



## *Advancing Reproductive & Maternal Health Equity (2023-2026)*

### OUR VISION

We envision a world where every woman and birthing person can thrive with full autonomy over their reproductive and maternal health.

### OUR MISSION

We advance reproductive and maternal health equity by intentionally leveraging capital to center the needs, experiences, and perspectives of historically marginalized people in decision-making.

### CORE STRATEGIES

1. Leveraging capital to advance reproductive and maternal health equity
2. Advancing federal and state policies that align with principles of reproductive justice, equity, and bodily autonomy
3. Elevating narratives and solutions at the intersections of reproductive justice and capital that center those who have been historically marginalized
4. Operationalizing our commitment to becoming an equity-focused organization and bringing our collective vision to life

### STATED COMMITMENT

- Disparities in maternal and reproductive health outcomes largely stem from the ways in which structural racism, sexism, and classism created, perpetuated, and reinforce the inequitable distribution of healthcare, economic, and social resources. *Our work must seek to name and dismantle these intersecting and overlapping systems of oppression.*
- Capitalism and the drive for maximizing profit at any cost to people and the planet have fueled our country's prosperity, while also undermining reproductive and maternal health equity. Specifically, the drive to maximize profit at the expense of population wellbeing is woven throughout our country's history of reproductive oppression, restricted access to paid parental leave, disparities in access to healthcare, and limited innovation in transformative reproductive and maternal health technologies. *This history requires us to acknowledge the harms and limitations of capitalism, and leverage the tools of capital to bring the reproductive health needs of historically marginalized people to the table.*
- Our work sits at the intersection of capitalism and reproductive justice. Both of which are critical to our theory of change for improving reproductive and maternal health equity for women and other birthing people. *We must embrace the inherent tension and strive to bridge these two forces internally and across the broader fields in which we work.*

## THEORY OF CHANGE

- Venture capital investment with an impact lens in early and growth stage companies that have the potential to transform the reproductive and maternal healthcare market through RH Capital, a Rhia Ventures Fund
- Ecosystem building that supports entrepreneurs and investors with building and growing in a way that incorporates a reproductive health equity lens and culture of impact management and measurement
- Corporate engagement and advocacy that advances corporate, state, and federal policies that center the reproductive and maternal health needs of people who have been historically marginalized
- Narrative change that amplifies the reproductive and maternal health stories and lived experiences of people who have been historically marginalized and entrepreneurs of color and challenges dominant, harmful societal messages and norms
- Professional advising that accelerates transformation in ownership and deployment of and access to capital to improve the material conditions of historically marginalized people.

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*At Rhia, we advance reproductive and maternal health equity by intentionally leveraging capital to center the needs, experiences, and perspectives of historically marginalized people in decision-making.*

## DEFINITIONS

We define **reproductive and maternal health equity** as: Every person has the opportunity to attain their full reproductive and maternal health potential, and no one is disadvantaged from achieving that potential because of race, gender, or other social determinants of health.

We define people who have been **historically marginalized** in reproductive and maternal health as individuals who experience inequitable reproductive and maternal health outcomes due to social determinants of health that are largely outside of their control.

This group may include women and other birthing people; people who identify as Black, Indigenous, people of color (BIPOC); people who identify as lesbian, gay, trans, queer, intersex, asexual (LGBTQIA+); people who are differently abled; people who live in rural communities or healthcare deserts; people who are uninsured and underinsured; and formerly and currently incarcerated people.

## STAY IN TOUCH