Research Aims:
The aim of our study is to examine the impact of Montreal’s major hospitals on the socio-economic characteristics of their surrounding communities. This study will be primarily focused on the spatial relationship between hospital employees’ place of residence and their work location, in order to determine to what extent different categories of hospital workers, and also of workers in services closely connected to hospital functions, tend to choose residential location in proximity to their place of work. The study will also look for evidence of industrial clustering around existing Montreal hospitals. This research will provide insight into the impact that existing hospitals have on surrounding urban areas, and offer background information for developing a better understanding of the potential impact the MUHC may have on its neighbouring communities.

The objective of our study is to address the following questions:

- How do existing Montreal hospitals influence the employment and residential characteristics of their surrounding communities?
- Is there a relationship between the type of hospital employee and the distance between their place of residence and their work location?
- What kinds of economic activities cluster around hospitals?
- What types of industries do hospitals attract to their locale?

Methodology:
Our study will use a Location Quotient to measure the relative concentration of hospital workers by census tract throughout the Montreal CMA. Our findings will then be analysed in order to describe the spatial distribution of where hospital employees live in relation to the hospitals in which they work. Since it is well known that residential choices also depend on other factors (such as housing type, socio-economic characteristics) a preliminary step in our analysis is to develop a basic typology of Montreal neighbourhoods which will then serve as a control for our primary analysis. 2006 census micro-data at the census tract level will be used in order to determine hospital employees’ place-of-residence and place-of-work. Socio-economic information (level of education, income, age, etc.) will also be used to provide greater explanatory power to our study, both at the individual level and to characterise neighbourhoods.

Outcome:
Two broad outcomes are possible. On the one hand, we may find little or no connection between hospitals and their surrounding urban environment. This will indicate that there are no systematic connections and that if communities wish the MUHC to have a local impact the nature of the desired impact needs to be thought about and worked upon. On the other hand, some systematic patterns may be found. These will give some guidance as to what may be expected from the new MUHC: communities will then need to consider whether these impacts are desirable and to what extent they will be accommodated or resisted. In both cases results should be construed as background information which will inform the wider debate.