

Health Providers Against Poverty (HPAP)
Constitution & Bylaws

Approved: May 7, 2015, at the 2015 AGM

Last Ammended: May 5, 2016, at the 2016 AGM

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

HPAP is coordinated by a Steering Committee (SC) of health care providers, supported by general members.

a) Steering Committee: named positions (6)

- Are members of the HPAP-SC listerv

Role	Responsibilities
Chair	<ol style="list-style-type: none"> 1. Chair meetings, or delegate this appropriately, ensuring meetings happen approximately once a month 2. Support the work of committees 3. Act as a key media contact 4. Develop relationships with other organizations
Vice-Chair	<ol style="list-style-type: none"> 1. Substitute chair of meetings if Chair absent 2. Support the work of committees 3. Act as a key media contact 4. Develop relationships with other organizations
Secretary	<ol style="list-style-type: none"> 1. Ensure minutes are taken at meetings and distributed 2. Ensure membership email lists are updated 3. Work with HPAP web administrator to keep site update
Treasurer	<ol style="list-style-type: none"> 1. Develop annual/semi-annual budget 2. Identify funding sources and coordinate applications
Recruitment Lead	<ol style="list-style-type: none"> 1. Work on recruitment and promotion of HPAP to health professional bodies, health care settings and students 2. Actively recruit strong candidates to run for the Steering Committee
Communications Lead	<ol style="list-style-type: none"> 1. Coordinate media 2. Work with HPAP web administrator to keep site update 3. Social media lead

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

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

c) Members

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

Main actions of HPAP

1. Advocacy

- Respond to government policy statements, budgets
- Work on press releases related to above
- Develop campaigns and form links with sympathetic politicians and bureaucrats

2. Direct Action

- Develop ideas and plans for directly influencing poverty by health providers
- Connect with a politicization of the role of health providers
- Engage with other like-minded groups
- Engage health professionals in these activities

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 (6+) should be elected at a meeting of all members (i.e. the AGM).
3. Each SC position is a commitment of 12 months.
4. No person should take on more than one SC role.
5. As an interprofessional organization, there should be a balance of disciplines within the SC. The Recruitment Lead should make this a priority.
6. Currently (as of May 7, 2015), there is a single organization "HPAP". If sufficient interest develops, chapters could be called HPAP-(insert province/territory), eg. HPAP-Nova Scotia, HPAP-Ontario to differentiate them.
7. Each chapter should have a space on the website: <http://healthprovidersagainstopoverty.ca>
8. 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).
9. 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.
10. Each chapter should commit to keeping the other chapters updated on their activities.
11. Constitution to be reviewed annually.
12. Amendments have to be made at AGM.

Health Providers Against Poverty **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.