Book Reviews

Whitfield, Keith E., ed. Annual Review of Gerontology and Geriatrics: Focus on Biobehavioral Perspectives on Health in Late Life. Springer Publishing Company. Volume 30: 2010. ISBN 978-0-8261-0613-1, pp. 296. Price $90.00 (Hardcover)

The Annual Reviews of Gerontology and Geriatrics (ARGG) have been in existence for almost three decades. The focus in this volume is on how biobehavioral perspectives impact health and aging and is edited by Keith E. Whitfield, Ph.D. of Duke University who brings a wealth of knowledge and experience to the editor position. Together with twenty-nine interdisciplinary expert contributors, the authors present approaches and conceptualizations on how complex biological, behavioral, and social systems interact to create and impact aging health. Chapters take in to consideration the life span and life course approach to aging as a process. The content is organized in three distinct sections with the goal of "stimulating thinking about how biobehavioral perspectives help to accurately account for complex phenomena relative to aging" (2).

Whitfield explains the broad conceptualization of biobehavioral as the descriptor of choice when referring to interdisciplinary research that encompasses the biological and social foundation of behavior. This approach accentuates the expanding interest in exploring the aging process by determining complex connections between social and behavioral factors that impact all other processes and may help to explain the etiology, symptomatology, and life course of chronic disease states in late life.

Szanton and colleagues offer a society-to-cells resiliency theory that represents theoretical synthesis but highlights the impact the social environment can have on aging resilience. This proposed theory "posits that resilience can be manifest in resistance, recovery, or rebound processes, viewing resilience as a process in which all individuals engage as they progress in life" (7). This approach seems logical when thinking about aging Baby Boomers and their desire to maintain physical, mental, and social function for as long as possible – their need and desire to be resilient.

In chapter 3, authors present an overview of biobehavioral methodology including implications, strengths, and weaknesses. More integration of theory-driven explanatory models needs to occur in education and research training. Analysis of data from biobehavioral aging research is difficult given the complexity and lack of formal training in biobehavioral design; something to think about when designing undergraduate and graduate research courses for future leaders in aging research.

Cells to Homeostatic Systems: Chapters 4 through 8 cover an interesting range of topics: the roles of oxidative damage, exercise and caloric restriction to late life health; genetic and environmental contributions to cognitive decline in aging and Alzheimer's disease; hypertension and neurocognitive function; vascular depression and the cardiovascular implications for mental health; and, stress and aging. Interesting and current aging topics that give the reader pause when thinking about crossing the behavioral, psychological, social, organ systems and molecular levels. Or perhaps the mind-body connection within a social context would be the take home message. The study of psychoneuroimmunology - the interactions among emotions, neural, endocrine, and immune functions - exists. What might we term the study of environment, social, behavioral, psychological, genetic, cellular and molecular levels? Optimageresilientology? Another point to ponder in our quest for understanding the process of aging so we can make an impact on the quality of aging.

Person to Society: The final 6 chapter topics include: religious involvement; personality; an ethnographic treatise on poverty and health; breast cancer biology and behavior; the socioeconomic gradient in healthy life expectancy; and, neighborhoods and health in later life. In chapter 9, Hill presents his model of how religious involvement impacts health and longevity. Social and psychological resources, health behaviors and biological markers are identified from a biopsychosocial perspective. Generally, religious involvement impacts aging in a positive manner. However, Hill does include the "dark side" of religious involvement which was insightful as I am sure many clinicians working with older adults have witnessed the negative as well as positive aspect. I would have liked to seen an exploration of spirituality, especially since the importance of religion is currently being defined differently by the aging Boomers.

Hooker and colleagues remind us of how important knowing the lifelong personality of the older adult assists us to understand their health issues of today. Gaps exist and further research is essential. Burton and Bromell report on the cumulative health disadvantage of being born in to poverty by using an ethnographic approach. The reader is reminded that "cancer in the older adult is increasing and regarded by

some as a geriatric syndrome" (295). The work by Harden and colleagues reminds us that with advancing life expectancy and cancer treatment advances, we have an obligation to treat older adults past the typical end dates of 70 years and work toward updating current evidence-based guidelines for health prevention. And lastly, Crimmins and Hagedorn tell us that "estimating healthy and unhealthy life is an attempt to estimate life of varying quality" (p. 317). Using and understanding how socioeconomic factors impact aging can help us to change health policy and determine appropriate resources for leveling the playing field regarding quality.

This book is a relevant resource for researchers and educators in many disciplines as well as clinicians and health care profession students. Traversing levels of analysis helps us to think about aging as a process impacted from birth by external and internal factors that combine to formulate health and longevity for all aging individuals. Understanding the impact of life on living is essential in healthy aging.

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Peggye Dilworth-Anderson and Mary H. Palmer, eds. Annual Review of Gerontology and Geriatrics, Volume 31, 2011: Pathways Through the Transitions of Care for Older Adults. New York: Springer Publishing Company. 2011. ISBN #978-0-8261-0793-0. pp. 270, $95 (Hardcover)

This installment of the Annual Review of Gerontology and Geriatrics is organized as an answer to the complex question of what is needed to improve the quality of care adults aged 65 and older during their transitions from one health care setting to another. Pathways focuses on care transitions because this is where things are most likely to go horribly wrong for the patient, and the overarching goal is to improve patient outcomes, which in turn will reduce spending.

The complications facing older adults who are experiencing care transitions are broadly contextualized within the recent public policy issue of health care reform, and even more broadly in the rapidly shifting age demographics of the U.S. that is slated to exacerbate an already strained system. While the many factors contributing to poor health outcomes during transitions are not unique to older adults, comorbidities like dementia do occur at higher rates in this population, further complicating their care.

Pathways (and specifically "Coming Full Circle") casts transitional care as a way of reorienting how health care is provided in the U.S. Because transitional care as the authors frame it focuses on the patient, with care providers and family members coordinating the patient's care in symphonic harmony, transitional care is held up as a site for the catalysts that could systematically increase the quality of care provided while reducing its overall cost.

The health care system's current state of disarray can be located in the five thematic "pathways" that this volume treats as the current health care system's greatest weaknesses as well as its areas of greatest hope: family involvement, education and retention of the health care workforce, patient care quality and outcomes, reimbursement policies, and the fundamental fragmentation of the system. Taken together, these themes have the power to make or break continuity of care as patients transition from one health care setting to the next.

Several solutions also recur thematically throughout the volume. Among the most popular are patient-centric care models, inter-disciplinary team (IDT) coordinated care, multi-directional and ongoing communication, judicious use of technology, tying reimbursement rates to care quality, including family and direct care workers in decision-making, and holding health care providers and institutions accountable via standard performance measures.

A few chapters, notably "Public Policy Implications" (Reinhard and Lind) and "Educating Direct Care Workers on Transitions of Care" (Stone and Bryant), highlight the models and best practices that currently exist, and what promising programs the recently-passed Patient Protection and Affordable Care Act (PPACA) and other public policies may facilitate. But these same chapters also note the particular barriers that exist to further implementation of these best practices.

All of the authors admit there are quite a few stakeholders who are not exactly eager to see things shift to a patient-centric model. In response, "Coming