Small Geographies Community of Practice: meeting summary, 22 October 2026

Catherine Donnelly and Claire Kendall moderated the meeting, which about 30 people attended in Toronto and 20 online. It looked at how Ontario Health Teams (OHTs) use small areas for planning, and how the Community of Practice (CoP) should support them next.

PRESENTATIONS

700+
small areas with data on the OCHPP website

Ontario Community Health Profiles Partnership (OCHPP)
Anne-Marie Tynan, Gary Moloney, Sher Khan

OCHPP links health data to small areas through postal codes and dissemination areas. Its new **Custom Data Aggregator** lets users select small areas, map indicators and download the results.

40
percentage point gap in attachment between municipalities in one FSA

Ontario Health
Karin Hohenadel

Ontario Health picks geographies for the **OHT Data Dashboard** by purpose, actionability, provincial coverage and privacy. It will keep census subdivisions (CSDs) and aggregate dissemination areas (ADAs) alongside forward sortation areas (FSAs). It has not offered custom geographies because of barriers such as maintenance and resourcing, replicability and the lack of provincial coverage.

~3x
avoidable hospitalization rate, most vs. least marginalized areas

Health System Performance Network (HSPN)
Vijay Kunaratnam

HSPN breaks results down within each OHT by primary care model and by how marginalized each area is. It now also reports indicators for **small areas that an OHT defines**, so far for a few OHTs including Ottawa and FLA.

116
natural neighbourhoods in Ottawa

Ottawa Neighbourhood Study (ONS)
Kaden Carr

ONS co-defines Ottawa's natural neighbourhoods with residents, service providers and community agencies, and links them to social determinants data. In about 1 in 4 neighbourhoods in the region, no OHT had half or more of the residents attributed to it. A **shared approach to neighbourhoods** makes it easier for neighbouring OHTs to share data, compare areas and plan together.

23 km
to a health home in North Frontenac, vs. 1.6 km in Kingston

Frontenac, Lennox and Addington (FLA) OHT
Suzanne Pashley

FLA OHT uses ADAs as its small areas because public health and the municipality already use them. It combined drive times, the **Health Care Connect waitlist** and a survey of its primary care teams to set clinic catchment areas.

WHAT WAS DISCUSSED

- OHTs need to know where **physicians, nurse practitioners and community programs** are and how much capacity they have, including which physicians are close to retirement, so that new attachment does not leave other patients without a provider. Family health teams and Indigenous primary health care organizations already report their services and staffing to Ontario Health, which could be one source.
- A lot of the health data we have access to misses **people who are unhoused** or have no health card, even though the goal of primary care for all by 2029 includes them. Community health centres and inner city health organizations may hold some of this data, and Ontario Health will think about whether this group could be estimated provincially and mapped.
- Data needs to be useful to the **frontline teams** who deliver care. One OHT used neighbourhood mapping to find a physician outside team-based care who was serving many local patients, which opened a discussion about adding interprofessional support through the funding rounds.
- **Community support services** and Ontario Health at Home are largely missing from the data and from these discussions.
- Ontario Health would like to include much of the data members asked for, but it is hard to acquire, and **data sharing agreements** often restrict how it can be used. Ontario Health called getting this data one of the most practical areas for the group to work on.
- The CoP suggested a **peer forum**, like a Reddit for OHTs, where teams post what they did, how they coded it and which partners they worked with, so others can reuse it instead of starting from scratch. Members also suggested separate technical and leadership channels, so leaders are not overwhelmed by technical detail. Ontario Health supported the idea because it cannot give one-on-one support to each OHT.
- Members asked the CoP to help **OHTs with less analytical capacity** and to recommend common approaches, so OHT data is consistent and can be compared across boundaries. Ontario Health asked the group to focus on solutions that would work for the whole province, and the CoP noted that supporting other OHTs needs funding.

DECISIONS AND NEXT STEPS

No formal decisions were planned for this meeting. These next steps came out of it:

- **Presentations and recordings** will be posted on the OCHPP website.
- The CoP will meet in **December 2026** and again by the end of March 2027.
- The CoP will prepare **recommendations** for OHTs by March 2027, including a decision framework for areas with no existing decisions made about which small areas to use.
- The small geographies project team will prepare a **provincial shapefile** of small areas, with postal code conversions, for Ontario Health by March 2027. Ontario Health said it would want to publish it, with privacy and long-term upkeep still to work out.