**Health Care**

Providence Alaska Medical Centre is the most prominent hospital in Alaska with a capacity of 766 nurses, 371 beds, and more than 800 specialists. This hospital has specialized in various medical areas and boasts of a diverse range of surgical equipment. With its massive capacity, the hospital has been pragmatic in dividing its medical units. Age divides these units, for instance, pediatric and elderly care, surgeries, for example, the cardio department and even charity sectors. The facility has managed to serve the residents and also other foreigners. Since its establishment, a lot of progress has been made by the team. When it comes to elderly care, the hospital has managed to create a proactive system to control the current crisis in aged care and protection. Providence Alaska Medical Center is an anchorage of hope and treatment for all patients regardless of age, gender or type of illness.

The history of Providence Alaska healthcare dates back in 1902. This hospital was formed on the foundation of four mission sisters known as the “sisters of providence." It was the culture of the mission sisters to travel across Alaska and other areas providing medical services to residents. The initial launching of the hospital was made possible by a priest who summoned the sisters to set a hospital in Nome, Alaska. This was after rumors that three gold nuggets were found in this area (Plunkett, 2015). With no structural government and community centers, the sisters thought a hospital would be beneficial to the society. In 1903, the sisters became innovative and would sell mini tickets to fund the development of the hospital. This was a strategic plan to gather enough finances to build a mission hospital in this area. The efforts finally bore fruits, and in 1906, the hospital had outgrown its current location. From this time on, the hospital continued to expand despite challenges of the constant wars. The strong foundation placed by the mission sisters has been maintained throughout the years (Strohmeyer, 2013). Even though technological equipment has been used in current days, the maximum care and attention given to patients are still tangible.

Providence Alaska hospital is organized into departments. The hospital is led by a team of directors who assume a centralized form of management. Orders and advancement are made with directions from above. On the primary level of healthcare delivery, the hospital has various departments. In each department, there are nurses and other health specialists stationed to serve. The hospital also has cancer units which specifically deal with patients with oncological conditions. Apart from this, the doctors, nurses and general staff belonging to different departments have been able to work together in times of emergencies for the crisis. The regular training and quality assurance checks by the administration have made the care to be optimized at all times (Strohmeyer, 2013). Its precise organizational style in healthcare provision made it be recognized a top performer in 2013. The joint commission presented this award.

When it comes to funding, patients are charged for services offered. This money is used to improve the quality and functions of the hospital. Apart from this, the government through the health ministry provides additional funding to the hospital. Government funding is impactful as it helps the hospital treat the disadvantaged in the community (Plunkett, 2015). Charity is another source of funding for the hospital. Organizations and groups reach out and offer financial support to some department like the oncology unit to help subsidize the cost of treatment for patients in this unit.

According to the 2000 census, the elderly population represents approximately 12.4% of the general population. Even with this community, their healthcare consumption rate represents only 14% of the estimated amount. 10% of the elderly were insured in 2010, but this did not make any significant difference in the healthcare menace of underserved in the society (Morelli, 2017). In the underserved communities, the management of general health needs of older Americans approaches negligence in the healthcare sector. There are serious issues with the medically underserved elderly population that need permanent solutions.

The cost of decent health care is one of the major issues. It is true that the government has made some changes throughout time to ensure equal treatment for all people, but this has not happened yet. The funds released by the ministry are barely enough to cater for the needs of individuals. The existence of free clinics seemed like a pragmatic solution to the problem, but lack of facilities has paralyzed this move. It is one thing to declare medical care free for the elderly and another thing to provide the required resources. It is of no use to have free clinics only as a symbol of healthcare while not performing their sole purpose of providing solutions for the people. It is estimated that free clinics provide services to 18 million residents per year, out of this number only 3 % represents the underserved elderly community (In Cross &Watson, 2016).

The second problem is the physical location of these clinics and healthcare facilities. The underserved communities have fewer amenities within their areas. Healthcare services are a mystery to them. The clinic in these areas is usually scarce. With fewer facilities, it is evident that the few functioning ones while being overcrowded (Morelli, 2017). As earlier discussed, the facilities are insufficient and with overcrowding patient rarely get the best medical attention (In Cross &Watson, 2016). The blame is not entirely on the practitioners but the home government. Where the need is high, the government should make efforts of ensuring sufficient supply of facilities. However, the opposite is true for this matter. The high-end society receives the best medical facilities and attention while those who need it the most are deprived of this right.

The elderly lack the facilities to transport them to health care centers. In these communities, there are those who have been neglected by their family member. It, therefore, becomes the sole responsibility of the individuals to get themselves into healthcare facilities. With depreciating health, most of the elderly tend to be weak and hence rely on help from well-wishers to get to the hospitals; this is another issue which needs to be handled. Unlike in other communities where there is an influx of the elderly home, underserved communities have countable homes for the elderly (Mook, 2015). The unfortunate reality is that some of these homes require a fee to be paid. With the decreasing economic conditions in these areas, it is almost impossible for families to afford the amount. This, therefore, makes most family members stay with their sick, old folks at home as a means of saving on health costs.

Health insurance was seen as a move to help solve health crisis in the country. Even though the insurance has placed an essential role in healthcare affordability, there is still a huge gap that needs to be filled. For the underserved elderly community, health insurance is terminology that only exists in medical dictionaries. Most of them have never been registered to nay of the system as a result of their background (Mook, 2015). This type of alienation makes it hard even for the willing ones to pay for their health coverage in their working years. The government initiative of providing affordable healthcare only helps a small percentage of the underserved community, and the elderly are most of the time left out.

Finally, vaccination is another issue which greatly affects the elderly in underserved communities. These individuals do not access vaccinations for diseases that can be managed. Apart from that, information on preventative and management of specific conditions are not made aware in these areas (Morelli, 2017). The elderly have to learn the hard way of the diseases and how to manage them. Most conditions associated with the elderly are diet related; this, therefore, means that problem dietary information would play an essential when it comes to dealing with some infections.

Health care plays a vital role in society. Advancement that is done in healthcare provision with hospitals such as Alaska providence has been essential. However, the current healthcare situation, particularly among the elderly in underserved communities, is disturbing. Developed as this county is, such issues should have been dealt with long ago. Unfortunately, it is sad to experience how a section of the population is continuously discriminated even when it comes to healthcare provision.

**References**

In Cross, R. K., & In Watson, A. R. (2016). *Telemanagement of inflammatory bowel disease*. (Springer eBooks 2016 [recurso electrónico].) Cham: Springer International Publishing.

Mook, L., Quarter, J., Armstrong, A., & Whitman, J. R. (2015). *Understanding the social economy of the United States*.

Morelli, V., Zoorob, R., & Heidelbaugh, J. J. (2017). *Primary care of the medically underserved, an issue of primary care*. Saint Louis: Elsevier Health Sciences.

Plunkett, M. L. G. (2015). *Plunkett's health care industry almanac*. Dallas, Tex: Corporate Jobs Outlook.

Plunkett's health care industry almanac 2006: The only comprehensive guide to health Care industry. (2015). Houston, Tex: Plunkett Research.

Strohmeyer, J., & Anchorage Museum Association. (2013). *Historic anchorage: An illustrated history*. San Antonio, Tex: Historical Pub. Network.