

Party

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Romney has the last laugh

want to interview all day long," says Moreno. "I'm not sure if it will necessarily be the same this time around."

While there may not be as much buzz as four years ago, Moreno is still excited about the new possibilities for his coverage this year.

He says there will be a lot more technology at his disposal. In 2008, he says reporters were tied to a media room. Moreno's laptop was always plugged into an Ethernet cable. This year, media representatives will be able to file reports from anywhere, mainly with the help of smartphones.

Moreno will be providing a variety of content, including traditional news stories, photos, videos and live streaming. He will also be plugged into all of the major social media outlets to provide updates.

At the Democratic Convention, Moreno looks forward to talking with attendees about how they feel about the President today compared to 2008. He says a lot of Democrats that

issues affecting communities of color in particular, including voter ID laws and immigration policy.

Out of everyone, Moreno says he is most interested in speaking with Artur Davis, a former Democrat who had nominated President Obama in 2008 and is now a Republican. He wants to know what about the President's performance has caused Davis to make such a drastic turn.

Moreno says he would have a hard time setting up that interview formally, which is why he appreciates the setting of the convention.

"Most of the time when we want to get an interview with an elected official we have to reach out to their press secretary," he says. "At the convention, there's as good of a chance as any that you might just bump into an Artur Davis."

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received invites to the convention have backed out and he wants to get a sense of why the level of enthusiasm has changed.

At the Republican Convention he will be seeking out the few Black and Hispanic delegates to see why they support the Republican platform. Moreno will also ask delegates about

Race

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women raised \$900 to pay for the Brothers' entry fees and team uniforms.

Leonard Lambert, a driver with the Soleful Brothers said their achievement made history. "They're just thinking about walking, but it is good and it's sending a message. This is the world's largest relay race and every state in the country is represented, as well as other countries.

"It is exciting. I'm excited."

Both teams want to raise awareness of the health disparities that affect African Americans. And they aim to inspire all of us to take improve our health through healthy exercise habits.

"We're trying to bring awareness to our community," Pierce says. "We've got to start helping ourselves. African Americans are more likely to battle high blood pressure, diabetes and a lot of other health issues. This is one way to start taking control of your life and do something about it."

All athletes, the Brothers thought walking would be easy. But they soon found out that speed walking is not for the faint of heart. "These brothers, they are doing a 10-minute mile," said Georgeanne Pierce, team leader for the Brothers' companion team, The Soleful Strutters. "They are athletes. They are in college. They do track and field. They are committed."

"They have a new respect for walking," Pierce says.

The Soleful Strutters came together nine years ago and the group has been growing ever since. From May to August the group trains for the Hood to Coast. But they also train year round and take part in everything from the Portland Marathon and Half Marathon to the Bridge Pedal, as

well as volunteering with the African American Health Coalition's Soul Stroll and Wellness Village events.

"If you have a team you are more committed to participating," Pierce says, "because now you are accountable."

Pierce says everyone in the group has seen health benefits. One woman has lost 40 pounds, she says.

"It's kept my weight down and it's kept my stress level at a minimum. And I'm a highly strung person."

Three years ago, Doris Jones, who is 73, came in second in her age group in the Portland Marathon at a pace of 13 - 14 minutes per mile. Jones trained with The Soleful Strutters.

ters.

"We're doing things we've never thought about doing," Pierce says. "We do not play."

The Soleful Strutters welcome everyone in the community to join their training sessions. Last week 40 people turned out to Jefferson High school for a yoga session, for example.

"We make our training available to everyone, so they can get fit too," she says. "If you need help we are here to help you. Whatever the community needs we are here to help."



The Soleful Brothers posed after the race



Soulful Strutters -- who inspired the Brothers

Care

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be certified Sept. 1. The CCOs will deliver healthcare services across the state, first to the 650,000 adults and children insured through the Oregon Health Plan.

"Our goals in creating CCOs are really simple," said Bruce Goldberg, director of Oregon Health Authority, Aug. 8.

"How do we promote better health for people on the Oregon Health Plan? How do we create a better health care experience for everyone who uses —or works in — the healthcare system? And how do we do that at an affordable level?"

If you're on the Oregon Health Plan you don't have to do anything special. You will automatically be enrolled in the new system, which will include medical, dental and mental health care.

The CCOs were set up to serve Medicaid patients, but in future years they may also be opened up to other people seeking health insurance through the Oregon health care exchange.

If you're uninsured you will be able to buy insurance on the exchange. By October 2013, uninsured people and small businesses will be able to shop on the new health exchange for care plans that will start in

2014. And the plan will be open to larger businesses in 2016.

Cutting Costs While Expanding Services

Oregon received a waiver to opt out of the national Medicaid and Medicare system. Instead, the state asked health providers to form CCOs and figure out a better system. CCOs are not tied to the traditional fee-for-service payments, so providers will have freedom to work together to cover patient needs in whichever way works best.

The federal government has a major stake in the outcome because they pay 65 percent of Medicaid and Medicare bills, Goldberg said. And they plan to give Oregon \$1.9 billion over the next five years to launch the new system.

"They are doing that because we believe that we can save them that money and then some," Goldberg said. "After paying back the \$2 billion, we believe we can save 9 billion over 10 years."

Too Many Specialists and Not Enough Primary Care

Jeff Heatherington, CEO of FamilyCare, one of the first CCOs to be certified, said that the United States spends 18 cents in every dollar on healthcare. That's not affordable, he said, especially as America ranks 39th in health outcomes, and the countries that do better also spend far less.

Heatherington said one problem is that too few medical providers choose to offer basic care services. Most choose to become

where at least 50 percent of practitioners out there are in primary care."

Community-Based Health Workers Support Prevention Efforts

Studies have shown that a small proportion of healthcare users account for the bulk of healthcare costs. These high-need patients use Emergency Rooms, and other services, because of chronic health problems such as: asthma, diabetes, heart disease, mental illness and alcohol and drug addiction. About 25 percent of patients enrolled in the Oregon Health Plan account for 83 percent of its costs.

If we want to cut costs, we have to do a better job of prevention, Heatherington said.

That's behind a move for CCOs to hire community health workers.

Community health workers will work with high-need patients to prevent problems. Asthma, for example, is a serious illness that can send children to the emergency room over and over. Yet with good preventive care, it can be brought under control — improving the children's health dramatically and also cutting costs.

A small proportion of
healthcare users account for
the bulk of healthcare costs

specialists because it pays more. That has to change, he said.

"The truth of the matter is that some people are not going to make as much revenue as before," he said. "We have an overabundance of specialists, and we don't need as many as we have today. We need a system