

Senate Health Committee
Senate Resolution 10
Testimony Presented by:
Charleta B. Tavares, CEO PrimaryOne Health
June 16, 2021

Chairman Huffman, Ranking Member Antonio and Members of the Senate Health Committee, I am Charleta B. Tavares, and I am the Chief Executive Officer of PrimaryOne Health. I appreciate and thank you for the opportunity to provide proponent testimony on Senate Resolution 10 sponsored by Senator Tina Maharath. The resolution is to honor and recognize the lives of all of those who have died due to COVID-19.

PrimaryOne Health is a Federally Qualified Health Center (FQHC), also known as a Community Health Center designated by the Health Resources and Services Administration within the U.S. Department of Health and Human Services. PrimaryOne Health and our sister 56 Community Health Centers and Look-Alikes (LALs) that are members of our Ohio Association of Community Health Centers (OACHC) have weathered the storm with the virus known as severe acute respiratory syndrome coronavirus (SARSCoV-2).

The disease it causes is Coronavirus 2019 or COVID-19. Although the virus and disease was believed to be first presented in China in 2019, the first case in the United States is said to have appeared in January 2020. The first case of coronavirus in Columbus/Franklin County was on March 6, 2020. According to the Mayor's office and Columbus Public Health, "a 49-year-old man had been tested and found to have COVID-19..."

According to the Center for Disease Control and Prevention (CDC), as of June 14, 2021 there have been 1, 107,047 cases of COVID-19 in Ohio with 2,399 cases in the last seven (7) days. There have unfortunately been 20, 091 who have lost their lives and 111 who have died within the last seven days due to COVID-19 in Ohio. During this same timeframe we have lost 597,343 U. S. residents, 2,448 in the last seven days.

We mourn with the families of each of these Ohio and U. S. residents who suffered and died of all races, ethnicities, cultures, ages and genders. While we are slowing the spread of COVID-19 through various concerted government actions including mandates, guidelines and education, we are still losing lives to this communicable disease. We are also seeing inequities among those who have contracted, been hospitalized and died from the disease.



This health center is a Health Center Program grantee under 42 U.S.C. 254b,
and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

“...Long-standing systemic health and social inequities have put many people from racial and ethnic groups at increased risk from COVID-19. These inequities can also undermine a person’s physical, social, economic, and emotional health. Since the beginning of the pandemic, some racial and ethnic groups have experienced higher rates of COVID-19 infection, severe illness, hospitalization, and death.

Conditions in the places where people live, learn, work, play, worship, and age affect a wide range of health risks and outcomes. These and other conditions are known as social determinants of health. Some of the many inequities in the social determinants of health that put racial and ethnic groups at increased risk of getting sick and dying from COVID-19 include discrimination, healthcare access, occupation, gaps in education or income, and housing. These factors and others may have also contributed to higher rates of some medical conditions that increase a person’s risk of severe illness from COVID-19. In addition, community strategies to slow the spread of COVID-19 might cause unintentional harm, such as lost wages, reduced access to services, and increased stress for some racial and ethnic groups.

We all have a part in helping to prevent the spread of COVID-19 and in promoting fair access to health. To do this, we must work together to ensure that all people have resources to maintain their physical and mental health. Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities and historical and contemporary injustices, and to eliminate health and healthcare disparities. When policies, programs, and systems that support health are equitable, poor health outcomes can be reduced, health disparities can be prevented, and the whole of society benefits.

The population health impact of COVID-19 has exposed longstanding inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic populations and other population groups that are bearing a disproportionate burden of COVID-19.”¹

This resolution is an attempt to honor all Ohioans who have died due to COVID-19, provide another avenue to educate and inform and to continue to address disease prevention and inequities in health outcomes and healthcare.

Mr. Chairman and members of the Health Committee, I respectfully ask for your support and favorable vote on Senate Resolution 10. I am happy to respond to any questions from the committee.

¹ CDC COVID Tracker Weekly Review = Interpretive Summary for June11, 2021



This health center is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).