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

Full Circle" advocates that we consider stakeholders "in relation to each other" so that common interests can be identified and leveraged for the improved health of the system and the people it affects (252). And the contributors also hold up the potential of PPACA as a way to implement systematic changes. But knowing what we do now about the potentially dire straights the PPACA is in given the current political climate, how do we read the contributors' optimistic suggestion that this federal policy is something we will be able to leverage to change the system for the better?

Despite this shadow of doubt, the Pathways is thoughtfully written, its sections building easily upon one another. The recurring themes are interwoven throughout to create a consistent whole, allowing the volume to logically reach its conclusions and policy recommendations of the final chapter. The research herein has obvious widespread implications not just in the arena of public health, but also for our society as a whole. After all, as the authors point out, this crisis in health care is part of a larger socio-economic crisis. And while this volume focuses on the impact the system's shortcomings is having and will continue to have on older adults, the authors consistently stress that it is not only patients who experience their health crises, but also their families and friends.

The authors employ a variety of research methods, statistical sources, and ethnography to build their cases. A broad spectrum of people contributed to the solid scholarship in this volume, giving Pathways a rich, interdisciplinary scope that bolsters its insightful suggestions for future research and policy. Many of the contributors hail from the medical field, and there is representation of the health policy, social work, and psychiatric fields, as well. These are researchers who may actually have the influence necessary to change the lives of the people they have so meticulously studied.

Like all the volumes in this Annual Review series, Pathways is intended for students, researchers and clinicians in the fields of gerontology and geriatrics. But this volume contributes useful knowledge not only to the field of aging studies, but to multiple disciplines and public policy. Anyone interested in aging studies or health care would find this volume useful and enlightening.

After reading this book, it seems that by improving care during transitions using the various suggestions the authors put forth, the impending health care and socio-economic crisis that the influx of older adults poses could be averted. However, the disconnect that all the authors identify as so dangerous during transitions of care mirrors the disconnects that tend to occur during the transitions of knowledge from research to policy and from policy to implementation. Pathways is undeniably successful in what it aims to do: providing tools to think through ways of improving the quality of transitional care for older adults in America. And the contributors do an admirable job of discussing the underlying, systematic barriers to the application of its important and well-researched conclusions. I simply wish its contributors had provided clearer pathways through the transition from research to practice.

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Hayslip, Bert, Jr.; Smith, Gregory (eds.), Annual Review of Gerontology and Geriatrics, Volume 32 2012: Emerging Perspectives on Resilience in Adulthood and Later Life. Springer. 2012. ISBN# 978-0-8261-0874-6, 299 pp, $99 (Hardcover)

This collection is a timely and excellent contribution to the study of resilience and the field of gerontology. Recognizing that resilience as a construct is complex and lacks a unified and agreed upon definition, the editors conceptualize resilience as multifaceted and multidimensional, while demanding "attention to a virtually unlimited array of interacting biological, psychological, and environmental variables that must be truly viewed from an interdisciplinary and life span perspective" (p.24). As a result, the volume is organized in two parts: the first (chapters 1 through 7) addressing domains (physiological, biopsychosocial, and environmental aspects) of resilience and the second (chapters 8 through 14) discussing application (intervention and value of resilience in specific age-related contexts). Contributors to this volume address the multidimensional nature of resilience while considering how the research has evolved and developed given its historical context. Additionally, contributors present the most pertinent issues related to the measurement and application while advising and encouraging scholars to explore the complex and unanswered questions as they investigate and develop programs of resilience research. This volume showcases prominent scientists studying resilience. Additionally, contributors review the current state of the literature and articulate trends in the frontier of resilience research at large. The content in almost every chapter is accessible, compelling, and