HPAP Constitution

Approved: May 7, 2015, at the 2015 AGM
Last Amended: May 3, 2017, approved at 2017 AGM May 3, 2017

1. Mission

Poverty represents a serious but reversible threat to health. As health providers we often enjoy privilege and access to power which many others do not. As a high-impact health intervention, we will work to eliminate poverty and reduce health inequities.

2. Objectives

- Contribute towards the movement for income security and social security for all
- Raise awareness about the health impacts of poverty
- Engage health providers and people living in poverty in social and political change

3. Organization

Provincial HPAP chapters are coordinated by a provincial Steering Committee (SC) of health care providers, supported by general members.

Main actions of HPAP

1. Advocacy

- Respond to government policy statements, budgets, and consultations
- Develop campaigns and form alliances with community allies/organizations
- Participate in direct action and engage health care providers in advocacy

2. Education

- Provide education for health care providers, trainees, and the community
- Share the impact of poverty on health and explain how health care providers can intervene at the micro, meso, and macro levels
- Contribute to the dialogue on the social determinants of health in the media and medical literature

HPAP-Ontario Organization and Bylaws

Approved: May 7, 2015, at the 2015 AGM
Last Amended: May 6, 2020 and approved at May 6, 2020 AGM

a) Steering Committee: named positions (9)

- Are members of the HPAP-SC listerve

Role	Responsibilities
Chair or Co-Chairs	1. Chair meetings, or delegate this appropriately, ensuring meetings happen approximately once a month 2. Support and coordinate the work of the various working groups 3. Coordinates day-to-day decision making for HPAP, in consultation with the steering committee. 4. Develop relationships with other organizations
Secretary + treasurer	1. Ensure minutes are taken at meetings and distributed 2. Ensure membership email lists are updated 3. Managing the HPAP gmail account. 4. Managing the HPAP bank account. 5. Provide yearly reports of the budget
Website Lead	1. Maintain and post content to website.
New Members Liaison	1. Act as key contact and distribute orientation guides to new members 2. Connect new members with projects of interest.
HPAP Digest Lead	1. Responsible for development of bi-monthly email digest.
Social Media Lead	1. Manage all social media accounts, and ensure that HPAP has a major presence on social media in response to poverty-related issues in Ontario.
Communications Lead	1. Responsible for connecting and communicating with municipal and provincial chapters of HPAP. This includes coordinating meeting attendance between chapters and collaboration on provincial and federal initiatives. 2. Responsible for managing media contacts, responding to media requests, and making

	media pitches on behalf of the organization.
DWHN Liason	1. Attend DWHN caucus meetings whenever possible and report back to HPAP 2. Help to coordinate our advocacy on decent work in Ontario.
SHJN Liason	1. Attend SHJN meetings whenever possible and report back to HPAP 2. Help to coordinate our advocacy on shelter and housing in Ontario.

b) Steering Committee: members-at-large (up to 5)

- Attend Steering Committee meetings
- Serve on the committees
- Are members of the HPAP-SC listerv

c) Members

- Agree to support the Mission and Objectives of HPAP
- Are on the HPAP general listserv
- Are health providers

d) HPAP SC Listserve Management

The HPAP Steering Committee (SC) listserve will be maintained by the Secretary or another designated member. It will be updated annually following the AGM and as needed throughout the year.

HPAP members meeting the following criteria will be invited to join:

- Current SC members
- Founding and former long-term members
- General members who are currently actively involved and have attended more than one meeting

If members not elected at the AGM wish to join, this should be approved by the SC (email or meeting).

Individuals may choose to leave the listserve at any time.

BYLAWS

1. An Annual General Meeting (AGM) should be organized in the spring of each year. All members should be notified and invited to attend.
2. Each SC position should be elected at a meeting of all members (i.e. the AGM).
3. The 5 “Members-At-Large” positions will be voted on after the elections for “Named Positions”, to give any unsuccessful candidate a chance to run for a “Member-At-Large”

position.

4. Each SC position is a commitment of 12 months.
5. If possible, no person should take on more than one SC role.
6. As an interprofessional organization, there should be a balance of disciplines within the SC. The Chair or Co-Chairs should make this a priority.
7. HPAP originated in Toronto, Ontario. There has since been the establishment of provincial and municipal chapters.
8. Each chapter should have a space on the website: http://healthprovidersagainstpoverty.ca
9. Ideally, chapters should have a minimum of 4 people who commit to be organizers for a year and take on specific roles (chair, vice-chair, secretary, treasurer).
10. We are not a registered group and certainly don't have a charity number. However, each chapter could pursue partnerships with local charities that could help with setting up bank accounts and fundraising.
11. Each chapter should commit to keeping the other chapters updated on their activities.
12. Constitution to be reviewed annually.
13. Amendments have to be made at AGM.

HPAP Statement of Principles

Approved: February 4, 2016 – by the HPAP-Ontario steering committee
Last Ammended: n/a

Mission Statement: Poverty represents a serious but reversible threat to health. As health providers we often enjoy privilege and access to power that many others do not. As a high-impact health intervention, we will work to eliminate poverty and reduce inequity.

We approach this work from a privileged position as health care providers, where we are frequently the observers of the negative health impact of poverty. We do not speak or act on behalf of people living in poverty. Rather, we strive to speak and act as allies to these individuals.

People experience poverty when they lack economic, social, and cultural resources to facilitate meaningful participation in society and a reasonable quality of life. The experience of poverty is influenced by race, gender, ability, and other socially constructed categories. Income inadequacy is often the root cause of poverty.

Poverty is not inevitable. It is a product of systemic oppression that results in societies being structured in an inequitable way. In our advanced capitalist society, poverty is generated by how both material resources and power are distributed.

To eliminate poverty, one needs to change how resources are distributed. Accomplishing this would require changing how power is distributed, since those in power make decisions about resources. Changing power requires several processes and includes building coalitions across society with those who share our views; engaging in the reframing of popular held ideas through education and the media; engaging in creative resistance, including direct action; drawing attention to and opposing the implementation of policies that entrench the status quo.

We believe that changing the distribution of power can occur and that poverty can be eliminated. Policy change is feasible and can make a positive impact on the health of individuals and communities.