Neighbourhood Mapping Community of Practice (CoP)

Date: April 1st, 2026
Time: 9:00 am to 10:00 am
Location: Zoom Meeting Link:
https://queensu.zoom.us/j/92611760978?pwd=6H7DG267Aa6yNy6OVIitSFShacZduN.1
Facilitator: Dr. Catherine Donnelly
Meeting Goal: *To confirm the CoP's direction by discussing survey findings, refining objectives and deliverables, and identifying priority workstreams.*

Agenda

ITEM	TOPIC	TIME	LEAD	PURPOSE
1.0	**Welcome and Introductions**			
1.1	• Opening remarks & Introductions	5 mins	CD	Information
2.0	**Survey for Understanding Neighbourhood Mapping Practices Across Ontario Health Teams**			
2.1	• Summary of responses received from the Survey • Key themes emerging from the survey	15 mins	CK/Allison	Information
3.0	**Draft Principles for Neighbourhoods/Small areas**			
3.1	Presentation; Draft Principles for Neighbourhoods /Small areas	10 mins	KC	Information/ Discussion
3.2	Group discussion & feedback	15mins	All	
4.0	**Discussion on resourcing and shared repository**			
4.1	• CoP Repository update	5 mins	SN/ OCHPP	Information/ Discussion
5.0	**Next CoP Meeting and Wrap-Up**			
5.1	• Next CoP meeting- pre-conference gathering before Trillium- Friday October 23rd, 2026 • Summarize key takeaways & confirm next meeting date	5 mins	CD & Anne-Marie	Information
Forward Agenda				

Community of Practice (CoP) – Meeting Minutes

Neighbourhood / Small-Area Mapping for Health System Planning

Date: April 1st, 2026

Time / Duration: 60 minutes (virtual)

Chair / Facilitators: Catherine Donnelly; Claire Kendall

Recorder: Salwa

Purpose

To review findings from the Ontario Health Team (OHT) neighbourhood mapping survey; to gather feedback on emerging themes and challenges; to present and refine a draft decision framework for assigning small-area geographies across Ontario; and to identify priorities, resourcing needs, and next steps for the Community of Practice (CoP).

Agenda

- Welcome and introductions
- Project context and CoP objectives
- OHT survey findings and discussion
- Draft decision framework for small-area geographies
- CoP repository update and resourcing discussion
- Next steps and future meetings

Participants (as introduced)

1. Catherine Donnelly (Co-Lead; Inspire-funded Neighbourhood Building Blocks project)
2. Claire Kendall (Co-Lead; Associate Dean Social Accountability, Faculty of Medicine; PI, Ottawa Neighbourhood Study)
3. Salwa Nihal (Research Project Manager)
4. Kady Carr (Research Director, Ottawa Neighbourhood Study)
5. Allison Soler (Student, Ottawa Neighbourhood Study; University of Ottawa)
6. Anne-Marie Tynan (Research Program Manager, MAP Centre for Urban Health Solutions / St. Michael's Hospital; OCHPP)
7. Gary Moloney (Spatial & Data Analyst, OCHPP)
8. Peter Gozdyra (Medical Geographer; OCHPP collaborator)
9. Leah Czukar (Spatial Data Analyst, OCHPP)
10. Connor Kemp (Population Health & Performance Lead, Frontenac Lennox & Addington OHT)
11. Suzanne Pashley (Data Analyst, Frontenac Lennox & Addington OHT)
12. Mannila Sandhu (Northwest Ontario Regional Specialized Services Network; supports All Nations Health Partners OHT)
13. Angela Mask (Senior Population Health & Analytics Consultant, Hastings Prince Edward OHT / Clinique Health)

14. Brian Starchuk (ÉSO Archipel OHT)
15. Shelley Horrocks (Decision Support Lead, Ottawa OHT)
16. Cynthia Damba (Director, Health Analytics, OH Toronto)
17. Megan Carter (Research Associate, Southeast Public Health)
18. Andrew Harris (Lakelands Public Health)
19. Xun Wang (Ontario Health Central Region)
20. Caitlyn Paget (Manager, Health Analytics and Research, Durham Region Health Department)
21. Rick Glazier (Senior Scientist, ICES; Scientist, Centre for Urban Health Solutions, St. Michael's Hospital; University of Toronto)
22. Nadia Prescott (Ottawa West Four Rivers OHT)
23. Farh Bahja (OH, Toronto)
24. Lindsay Henderson (Project Lead, Ontario Health Team of Northumberland)
25. Raine Hindley (Ottawa West Four Rivers OHT)
26. Isabella Calderon Uribe (Ontario Health; on behalf of Ian Cummins, Director, OHT Strategy)
27. Diego Bernal (Ontario Health; on behalf of Ian Cummins, Director, OHT Strategy)
28. Ian Cummins (Director, OHT Strategy, Ontario Health)
29. Harmehak Singh Saini

Meeting Minutes

1) Welcome, introductions

- Catherine welcomed participants and acknowledged the importance of neighbourhood-level planning to support equity, diversity, and inclusion. She highlighted strong engagement and the importance of continued collaboration. Participants introduced themselves and were invited to share (in chat) any questions, resources, or challenges to troubleshoot.

2) Project context and CoP objectives

- Catherine and Claire briefly revisited the context for the CoP, noting that this work is part of a three-year, Ministry-funded INSPIRE-PHC project focused on developing "neighbourhood building blocks" for OHT planning.
    - ⇒ Year 1 was focused on defining and applying small-area geographies (with significant effort on ADAs).
    - ⇒ Year 2 saw the expansion to additional OHTs and the launch of this CoP.
    - ⇒ Year 3 is focused on developing shared principles and practical guidance to inform broader provincial use.
- The CoP continues to serve three core functions:
    - ⇒ A space to share approaches and practices
    - ⇒ A mechanism to exchange resources and tools
    - ⇒ A forum to inform provincial partners (MOH, OH, PCAT) with practitioner-informed insights
- It was reiterated that this work remains time-limited research, intended to inform future policy and system-level decisions.

3) OHT neighbourhood mapping survey – findings and discussion

- **Overview of survey results**
  - Allison presented results from the OHT neighbourhood mapping survey, which received responses from 19 OHTs. The majority reported using sub-geographies, although approaches varied widely.
  - Participants reported using a mix of geographic units, including FSAs, ADAs, CSDs, dissemination areas, municipal boundaries, and existing neighbourhood frameworks such as the Ottawa Neighbourhood Study (ONS). Some also referenced the use of First Nations community boundaries.
  - Neighbourhood-level data is being used to support planning, including identifying high-need populations, prioritizing services, and aligning care across sectors.

- **Key challenges identified**
  - Survey findings and participant discussion highlighted several consistent challenges.

- **Boundary misalignment and overlap:**
  - Participants emphasized that neighbourhood boundaries frequently do not align with OHT boundaries, and that geographies may shift depending on the use case (e.g., ministry reporting vs. quality improvement initiatives). Overlapping "shared interest" areas among OHTs were identified as a persistent, unresolved challenge.

- **Mismatch between planning and reporting geographies:**
  - A major issue raised was the disconnect between neighbourhood-level planning and performance reporting at broader geographies (e.g., FSAs). Participants noted that this limits the ability to monitor outcomes and evaluate interventions effectively.

- **Data limitations:**
  - Participants described challenges accessing timely and granular data, inconsistencies across partner data sources, and concerns about data validity (including errors introduced through geographic conversion). There was also concern raised about potential future limitations in access to postal code-level data, which could significantly impact small-area analysis.

- **Rural and northern context:**
  - Participants highlighted that "neighbourhood" is not always a meaningful concept in rural and northern settings. Several participants noted a preference for using CSDs in these contexts, while others referenced emerging tools (e.g., rurality indices) that may support more appropriate classifications.

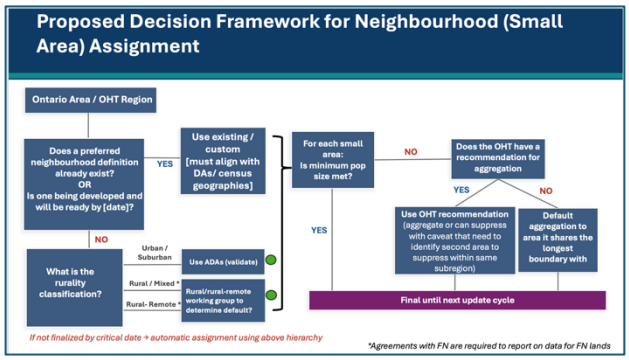
- **Equity and heterogeneity within areas:**
  - Participants noted that single neighbourhoods may contain highly diverse populations (e.g., both affluent and marginalized groups), complicating prioritization and planning.

- **Participant reflections**
  - Participants strongly agreed that the survey findings resonated with their experiences. A recurring theme was the fragmentation of approaches across regions, with OHTs and partners often working in parallel without a shared framework.
  - Participants emphasized the importance of moving forward with practical, interim solutions, rather than waiting for fully developed neighbourhood models across all regions.

A key discussion point was whether neighbourhood definitions should be OHT-driven or derived from existing public health or municipal frameworks. There was broad agreement that "preferred" geographies should reflect local context and existing use, but that alignment across partners is essential.

4) *Draft decision framework for small-area geographies*

- Kady presented a draft decision framework to support the consistent assignment of small-area geographies across Ontario while respecting existing local definitions.
- The proposed approach begins by identifying whether a preferred neighbourhood definition already exists. Where such definitions exist and align with census geographies, they would be used. Where no definition exists, default geographies would be applied (e.g., ADAs in urban areas, CSDs in rural areas), to achieve full provincial coverage.



- The framework also introduces population thresholds, with discussion suggesting a minimum threshold of approximately 7,000 (aligned with OCHPP reporting practices), and the potential need for maximum thresholds to avoid overly large and heterogeneous areas.
- Participants discussed the need for aggregation or suppression strategies for sparsely populated areas, and the importance of aligning all approaches with census-based geographies to ensure scalability and data integration.

♦ **Discussion and feedback**

- Participants expressed strong support for the concept of a default framework to "fill the gaps" where neighbourhoods have not yet been defined.

♦ **Key points raised included:**

- Existing geographies may still require local adjustment, particularly where populations are too large or not meaningful for planning
- There is a need to define clear default approaches for rural and remote areas
- A standardized approach would enable province-wide comparability and collaboration, even if local refinement continues over time

♦ **Participants also raised important unresolved questions, including:**

- How to determine appropriate defaults for rural and northern regions
- How to manage overlapping or shared geographies across OHTs
- How to build consensus across partners within regions

5) *Broader discussion: integration across sectors*

- Participants emphasized that neighbourhood/small-area geographies must support integration across sectors, not just OHT planning.

- Public health participants highlighted the value of small-area analysis in enabling more equitable planning (e.g., during COVID-19 vaccine rollout), noting that larger geographies often mask important disparities.
- A key conceptual distinction emerged:
  - ⇒ The need for a shared, standardized small-area geography framework
  - ⇒ A separate layer for OHT-specific application, including attributed populations and service delivery considerations
- Participants emphasized that aligning geographies across sectors would significantly improve collaboration and system-level planning.

Participant questions and considerations (from discussion and chat)

- Participants raised questions about whether neighbourhood definitions should be led by OHTs or drawn from existing public health or municipal frameworks, with agreement that locally preferred geographies should be considered where possible.
- Clarification was sought regarding minimum population thresholds for small-area reporting. OCHPP guidance of approximately 7,000 was noted, while some regions reported using broader ranges.
- Participants noted that commonly used geographies, including ADAs and CSDs, are not always aligned, which creates technical and reporting challenges.
- Interest was expressed in improving access to neighbourhood-level data through reporting tools and dashboards, as current FSA-level reporting can limit planning and evaluation.
- A question was raised regarding engagement with First Nations communities when establishing data reporting agreements, highlighting the importance of appropriate governance and collaboration.
- Participants also asked how this work aligns with emerging Ontario Health and Ministry of Health initiatives, including possible updates to attribution approaches.
- Rural and remote participants emphasized the need for a clearer default approach for defining small areas in those settings, including consideration of a dedicated working group.

6) Data and technical considerations

- Discussion highlighted the importance of maintaining alignment with Statistics Canada geographies (e.g., DAs) and the continued reliance on postal code conversion tools.
- Participants noted that any future changes to data availability (e.g., reduced access to postal codes) could significantly impact the feasibility of neighbourhood-level reporting.

7) CoP repository and knowledge sharing

- Salwa presented a draft concept for a shared CoP repository to be hosted by OCHPP. The repository will include meeting materials, survey results, presentations, and relevant resources, as well as a mechanism for new members to join the CoP.
- Participants expressed strong support for the repository and interest in contributing to and using it as a shared resource.
- Salwa thanked the OCHPP team for their support in advancing this work, including their role in developing and hosting the repository on the OCHPP platform.

8) Decisions / Agreements (captured from discussion)

- The group expressed strong support for:

- ⇒ Advancing a shared, flexible small-area framework for Ontario
- ⇒ Using existing neighbourhood definitions where available, supplemented by default geographies where needed
- ⇒ Continuing to develop approaches for rural and northern contexts
- ⇒ Positioning the CoP as a forum to inform provincial partners while remaining inclusive and cross-sectoral.

9) Action Items

Action Item	Owner	Notes / Dependencies
Circulate CoP repository once finalized	Salwa	Include link and encourage sharing
Upload survey presentation and meeting materials	Allison / Salwa	To repository
Circulate the survey to additional interested participants, if appropriate from an REB perspective	Project Team	Follow-up for participants and others who may wish to contribute
Explore a focused working group to help define default approaches for rural and remote geographies.	Project Team	To support refinement of the draft framework

10) Items to revisit

- How to define and operationalize default geographies for rural and remote areas
- How to manage overlapping and shared geographies across OHTs
- How to build consensus across partners within regions
- Clarification of data availability and future constraints (e.g., postal code access)
- Role of the CoP in informing or aligning with future provincial direction

11) Next Meeting (proposed)

- The group discussed interest in holding an in-person CoP session aligned with the Trillium conference (October 2026), with additional virtual meetings planned in the interim.
- Future meetings will focus on:
  - ⇒ Refining the decision framework
  - ⇒ Advancing rural/northern approaches
  - ⇒ Identifying priority workstreams and deliverables

12) Closing

- Catherine thanked participants for their engagement and contributions. The meeting concluded with strong alignment on the importance of continuing this work collaboratively and advancing practical solutions to support neighbourhood-level planning across Ontario.