (www.electionsbc.ca).

Participation Indicators

8.4 Number of Hours of Community Use of Public School Facilities per 1,000 of Population in 2007-2008

There were 9,543 documented hours of use of public school facilities by the community in the Maple Ridge School District in the 2007-2008 school year, representing 113 hours of use per 1,000 members of the School District population.

Why is this important?



Public schools represent a considerable capital investment. Many of the facilities used for the presentation of the Kindergarten to Grade 12 curriculum, which are not fully used by schools after the end of the school day, have considerable capacity for use by the community. School gymnasias generally receive the greatest community use, but there are also opportunities for libraries, classrooms, multi-purpose rooms, computer labs, and other specialized facilities to be used by community groups after hours. The degree to which school facilities are used by the public may reflect efficient use of tax dollars, insofar as making school facilities accessible to the public reduces the need to build other facilities to serve the needs of community organizations. High levels of community use of school facilities may also reflect high levels of public participation in community groups, including the guiding and scouting movements, and amateur sport. While school facilities may also be made available to the private sector, school districts generally give priority to community groups and not for profit organizations.

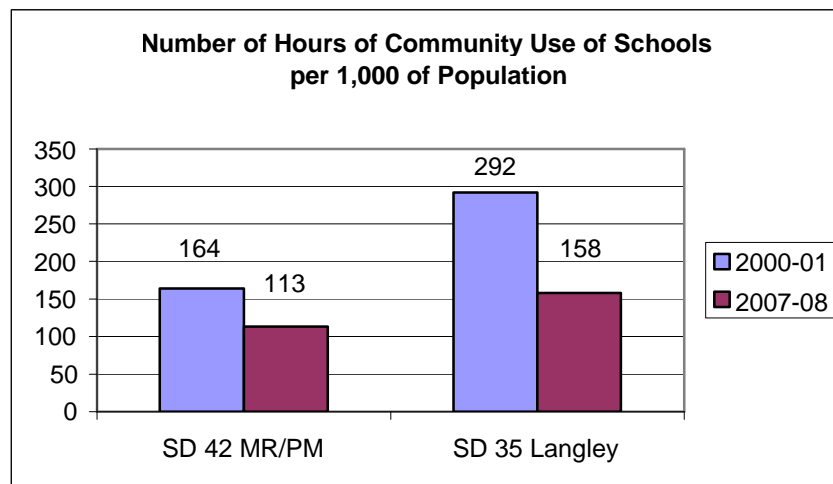
What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



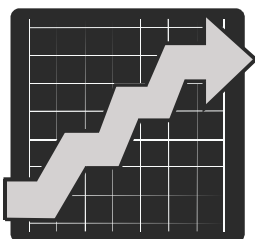
There were 9,543 documented hours of use of public school facilities by the community in School District 42 during the 2007-2008 school year (the District includes Pitt Meadows and Katzie, as well as Maple Ridge). This represents 113 hours of use per 1,000 members of the School District's population.

How do our communities compare with others?

During the 2007-2008 school year, the rate at which members of the public in the Langley School District used school facilities exceeded the rate in the Maple Ridge School District. The rate in the Langleys was 158 hours per 1,000 of population, compared to Maple Ridge's rate of 113 hours per 1,000 of population. It was not possible to determine the rate in the Coquitlam School District (i.e. the Tri-Cities).



What are the trends?



Data received from School District 42 and SD 35 suggests that the use of public school facilities by community organizations is declining. The rate in School District 42 fell from 164 rental hours per 1,000 of population in 2000-2001 to 113 rental hours in 2007-2008. The decline in community use of public school facilities was even more dramatic in School District 35, where the number of rental hours per 1,000 of population fell from 292 in 2000-2001 to 158 in 2007-2008.

What are the limitations of the data?



Lower levels of community use of school facilities do not necessarily reflect lower levels of participation in community organizations. In some communities, there may be a history of community groups having their own facilities, while in others, public recreation facilities may be developed to the point where less reliance on school facilities is required. The data may not reflect uses co-sponsored by schools and community groups, or the use of school facilities after instructional hours by the schools themselves. It should also be noted that in School District 42, a number of programmes formerly offered by outside organizations are now offered by the School District itself. Further, the reconfiguration of the former Yennadon Community Centre into the South Lillooet Centre has greatly reduced the number of rental hours available to the community.

Where can I go for more information?



1. School District No. 42 (Maple Ridge/Pitt Meadows/Katzie). (604) 463-8918.
2. School District No. 35 (Langley). (604) 534-7891.



9.0

Public Safety Indicators

Public Safety Indicators

9.1 Number and Rate of Spousal Assault Charges Laid in 2004 - 2006

In the years 2004-06, the Maple Ridge Local Health Area averaged 1.3 spousal assaults per 1,000 of population per year.

Why is this important?



Under the Criminal Code, there is no specific crime known as "spousal assault." Instead, the term spousal assault is used to describe a range of offences that are determined in the course of a police investigation to have been perpetrated against someone who is the spouse of the offender. Spousal assaults thus include offences ranging from (physical) assault to criminal harassment to homicide.

For the purposes of data collection, spouses are defined as husbands or wives, common-law partners, partners in an established relationship, and same-sex partnerships. Spousal assaults fall into three categories: those where the offender is male, those where the offender is female, and those where both partners are involved in assaults against each other at the same time. The greatest proportion of assaults involves men assaulting women. The rate at which spousal assaults occur in a community is an indication of its domestic harmony. Almost half of all spousal assaults are alcohol-related.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

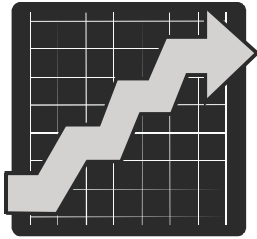


During the years 2004 to 2006, there was an average of 1.3 spousal assaults 1,000 of population per year in the Maple Ridge Local Health Area. This represents an average of 117 spousal assaults per year in the local health area.

How do our communities compare with others?

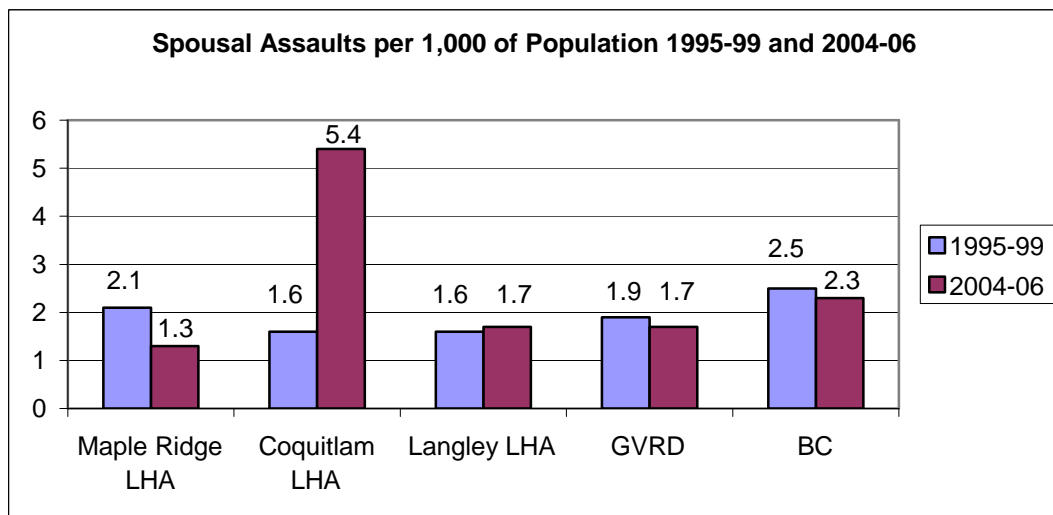
During the period 2004 to 2006, the rate of spousal assaults in the Maple Ridge Local Health Area (1.3 per 1,000 of population) was lower than the rate in the Coquitlam Local Health Area (5.4 per thousand of population), the Langley Local Health Area (1.7 per thousand of population), the GVRD as a whole (1.7 per thousand of population), and the provincial average of 2.3 per thousand of population.

What are the trends?



Spousal assault rates in the Maple Ridge Local Health Area have increased between 1996 and 1999 but have fallen substantially during the last decade. In 1996 there were 1.9 spousal assaults per 1,000 of population in Maple Ridge. In 1999, the rate had increased to 2.5 per 1,000. Spousal assault rates also increased in Pitt Meadows between 1996 and 1999: from 0.86 per 1,000 in 1996 to 2.17 per 1,000 in 1999. In 1999, there were 155 spousal assaults recorded in Maple Ridge and 32 recorded in Pitt Meadows. For statistical purposes, the community of Katzie is included in the Pitt Meadows policing jurisdiction.

Statistics on spousal assault rates are no longer available by municipality. However, in the Maple Ridge Local Health Area, the rate has clearly fallen, from 2.1 per thousand in the period 1995-1999 to 1.3 per thousand in 2004-06. Rates in the Langley Local Health Area and the GVRD as a whole have remained fairly constants, but in the Coquitlam Local Health Area, the rate has increased substantially: from 1.6 per thousand in 1995-99 to 5.4 per thousand in 2004-06.



What are the limitations of the data?



Statistics on spousal assaults do not necessarily reflect the total number of persons against whom an assault of a spousal nature have been made, as many individuals may be the object of multiple assaults, each of which may be investigated and counted in the statistical totals. It should also be noted that many spousal assaults are never reported.

Where can I go for more information?



1. Ministry of Attorney General (Police Services Division). Police and Crime Summary Statistics 2000. Victoria, 2000.
2. BC Stats. Socio-Economic Profiles. (www.bcstats.gov.bc.ca).
3. BC Police Services Division. B.C. Crime Trends 1998 to 2007. (www.pssg.gov.bc.ca).

Public Safety Indicators

9.2 Serious Violent Crime Rate in 2004 - 2006

During the period 2004-06, the Maple Ridge Local Health Area averaged 1.1 incidents of serious violent crime by juveniles per 1,000 members of the population aged 12 to 17 (per year), and 2.4 incidents of serious violent crime per 1,000 of the general population (per year).

Why is this important?



Violent crime encompasses a number of offences, all of them crimes against persons. These include non-sexual assault, robbery, abduction, sexual offences, attempted murder, and homicide. Violent crime may result in personal injury, both physical and emotional. Violent crime accounts for 11.23% of all Criminal Code offences in the province. In 2007, 83% of all violent crimes were classified as non-sexual assaults.

Some violent crimes are classified as serious, others as less serious. The more serious categories of violent crime include homicide, attempted murder, and aggravated and non-aggravated sexual assault. Crimes in the violent crime category carry the maximum penalty under the law, the more serious the offence, the greater the penalty.

The rate at which crimes are committed against persons is an indication of how community members relate to one another, though it can also be influenced by the actions of people coming into a community from outside. Thus, some urban areas surrounded by less densely populated areas, may record a violent crime rate that may not involve a high proportion of its own residents.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?



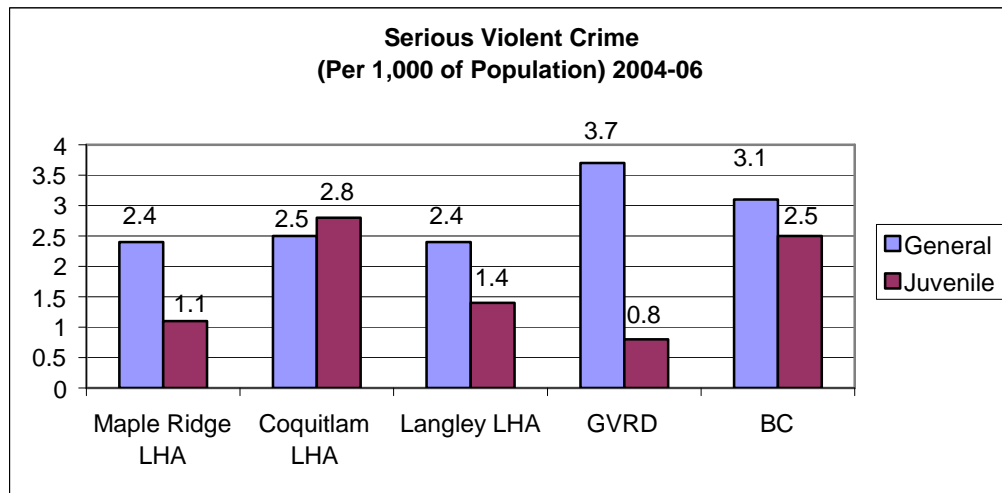
During the period 2004-06, the Maple Ridge Local Health Area averaged 1.1 incidents of serious violent crime by juveniles per 1,000 members of the population aged 12 to 17 (per year), and 2.4 incidents of serious violent crime per 1,000 of the general population (per year).

How do our communities compare with others?

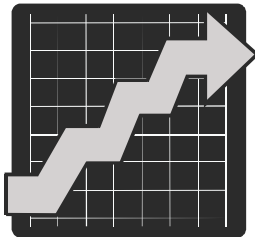
In 2004-06, serious violent crime rates involving the general population in the Maple Ridge Local Health Area (2.4 offences per 1,000 of population) were equal to those in the Langley Local Health Area (where the rate was 2.4 per 1,000), marginally lower than in the Tri-Cities (with a rate of 2.5 per 1,000), and significantly lower than in the Greater Vancouver Regional District as a whole (where the rate was 3.7 per 1,000). The Maple Ridge Local Health Area's general serious violent crime rate was also substantially lower than the provincial average of 3.1 per 1,000 of population.

In 2004-06, the serious violent crime rate for juveniles in the Maple Ridge Local Health Area (1.1 per thousand of the juvenile population) was slightly higher than the average for the GVRD (0.8

per thousand), somewhat lower than the rate in the Langley Local Health Area (1.4 per 1,000), and significantly lower than the rates in the Coquitlam Local Health Area (2.8 per 1,000) and the province as a whole (2.5 per 1,000).



What are the trends?



In 2004-06, 82% individuals charged with violent crimes in British Columbia were male. Young offenders accounted for 10% of all persons charged with violent crimes. Of these, the proportion of offenders was 7% male and 3% female.

In Maple Ridge, the violent crime rate (which includes both “serious” and non-serious violent crime) has generally been falling during the last decade. In 1998, the rate was 12.1. In 2002, the rate rose to 12.5, but had fallen to 9.6 by 2007. The violent crime rate has also been generally declining in Pitt Meadows. There, the rate rose from 8.0 in 1998 to a high of 11.5 in 2001, fell to 7.6 in 2006, then rose to 9.2 in 2007.

The serious violent crime rate in the Maple Ridge Local Health Area for the general population appears to be increasing, from a rate of 2 per 1,000 of population in 1997-99 to its current level of 2.4 per 1,000 of population. The juvenile serious crime rate, on the other hand, has declined dramatically, from a level of 3.4 in 1997-00 to its current level of 1.1.

What are the limitations of the data?



In looking at statistics regarding violent crime, care must be taken to distinguish between serious and less serious violent crime. It is advantageous to use crime rate statistics rather than actual numbers of crime, as the former reflect population growth. The rise in rates of violent crime among the general population appears to be due an increase in the number of offences in the less serious categories of violent crime (such as assault that does not

involve a weapon or bodily harm). The recent increase of the violent crime rate may also be due to reduced public tolerance of violence, increased levels of reporting, and enhancements in the ability of police authorities to make arrests and to recommend charges. It should also be noted that malefactors' ability to travel between police jurisdictions may result in residents of one municipality committing crimes in a municipality other than the one in which they live. Crime rates may therefore be more an indicator of criminal activity within a community than an indicator of the criminal nature of the resident population.

Where can I go for more information?



1. Ministry of the Attorney General (Police Services Division). Police and Crime: Summary Statistics 2000. Victoria, 2001.
2. BC Stats. Socio Economic Profiles. (www.bcstats.gov.bc.ca).
3. BC Police Services Division. B.C. Crime Trends 1998 to 2007. (www.pssg.gov.bc.ca).
4. BC Police Services Division. Greater Vancouver Regional District: Regional Policing – Regional Profile 2007. (www.pssg.gov.bc.ca).

Public Safety Indicators

9.3 Serious Property Crime Rate in 2004- 2006

During the period 2004 to 2006, the Maple Ridge Local Health Area averaged 11.2 serious property-related crimes per 1,000 members of the general population, and 1.1 serious property crimes per 1,000 members of the population aged 12 to 17.

Why is this important?



Crimes against property are the most prevalent type of Criminal code offence reported in British Columbia. In 2007, they accounted for 51.77% of all Criminal Code offences in the province. Property crimes include break and enter, motor vehicle theft, other theft (e.g. from motor vehicles, of bicycles, and shoplifting), as well as fraud and possession of stolen property.

The majority of property crimes in British Columbia are thefts or break and enter offences. These generally relate to thefts of household and business goods for resale, often to support a drug habit. Together, these two types of offences accounted for 79.3% of all property crimes and 39.3% of all Criminal Code offences in the province in 2007. As with violent crime, property crime can be classified as serious and less serious.

The social impacts of property crime are considerable. Apart from the inconvenience of losing property, financial losses (which may not be covered by insurance) to individuals, businesses, and families are immense. There are also emotional impacts to be considered, with victims feeling a sense of loss, violation, and physical insecurity. Indirect impacts can include injury or death resulting from motor vehicle theft, increased insurance costs, and increased drug addiction (with its subsequent costs to the justice and health care systems).

What is the situation in Maple Ridge, Pitt Meadows, and Katzie/

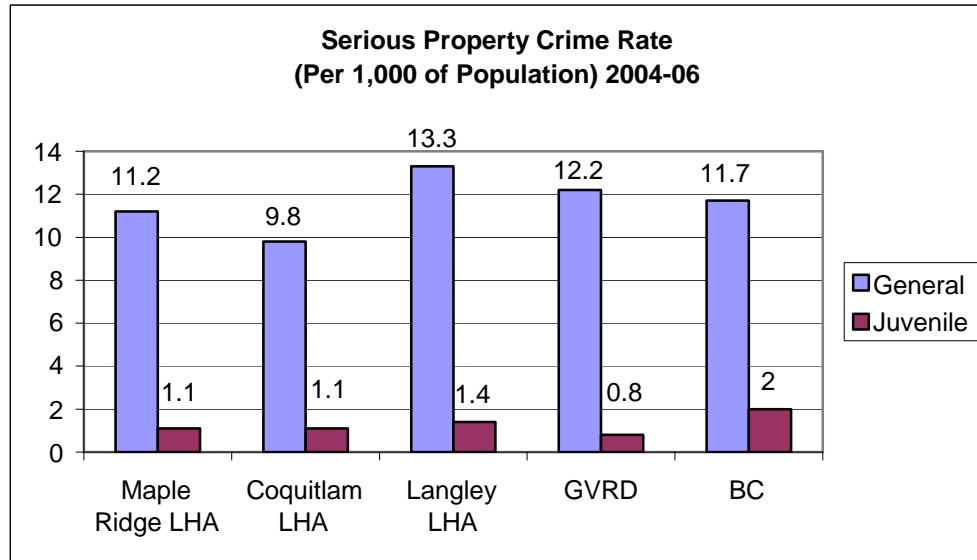


During the period 2004 to 2006, the Maple Ridge Local Health Area averaged 11.2 serious property-related crimes per 1,000 members of the general population, and 1.1 serious property crimes per 1,000 members of the population aged 12 to 17.

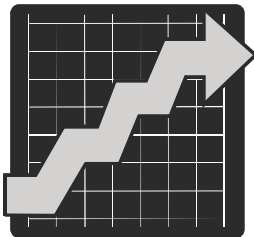
How do our communities compare with others?

Serious property crime rates in the Maple Ridge Local Health Area are generally lower than or equal to the serious property crime rates in the other jurisdictions reviewed in this study. During the period 2004-06, the average annual property crime rate among the general population was lower in the Maple Ridge Local Health Area (11.2) than in the Langley Local Health Area (13.3), the GVRD as a whole (12.2), and the province as a whole (11.7). The rate in the Coquitlam Local Health Area (9.8), however, was lower than in Maple Ridge.

The serious property crime rate among juveniles in the Maple Ridge Local Health Area (1.1) was equal to the rate in the Coquitlam Local Health Area, lower than the rate in the Langley Local Health Area (1.4) and the province as a whole (2), but higher than the average for the region (0.8).



What are the trends?



In 2007, at the provincial level, the percentage of adult males charged with property crimes has increased steadily since 1998, when the rate was 62% of all persons charged. By 2002 the rate had risen to 65%. It currently stands at 69%. The percentage of female adults charged with property crimes has increased at a greater rate, from a low of 16% in 1998 to a current high of 21%.

The percentage of juvenile males charged with property crimes has steadily declined since 1998, when the rate was 17% of all persons charged. By 2002 the rate had fallen to 13%. It currently stands at 7%. The rate at which juvenile females have been charged with property crimes has also fallen, from a high in 1999 of 6% of all persons charged to its current level of 3%.

Since 1997-99, the serious property crime rate has fallen in each of the communities studied in this report, among both the general and juvenile populations. The serious property crime rate among the general population in the Maple Ridge Local Health Area has fallen from 13 crimes per thousand of population to its current rate of 11.2. The serious property crime rate among the juvenile population in the Maple Ridge Local Health Area has fallen from 5.3 crimes per thousand of population to its current rate of 1.1.

What are the limitations of the data?



Some juvenile crime may go unreported, either for humanitarian reasons, or for fear that the constraints of the Young Offenders Act will render reporting such crime a pointless exercise. Levels of policing and the approach to prosecution by Crown Counsel over time can influence fluctuations in recorded crime rates.

Where can I go for further information?



1. Ministry of the Attorney General (Police Services Division). Police and Crime: Summary Statistics 2000. Victoria, 2001.
2. BC Stats. Socio Economic Profiles. (www.bcstats.gov.bc.ca).
3. BC Police Services Division. B.C. Crime Trends 1998 to 2007. (www.pssg.gov.bc.ca).
4. BC Police Services Division. Greater Vancouver Regional District: Regional Policing – Regional Profile 2007. (www.pssg.gov.bc.ca).

Public Safety Indicators

9.4 Drug Crime Rate in 2007

During the year 2007, there were 4.8 drug offences per 1,000 of population in Maple Ridge and 3 drug offences per 1,000 of population in Pitt Meadows.

Why is this important?



Under the terms of the Controlled Drugs and Substances Act, which took effect in mid-1997, drug offences are classed under four substance-related categories: heroin, cocaine, cannabis, and other CDSA drugs. About 75% of drug-related offences stem from the cultivation, possession, importation, and trafficking of cannabis. Non-cannabis drugs, however, are generally more dangerous. Drug addiction associated with the use of substance such as heroin may cause serious health problems in individuals, may contribute to family breakdown, and is frequently associated with premature death. Injection drug use is closely linked to the incidence of HIV and AIDS.

Drug use is also associated with crime. Addicts are often unable to earn enough to support their habits and may turn to criminal activity (e.g. prostitution and theft) to augment their incomes. The consequent costs to society as a whole, whether social or economic, are considerable.

Drug-related crime accounts for a relatively small proportion of total crime in the province (4.1% of offences), but its affects far outweigh its incidence. Police authorities enjoy an 80% success rate in "clearing" or solving drug offence cases, that is, 80% of these are *eligible* to be advanced to crown prosecutors with a recommendation to prosecute. In fact, however, only a small percentage of these are actually "cleared by charge," or prosecuted.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

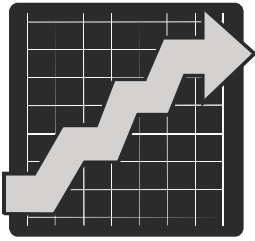


During the year 2007, there were 4.8 drug offences per 1,000 of population in Maple Ridge and 3 drug offences per 1,000 of population in Pitt Meadows.

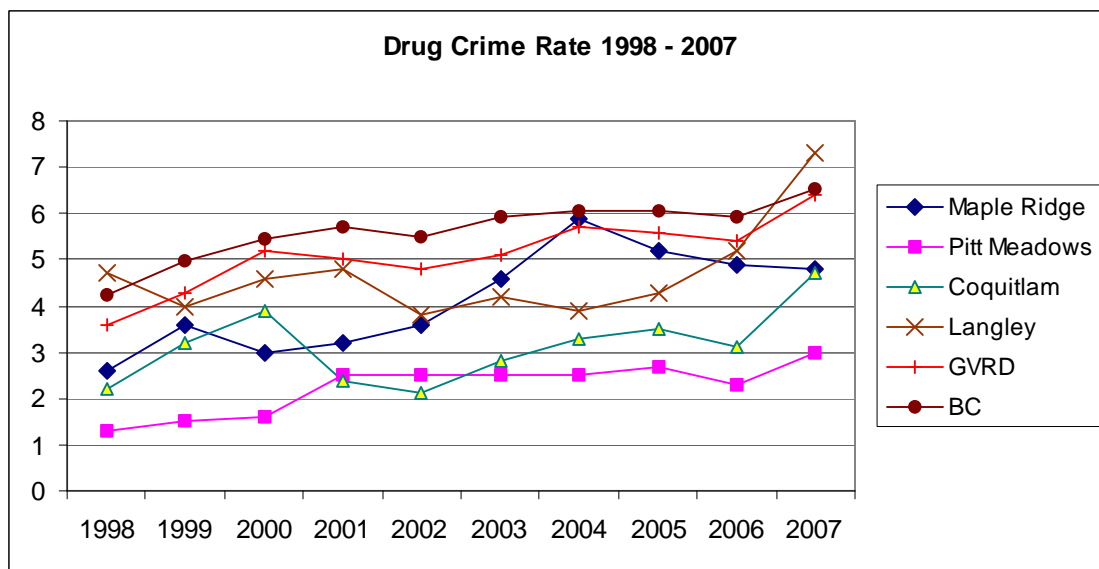
How do our communities compare with others?

Figures supplied by the province's Police Services Division indicate major differences in drug offences throughout the province. In 1998, the rate of drug offences in Maple Ridge (2.6 offences per 1,000 of population) was higher than that in Coquitlam (2.2 offences per 1,000 of population), but substantially lower than in Langley Township (4.7 offences per 1,000 of population), the Greater Vancouver Regional District as a whole (3.6), and the province as a whole (4.23). At 1.3 offences per 1,000 of population, the rate in Pitt Meadows was lower even than that in Maple Ridge.

What are the trends?



Provincial statistics demonstrate that drug offence rates are steadily increasing throughout the Greater Vancouver Regional District. During the years 1998 to 2007, the *number* of drug related offences in Maple Ridge increased from 157 to 354 offences and from 19 offences to 50 in Pitt Meadows. During this same period, the *crime rate* relating to drug offences increased by 84.6% in Maple Ridge (from 2.6 to 4.8) and by 131% in Pitt Meadows (from 1.3 to 3.0). As noted in the chart below, the rank order of the various geographies considered in this report has generally remained constant throughout the last decade, with drug crime rates in the provinces as a whole being the highest, closely followed by rates in the GVRD as a whole. Langley Township and Maple Ridge have alternately occupied third place among the geographies examined, while Pitt Meadows has near consistently exhibited the lowest rate, occasionally challenged by Coquitlam.



In British Columbia, a total of 16,851 drug-related offences were recorded in 1998. By 2007, the number had grown to 28,632. Of the four classes of drug offences, the greatest increase in offences has occurred in the “other drugs” category (which includes crystal meth and ecstasy), where 527 offences were recorded in 1998 and 3,560 offences were recorded in 2007. During this same period, the number of offences relating to cocaine “merely” doubled (from 3,569 offences in 1998 to 7,505 offences in 2007), while the number of offences relating to heroin actually declined (from 854 offences in 1998 to 533 offences in 2007). Despite the increased public profile of cannabis-related “grow operations,” the number of offences related to the cultivation of the plant was lower in 2007 than in 1998, although the number of offences relating to possession has increased markedly (from 8,335 offences in 1998 to 13,443 offences in 2007).

Drug-related crime remains a vocation largely dominated by males. In 2007, adult males accounted for 77% of persons charged with drug-related offences and male youths accounted for

a further 5%. Females accounted for 19% of all persons charged with drug crimes. Female youths accounted for just 1% of all persons charged with drug crimes.

What are the limitations of the data?



Federal legislation has periodically resulted in the reclassification of drug-related offences. Further, statistics may be influenced by the degree to which police detachments enforce the legislation. This is particularly true of "soft drug" enforcement, where individual detachments may choose or not choose to address significant resources to investigating grow operations or even in the realm of "hard drugs," where police may assist with harm reduction and elect not to lay charges against known drug addicts.

Where can I go for more information?



1. Ministry of the Attorney General (Police Services Division). Police and Crime: Summary Statistics 2000. Victoria, 2001.
2. BC Stats. Socio Economic Profiles. (www.bcstats.gov.bc.ca).
3. BC Police Services Division. B.C. Crime Trends 1998 to 2007. (www.pssg.gov.bc.ca).
4. BC Police Services Division. Greater Vancouver Regional District: Regional Policing – Regional Profile 2007. (www.pssg.gov.bc.ca).

Public Safety Indicators

9.5 Motor Vehicle Theft Rates in 2004 - 2006

During the years 2004-06, the motor vehicle theft rate in the Maple Ridge Local Health Area averaged 9.4 instances per 1,000 of population.

Why is this important?



Motor vehicle theft is a component of property crime, and is highlighted here as a type of crime of concern to a large proportion of the population. While the majority of vehicles stolen in British Columbia are cars or trucks (including vans and sport utility vehicles), data on motor vehicle theft also includes the theft or attempted theft of motorcycles and other vehicles (including snowmobiles, agricultural and industrial equipment, and all terrain vehicles).

Motor vehicle thefts can be categorized according to the intent of the offender. Many are the result of (largely teen) mischief, as persons without access to a vehicle steal someone else's and take it on a "joy ride." Other motor vehicle thefts are for the purpose of committing a further crime, such as theft. Still others relate to the sale of stolen vehicles to illegal "chop shops" for disassembly for parts. Finally, well-organized gangs may steal popular models of automobiles for sale abroad or in other parts of the country.

Motor vehicle theft results in inconvenience, emotional upheaval, and financial hardship for its victims. It may also be associated with physical violence, if the perpetrator is caught in mid-theft. It also results in increased insurance premiums and in increased policing and court expenses. Many recovered motor vehicles (the recovery rate is 95%) are found in damaged condition, the result of careless driving or deliberate abuse.

What is the situation in Maple Ridge, Pitt Meadows, and Katzie?

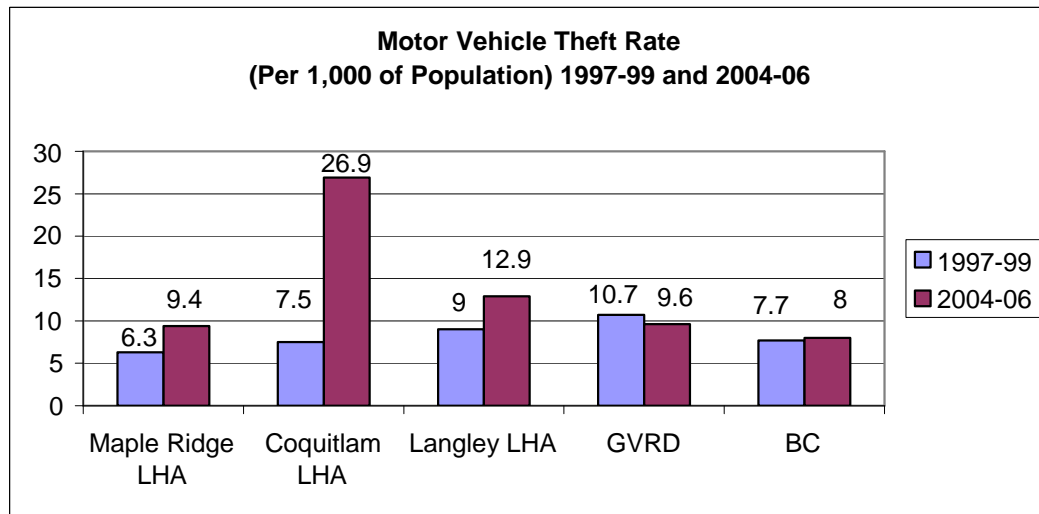


During the years 2004 to 2006, the motor vehicle theft rate in the Maple Ridge Local Health Area averaged 9.4 instances per 1,000 of population. In the District of Maple Ridge, this equated to a total of 2,163 thefts in the three-year period, or an average of 721 per year. In the City of Pitt Meadows, this equated to a total of 395 thefts in the three-year period, or an average of 132 per year.

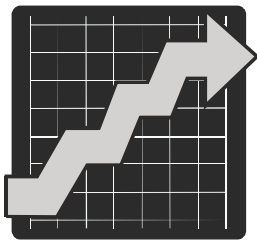
| | 2004 | 2005 | 2006 |
|--------------|------|------|------|
| Maple Ridge | 606 | 833 | 724 |
| Pitt Meadows | 127 | 160 | 108 |

How do our communities compare with others?

In the years 2004-06, the average motor vehicle theft rate in the Maple Ridge Local Health Area (9.4 thefts per 1,000 of population) was less than in the Coquitlam Local Health Area (26.9) and the Langley Local Health Area (12.9). It was also lower than the Greater Vancouver Regional District Average (9.6) and the provincial average (8.0).



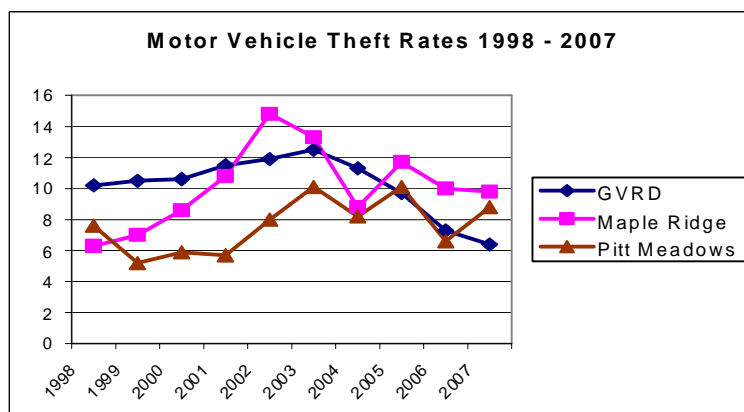
What are the trends?



Motor vehicle theft rates have been highly volatile in the last decade or so, decreasing between 1996 and 1997, rising in 1999, peaking in the early 2000s, and generally falling since that time.

Between 1996 and 1997, the number of motor vehicle thefts in the province decreased by 12%. The number of thefts decreased again in the period 1997 to 1998. The trend was short-lived as there was a 1% increase in the number of motor vehicle thefts in British Columbia in 1999, compared with the number in 1998.

Motor vehicle theft rates increased well into the early 2000s and peaked in 2002-03. Rates have generally fallen since that time. Although the rate in the Greater Vancouver Regional District is now (6.4 per thousand in 2007) lower than it was in 1998 (10.2), current (2007) rates in Maple Ridge (9.8) and Pitt Meadows (8.8) remain higher – despite a recent trend toward diminution – than they were in the early 2000s, and significantly higher than the regional average of 6.4.



What are the limitations of the data?



demonstrated in the statistics.

Although police forces enjoy a high recovery rate of stolen vehicles, more than 90% of motor vehicle thefts are unsolved. This makes it difficult to generalize about the specific characteristics of offenders. The effectiveness of a bait car programme inaugurated in 2002 has enable police to apprehend a significant number of car thieves and has acted as a deterrent to theft, but its long-term impacts in specific communities are only now beginning to be

Where can I go for further information?



1. Ministry of the Attorney General (Police Services Division). Police and Crime: Summary Statistics 2000. Victoria, 2001.
2. BC Stats. Socio Economic Profiles. (www.bcstats.gov.bc.ca).
3. BC Police Services Division. B.C. Crime Trends 1998 to 2007. (www.pssg.gov.bc.ca).
4. BC Police Services Division. Greater Vancouver Regional District: Regional Policing – Regional Profile 2007. (www.pssg.gov.bc.ca).