Neighbourhood Mapping Community of Practice (CoP)

Date: December 4th, 2025
Time: 10:00 am to 11:00 am
Location: Zoom Meeting Link:
https://queensu.zoom.us/j/95170938933?pwd=Z4aMEBAUWtvJx699WmAuWjFiAXxzPw.1
Facilitator: Dr. Catherine Donnelly
Meeting Goal: *To exchange ideas and practices related to mapping for OHT planning and develop synergies across geographical mapping work.*

Launch Meeting Agenda

ITEM	TOPIC	TIME	LEAD	PURPOSE
1.0	**Welcome and Introductions**			
1.1	• Opening remarks • Rationale for establishing the CoP	10 mins	CD	Information
1.2	Introductions			
2.0	**CoP Goals, Format & Expectations**			
	• Overview of CoP objectives • Meeting schedule and communication channels • Member-driven presentations and knowledge sharing opportunities.	10 mins	CD	Information
3.0	**Spotlight Neighbourhood Work**			
3.1	FLA OHT Presentation; *Exploring equity data - layering onto the ADA building blocks*	10 mins	Connor Kemp	Information
3.2	The Ottawa Neighbourhoods Study	10 mins	KC	
4.0	**Discussion/Reflections & Priorities**			
4.1	• What resonated from the presentations? • What challenges or opportunities should this CoP address? • What topics would you like to see at future meetings?	15 mins	All	Discussion
5.0	**Next Steps and Wrap-Up**			
5.1	Summarize key takeaways & confirm next meeting date	5 mins	CD & CK	Information
Forward Agenda				

Community of Practice (CoP) – Meeting Minutes

Neighbourhood / Small-Area Mapping for Health System Planning (Launch Meeting)

Date: December 4, 2025

Time / Duration: 60 minutes (virtual)

Chair / Facilitators: Catherine Donnelly; Claire Kendall

Recorder: Salwa

Purpose

To launch a Community of Practice (CoP) focused on neighbourhood/small-area geography for health system planning, including primary care attachment planning; to introduce participants; to share examples of current work; and to identify shared objectives, scope, and next steps (including survey work and resourcing considerations).

Agenda

- Welcome and introductions
- Overview: drivers for this CoP and draft objectives
- Spotlight presentations (OCHPP; FLA OHT; Ottawa Neighbourhood Study)
- Group reflection: CoP scope, unique contribution, and participation
- Next steps (survey, repository, follow-up meetings)

Participants (as introduced)

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

- Brian Schnarch (Ontario Health Toronto Region; transitioning back to Archipel OHT)
- Samantha Gupta (QI Data & Population Health, Lanark Leeds Grenville OHT)
- Brianne Wood (Regional support; Northwestern & Northeastern Ontario OHTs)
- Abby Leavitt (Digital Health Lead, Hastings Prince Edward OHT)
- Shelley Horrocks (Decision Support Lead, Ottawa OHT)
- Kevin Laviolette (Digital Health & Patient Navigation Lead, Lanark Leeds Grenville OHT)

Meeting Minutes

1) Welcome, introductions

Catherine welcomed participants and framed the CoP as a practical "think tank" space to connect people doing neighbourhood/small-area mapping and applying it to health system planning. The agenda was outlined: introductions, discussion of draft CoP objectives and format, two spotlight presentations (FLA OHT and Ottawa Neighbourhood Study), and time for collective reflection and next steps.

Participants introduced themselves and were invited to share (in chat) what they hope to get out of the CoP (questions, resources to share, or challenges to troubleshoot).

2) Why this CoP now: policy drivers and project context

Catherine provided context for why this CoP is being convened at this time. A key driver is increased provincial focus on geography to support primary care attachment planning (PCAT), including recent funding calls that shifted focus from Forward Sortation Areas (FSAs) to smaller-area approaches (e.g., ADAs) within a short period. Participants noted this rapid shift has practical implications for planning, equity, and comparability.

Catherine and Claire described their three-year, Inspire-funded project (Ministry of Health funding) on "Neighbourhood Building Blocks" for health system planning by OHTs. Year 1 focused on defining and applying building blocks (including decisions on appropriate geographies, with substantial effort to land on ADAs). Year 2 extended work with additional OHTs (Lanark Leeds Grenville and Hastings Prince Edward) and included the Ministry's request to establish a CoP to share learning, avoid duplication, and support broader provincial capacity.

3) Draft CoP objectives and operating model (discussion)

Draft objectives presented for discussion included: (a) exchanging ideas and practices around neighbourhood/small-area mapping; (b) developing shared principles/guidance (where useful); (c) informing PCAT / Ministry / Ontario Health as a practitioner-informed group; and (d) sharing resources and tools (e.g., methods, documentation, dashboards).

Terminology was discussed. Participants noted that "neighbourhood" may not resonate in rural or northern settings and suggested flexibility in language (e.g., "small areas," "communities," or "local areas"). The group agreed that naming should be inclusive and reflect varied geographic contexts.

Meeting cadence and format were discussed. Options raised included quarterly and whether 60 minutes is sufficient. Multiple participants commented that a longer meeting (90–120 minutes) would better support discussion, especially given the complexity of the topic.

Possible additions to the CoP model included: micro-presentations as a regular feature; an annual in-person gathering aligned with a conference (e.g., CASPER); and leveraging existing platforms for resource-sharing.

4) Spotlight: Ontario Community Health Profiles Partnership (OCHPP) – overview

Gary Moloney provided an overview of OCHPP as a publicly accessible website and partnership established in 2005 to provide health and sociodemographic data and maps at small-area levels across Ontario. The rationale for small-area planning was emphasized: large regions can mask inequities, while smaller areas can better identify gaps in access to care and support equity-informed planning.

OCHPP provides multiple datasets (including census and health indicators, primary care attachment data, and exploration of attributed population data). Data are provided across multiple geographic levels, including Ontario Health regions and small areas (as well as legacy intermediate geographies such as former LHIN subregions for flexibility where needed). OCHPP currently reports on over 700 small areas covering ~11 million people (~77% of Ontario's population), with small areas developed or adopted in multiple locations (e.g., Toronto neighbourhoods, Durham, Ottawa via collaboration with the Ottawa Neighbourhood Study).

In addition to publishing data, OCHPP supports partners in linking persons to place (e.g., RPDB counts for small areas; linking individuals to healthcare interactions; scaling to reportable areas) and clarifying limitations of certain geographies (e.g., regions or FSAs) where small areas may better fill reporting gaps. OCHPP also referenced the 'Mapping Neighbourhoods Guide' (developed in collaboration with the Health Commons Solutions Lab) as a resource available on its website, and noted ongoing research on primary care resource allocation in the Toronto and Central regions.

5) CoP scope, inclusivity, and resourcing (discussion)

Anne Marie noted OCHPP's interest in supporting the geographic/data infrastructure component and suggested the possibility of hosting or supporting a shared repository for CoP resources (e.g., meeting materials, presentations, recordings/minutes). Catherine welcomed this and suggested exploring a CoP section on the OCHPP website.

Angela raised a strong interest in opening the CoP to additional OHTs and emphasized the value and relevance of the discussion for teams currently doing or planning this work. Catherine confirmed the CoP is intended to be inclusive and invited participants to share names and contact information of others who should be included.

Peter highlighted a key constraint: as participation grows, the demand for analytic support and methodology guidance may exceed current capacity, noting the OCHPP team is small. The group

discussed the importance of clarifying roles and lanes (e.g., what the CoP provides vs. what OCHPP provides vs. what OHTs do locally), and that evidence from Year 1–2 work could support the case to the Ministry for resourcing to expand small-area coverage across the province.

Brian noted that CoPs can be valuable but can also become "soft" without clear outputs. He suggested tightening objectives and considering tangible deliverables such as guidelines or a 'how-to' document for OHTs. He also emphasized the need for a broader provincial approach to 'blanketing' Ontario with small-area geographies and asked how this group might feed into that.

Claire summarized a recurring theme: identifying the CoP's unique contribution and ensuring it complements (rather than duplicates) existing work. Brianne echoed this and suggested an added value could be brokering connections between OHTs that lack academic partners and the broader research/data community.

6) Spotlight: Frontenac Lennox & Addington (FLA) OHT – applying ADAs for planning (Connor Kemp)

Connor presented a snapshot of FLA OHT work applying small-area geographies (ADAs and other levels) to support equity-informed primary care attachment planning. This work was catalyzed by attachment-focused funding calls and the need for data-informed planning.

Key points included: (a) initial work to define neighbourhood/small-area geography for FLA, including alignment with the City of Kingston's use of ADAs; (b) layering multiple indicators to move from 'academic exercise' to actionable planning with primary care networks; and (c) the importance of scale and context in geospatial analysis (e.g., different insights emerge at OHT-wide, municipal (CSD), ADA, DA, and dissemination block levels).

Connor provided examples of how two areas can have similar levels of unattachment but markedly different socioeconomic contexts, with implications for the kinds of primary care expansion and interdisciplinary supports that may be required. He described using proximity/drive-time analyses to support 'care close to home' principles and the need for additional decision criteria in 'equidistant' zones.

Additional examples included considering visible minority clusters (implications for language/culturally appropriate care), diabetes prevalence and food environment/access, and exploring which socioeconomic indicators best correlate with poor health outcomes (e.g., moving beyond single indices). Connor highlighted the 'modifiable areal unit problem' and cautioned that correlations and conclusions can change depending on the geographic unit used. At the most granular levels (e.g., dissemination blocks), population distribution can alter interpretations of access to care.

7) Spotlight: Ottawa Neighbourhood Study (ONS) – co-created neighbourhoods and action (Kady Carr; Claire Kendall)

Kady provided a high-level overview of the Ottawa Neighbourhood Study as a long-standing, place-based initiative characterized by: (1) neighbourhood boundaries reflecting how people live

and access services; (2) integration of diverse data (socioeconomic, health, environmental, and service access); and (3) actionable outputs for partners, supported by co-design with community and service organizations.

Neighbourhood boundary development was described as a three-stage approach: clustering dissemination areas based on similar demographics/socioeconomics; overlaying built environment and natural barriers (roads, rivers, travel patterns); and extensive community engagement (residents, community associations, councillors, service providers) to validate and refine boundaries. Boundaries are periodically revised to reflect population change and growth.

Kady provided an example where a single standard geography (ADA) was divided into two distinct neighbourhoods with very different socioeconomic profiles (e.g., advantaged vs. disadvantaged quintiles). This demonstrated how standard units can mask within-area inequities and how neighbourhood-level resolution can reveal meaningful differences (including unattached, low-income, housing-needy, racialized residents, newcomers, and those living alone).

ONS integrates multiple data sources (health, socioeconomic/demographic, service locations and travel distance, housing, and environment) to enable a holistic understanding of neighbourhood conditions. Using attachment data (e.g., 2022 unattachment estimates), neighbourhood-level variation was highlighted (Ottawa average ~16% with neighbourhood range ~7–28%). The team also observed that high unattachment can occur even in areas with a high physician-to-resident ratio, suggesting that factors beyond physician presence influence attachment.

The team noted neighbourhood-level variables most correlated with higher unattachment (e.g., living alone, young adults, low income, unemployment, racialization, and speaking non-official languages at home). Examples of action/impact included Ottawa Public Health using ONS data to guide health and wellness hub locations; paramedic services embedding neighbourhood analysis into operational models; and CHCs using neighbourhood data to prioritize culturally relevant care and resource allocation.

Claire provided a case example (Lower Town) illustrating targeted attachment work using neighbourhood data to identify priority populations and partner with community organizations to generate lists of unattached patients. A triage process supported matching and attachment, resulting in nearly 300 patients being attached across multiple sites. The Ottawa OHT has also used neighbourhood data and tools to support proposal development and targeted initiatives (e.g., supports for unattached adults 65+; dashboards for proposal development).

8) Decisions / Agreements (captured from discussion)

- The CoP will remain inclusive and will seek to engage additional OHTs and partners, while being mindful of capacity constraints for direct analytic support.
- Future meetings should be longer than 60 minutes (90–120 minutes) to allow meaningful discussion; a lunchtime format (e.g., 12–2) was suggested as an option.

- A survey of all OHTs will be used to 'map the landscape' of current small-area/neighbourhood work, capacity, and interest, to inform CoP priorities and agenda.
- The group will explore creating a shared repository for CoP materials (minutes, slide decks, key resources), potentially hosted through OCHPP.
- Co-leads will pursue follow-up discussions with the Ministry/PCAT to clarify expectations for the CoP and to avoid duplication with other initiatives.

9) Action Items

Action Item	Owner	Due	Status	Notes / Dependencies
Compile/share attendee list and requested additional contacts (other OHTs/partners)	All (via Co-Leads)	Mid-Dec 2025	Pending	Participants to send names/emails of relevant OHT contacts.
Confirm approach to terminology/naming (neighbourhood vs small areas) for CoP communications	Catherine / Claire	Jan/Feb 2026	Pending	Reflect northern/rural contexts; align with OCHPP language where appropriate
Submit ethics amendment to add/adjust survey items (incl. CoP participation/interest question; translation considerations)	Salwa (with Co-Leads)	Dec 2025–Jan 2026	Done	Translation vendor costs raised; identify best option and timing.
Finalize OHT landscape survey (5–10 key questions on geography use, capacity, needs, and interest)	Catherine / Claire / Salwa	Jan 2026	Done	Consider keeping survey short; include questions on desired CoP topics/format.
Identify distribution list for all OHTs (regional contacts / Ontario Health list; follow up as needed)	Catherine / Claire	Jan 2026	Done	Follow up with Ontario Health contacts to obtain list.
Meet with OCHPP leadership (Anne Marie + team) to clarify roles, repository options, and resource constraints	Catherine / Salwa/ Anne Marie	Jan 2026	Ongoing	Discuss collaboration model and practical hosting options.
Meet with Ministry/PCAT/Ontario Health to clarify expectations for CoP and opportunities for feedback loop	Catherine / Claire	Jan 2026	Plan	Aim to define 'unique contribution' and potential deliverables (e.g., guidance).
Develop initial CoP deliverables roadmap (e.g., environmental scan; draft guidance/principles; resource inventory)	Co-Leads + group	Feb 2026	Plan	Informed by OHT survey and Ministry discussions.
Schedule next CoP meeting and circulate 'agenda-input' pulse survey to members	Salwa / Co-Leads	Feb 2026	Ongoing	Target late Feb or early Mar; consider lunch format.
Onboard co-op student to	Claire /	Early	Done	Plan brief onboarding

support environmental scan / contact list / resource compilation	Catherine	Jan 2026		meeting and task list.

10) Items to revisit

- Define the CoP's unique contribution and avoid duplication with other groups/initiatives.
- Clarify who will resource/lead efforts to expand small-area coverage across the entire province and how CoP informs that work.
- Determine whether/when to include Ministry/PCAT representatives as participants or as periodic guests.
- Decide how to balance openness/inclusivity with the capacity to provide hands-on analytic support.
- Confirm repository platform and governance (what is shared, permissions, maintenance).
- Consider an annual in-person touchpoint aligned to a conference (e.g., CASPER).

Next Meeting (proposed)

Target: late February or early March 2026 (extended session, 90–120 minutes; lunch-hour option considered).

Agenda to include:

- Review of OHT survey findings
- Refinement of CoP objectives/deliverables
- Discussion of resourcing and repository
- Identification of priority workstreams.