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The Child Well-Being Index: An Overview of an Index of Recent Trends in the Well-Being of America's Children

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Introduction

The Child Well-Being Index Project (CWI) at Duke University has updated its measures of trends in the well-being, or quality of life, of children and youth in the United States over the 27-year period, 1975 to 2002 with projections for 2003. A number of findings and conclusions can be drawn from the updated measures. Among major trends, the Project finds:

- Well-being has increased in recent years – child and youth well-being has regained ground lost during the 1980s, but the Project's overall measure of well-being is only slightly higher for 2002 than in the base year 1975.
- These improvements apply to children and youth from all major ethnic groups.
- The years 1981-1994 were a particularly troubling time for children and youth in America; this period can be viewed as having had a serious recession in the well-being of children and youth related to significant changes in the economy and the American family.
- The major factor that has slowed progress in the health well-being of children and youth since the mid-1970s is the dramatic increase in the prevalence of obese children.
- There have been dramatic improvements in rates of violent criminal offending and victimization among children and youth since the early 1990s.
- Child and youth well-being could be substantially better today if all indicators of well-being were at or near the

best values they ever achieved historically in the nearly three-decade period of the study.

The following sections provide details about the CWI for all children as well as major ethnic groups. We also note the dramatic impact that increasing obesity rates among America's children has had on overall well-being since 1975. Conversely, declining rates of criminal activity and victimization, as well as the teenage birth rate, have significantly improved well-being during the same time. Finally, we provide evidence that historical best practice standards would result in an even higher Index of child and youth well-being.

The Child Well-Being Index (CWI) 1975 – 2002, with Projections for 2003

The Child Well-Being Index (CWI) is an evidence-based measure of trends over time in the quality of life or well-being of America's children and young people. It comprises several interrelated summary domains of annual time series of numerous social indicators of well-being. Appendix A briefly describes the Methods of Index Construction and has a table detailing both the seven domains of the CWI as well as the 28 Key Indicators that comprise them. Briefly, the seven domains include: Material Well-Being, Health, Safety/Behavioral, Productive Activity, Place in Community, Social Relationships, and Emotional/Spiritual Well-Being. More details on the CWI, its construction, and substantive findings therefrom can be found in Land, Lamb, and Mustillo (2001), Land (2004), and Lamb, Land, Meadows, and Traylor (2004). The summary Index, an equally-weighted average of the seven domains, gives a sense

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Editor's Note: Beginning with the November 2003 issue, SINET periodically is publishing descriptive essays on the structure and content of several major quality-of-life/well-being indices that have been developed and are maintained by various research groups. The November 2003 issue contained an overview essay on the Australian Unity Wellbeing Index by Robert A. Cummins and associates. This issue contains a report on recent trends in the well-being of children and youth in the United States as indicated by the Child Well-Being Index developed by Kenneth C. Land, Vicki L. Lamb, and Sarah O. Meadows of Duke University. The intent of these essays is to provide the authors an opportunity to present the essentials of their indices and the trends they measure over time and among population segments together with a number of references to other publications of scientific papers and technical reports. It is hoped that this will serve to help us all to be better informed concerning major efforts worldwide to measure one aspect or another of the

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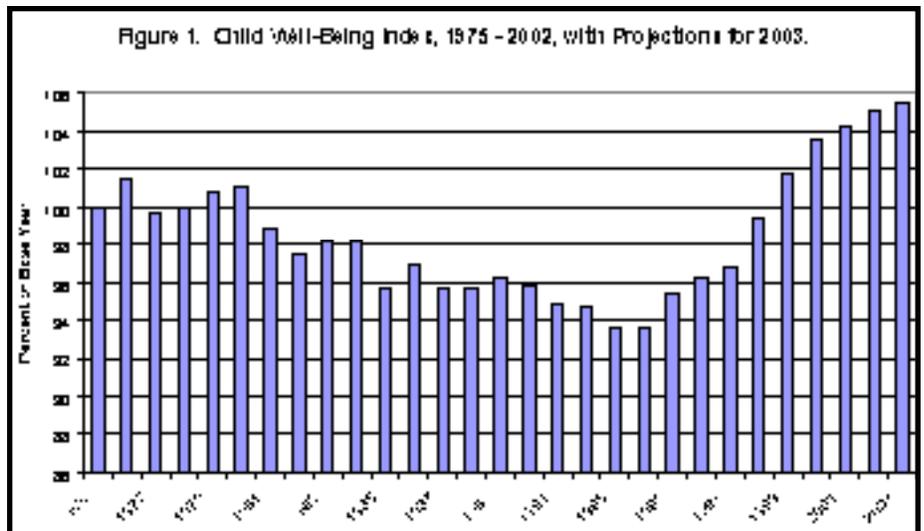
Figure 3 shows that since 1993, all three groups have experienced an improvement in overall well-being relative to 1985 baseline levels. Throughout much of the late-1980s and early-1990s both African-American and Hispanic children experienced a decline in well-being, dropping the CWI below baseline levels. However, both groups reached baseline levels in 1996 and have consistently surpassed 100 percent of the baseline CWI since then. The overall well-being Index for white children and youth has generally improved, albeit at varying rates from year to year, since 1987.

In 1985 there were substantial disparities among these major race/ethnic groups, but none of the three major groups had a consistently better position on all Key Indicators. And the general trends since the mid-1990s shown in Figure 3 imply that disparities in the overall well-being of children in all three race/ethnic groups have generally not grown.

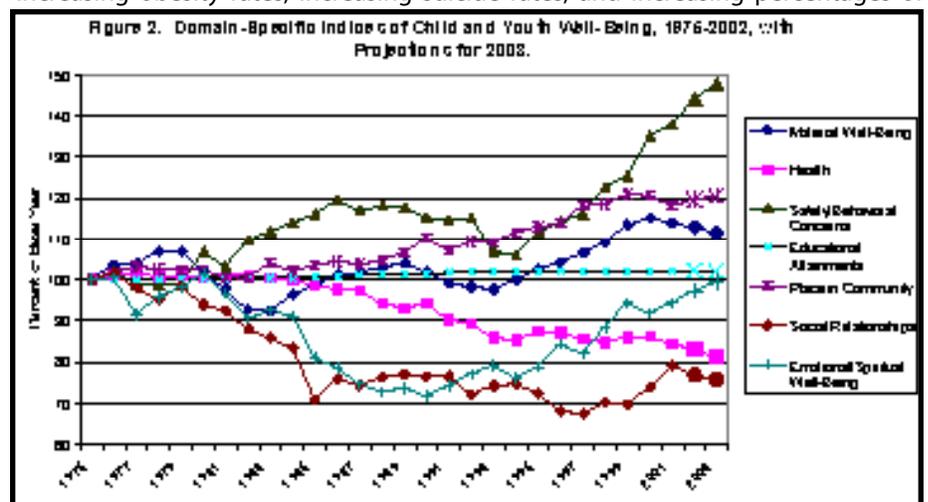
The 1980s Downturn in Child Well-Being

Despite steady improvement in well-being during the past decade, the overall CWI experienced a notable downturn that began in the early-1980s and persisted until the mid-1990s (see Figure 1). In brief, the 1980s were a particularly troubling time for children and youth in America. This period can be viewed as having had a serious recession in the well-being of children and youth related to significant changes in the economy and the American family.

From Figure 3 it is evident that minority children and youth were more severely affected by this decline. Three domains are primarily responsible for the deteriora-



tion in the CWI: the Health domain, the Emotional/Spiritual domain, and the Social Relationships domain (see Figure 2). Among the indicators in these three areas, increasing obesity rates, increasing suicide rates, and increasing percentages of



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of the overall direction of change in well-being, as compared to a base year of the indicators, 1975.

The CWI can be used to address the following types of questions:

- Overall, on average, how did child and youth well-being in the United States of America change in the last quarter of the 20th century and beyond?
- Did it improve or deteriorate?
- By approximately how much?
- In which domains or areas of social life?
- For specific age groups?
- For particular race/ethnic groups?
- And did race/ethnic group disparities increase or decrease?

The CWI is computed and updated annually and is based on observed data on the Key Indicators through the year 2001. Updates on some Key Indicators currently are available for the year 2002. The remaining indicators for 2002, and all of the components of the Index for 2003, are projected by use of statistical time series models. Due to the substantial inertia in many of the indicator time series, the one-year-ahead projected values have been found to be quite accurate.

The CWI for 1975 through 2002, including its projected value for 2003 can be seen in Figure 1. Actual numerical Index values are located in Appendix B.

Figure 2 shows the seven domain-specific summary indices for 1975 through 2003. Again, some of the indicators are projected for 2002 and all are projected for 2003.

In the year 2001, the last year for which all indicators are available, the CWI showed an improvement of 0.73 percent over 2000 and 4.29 percent over the base-year of 1975. The partly observed/partially projected 2002 Index value shows an improvement of 5.07 percent over baseline. Further, the fully projected year, 2003, predicts a slight increase over 2002 and remains above the 1975 value. Long term trends show that child well-being declined during through the mid 1990s, reaching its lowest level in 1993 when it was just 93.58 percent of the base-year. However, since that time the Index has shown steady increases and is

expected to continue to do so through 2003. Currently, children in American are faring better than they did in 1975.

The overall CWI can be broken down into the seven domains previously mentioned in order to judge where children are seeing the most improvement. Over the past three decades children have seen vast improvements in three domains: Safety/Behavioral Concerns, Place in Community, and Material Well-Being. One domain, Educational Attainments, has remained relatively steady at levels slightly above the 1975 base year levels. In 2002, three domains remain below baseline levels: Emotional/Spiritual Well-Being, Health, and Social Relationships.

A few key trends in individual indicators should be noted:

- The worst five years in child well-being occurred in the early- to mid-1990s. The CWI values for 1990 through 1995 fell to 95 percent or less of the 1975 base year of the Index. During this time, the percent of children living below the poverty line rose to its highest level in recent decades. Trends in the overall CWI appear to mirror the patterns seen in the Material Well-Being domain, particularly since the mid-1980s.

- The Health domain has shown the most decline since the 1975 base year of the Index and in 2002 was 83 percent of its baseline value. Of the indicators in this domain, the bulk of this deterioration is explained by large increases in the prevalence rate of obese children in the United States. This trend is further explored in a following section.

- The Safety/Behavioral domain has shown the most improvement since 1975 and in 2002 was 44 percent higher than its baseline level. This large improvement is due to decreases in the rate of children and youths who are serious criminal offenders and victims of violent crimes. This trend will also be further explored in the special section that follows.

- The percent of children under the age of 18 who live in single parent households has increased and/or remained above base levels in every year since 1975. The majority of these children reside with mothers rather than fathers. This deterioration pushes the Social Relationships domain below baseline levels across all years of the Index.

- One area in which there have been

only slight improvements over the past three decades is educational attainment. This domain includes U.S. Department of Education National Assessment of Educational Progress test scores for mathematics and reading. Despite this, the percent of 25 to 29 year-olds who have received a bachelor's degree has increased from 21.9 percent in 1975 to 28.7 in 2001 (the last year for which data are available). Further, the rate of 3 and 4 year-olds enrolled in preschool and the percentage of 16 to 19 year-olds who are not working nor in school have both shown improvements since 1975. These improvements have pushed the Place in Community domain above its baseline level throughout the course of the Index.

- An increase in the adolescent suicide rate and decreases in the percent of high school seniors who reported regular attendance at religious services as well as a high emphasis on the importance of religion accounted for the low levels of the Emotional/Spiritual domain throughout the 1990s. However improvements in these indicators have all but erased this deficit and the projected value for 2003 shows that the domain summary index is back to its 1975 base year level.

Overall, children and youth in today's society are doing better than they were in 1975. Trends in the overall CWI appear to move, to a substantial extent, with the general economic climate in the United States, with declines in well-being occurring in tandem with economic downturns and recessions. The Health domain also shows consistent and marked decline every year since 1975. Yet it is important to remember that sustained improvement in other domains of well-being, such as the Safety/Behavioral domain, can and do compensate for these declines.

Child Well-Being by Race and Ethnicity: Universal Improvements

The CWI is also calculated for three major racial and ethnic groups: African-Americans, Hispanics, and whites. Due to the lack of sufficient data to calculate the Key Indicators by race and ethnicity prior to the mid-1980s, we use a base year of 1985 for these comparisons. Note that these race/ethnic-group-specific indices are calculated relative to the within-group baseline values of the Key Indicators and summary CWIs in 1985.

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Being: Decreasing Criminal Activity and Victimization

Two of the key components of the safety behavioral domain are the rate of violent criminal offending and the rate of violent criminal victimization. Both rates peaked in 1993 and 1994, much like adult criminal activity. But dramatic declines since then have resulted in criminal offending and criminal victimization rates that are well below baseline levels. Projections for 2002 and 2003 show that this trend is likely to continue.

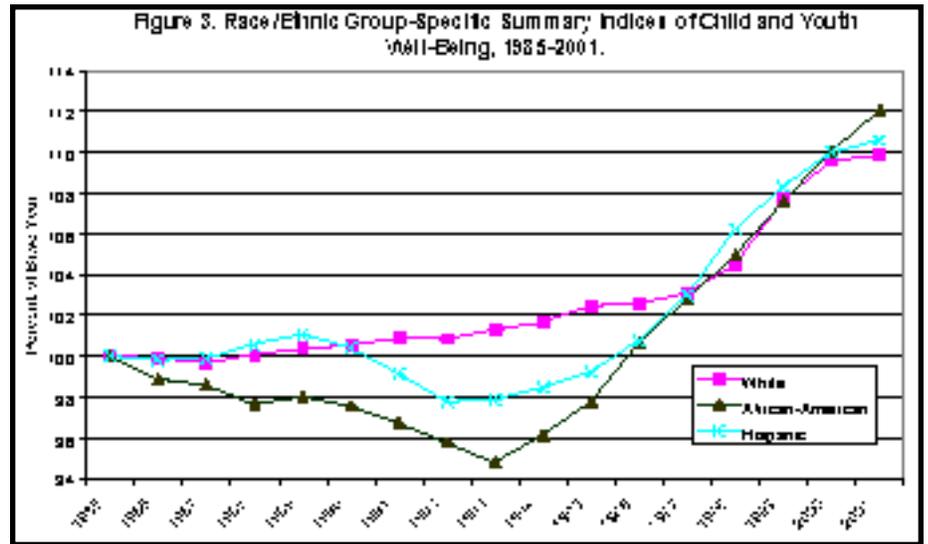
A glance at Figure 2 clearly shows that the Safety/Behavioral domain began to show steady improvement that coincides with the decline in criminal activity and victimization. Similarly, the rate of births to teenage mothers also shows a steep decline beginning in 1994. Taken together, the trends in these three indicators accounts for much of the improvement in child and youth well-being since the mid-1990s.

Things Could Be Better

While child and youth well-being has improved over the past three decades, especially since 1994, things could be even better. To establish this fact, an "historical best practice" gold standard has been created by which to assess changes in the Index values from year to year. The historical best practice CWI Index is calculated as is the normal CWI except the values utilized for each indicator are historically the "best" that the indicators have achieved since 1975.

For example, the 2001 value for the percent of children living in single-parent families was 27 percent. The lowest value this indicator series contains since 1975, and thus the "best" it has ever been, was the 17 percent in 1975. When the best practice Index is calculated, we use a value of 17 for this indicator. Using this method, we find that in 2001, the best practice Index value was 118 whereas the observed CWI value was 104. As another example, to gauge the impact of the obesity epidemic on the CWI, note that if the CWI for 2001 was calculated using only the obesity indicator in its best practice form, the overall Index would have been eight percentage points higher – that is, it would have had a value of 112 compared to 104 – than the baseline value.

Overall, relative to the base year 1975, if all of the Key Indicators had been at or near their best historically observed



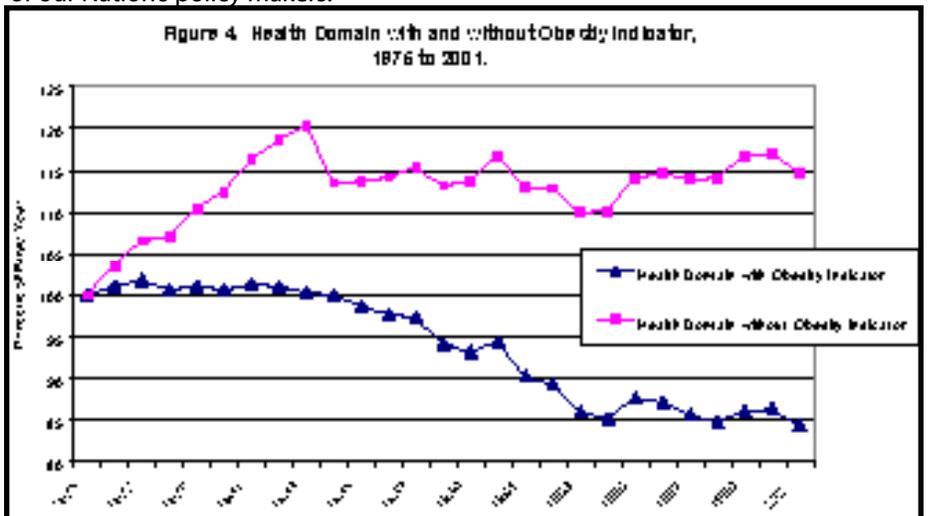
values, child and youth well-being in the United States could have been some 15 to 20 percent higher than observed in 2001.

Conclusion

It is important to remember that in any given year no single child encounters all of the social conditions that enter into the overall Child Well-Being Index that is presented here. Fluctuations over time in the Child Well-Being Index can be taken, however, as signaling changes in the overall context of social conditions encountered by children and youths. And many policymakers, officials, adults, and parents (and some children and youths as well) are interested in how the general level of social conditions faced by children in a recent year compares to the corresponding level in a previous year. These results indicate that in many aspects of the lives of children and youth in the United States show improvements compared to 1975 and/or 1985. Nonetheless, there are also areas that need improvement and demand the attention of our Nation's policy makers.

The Child Well-Being Index shows that in 2002, children in America fared better than children in 1975 across many indicators of social life. Projections for the future also look bright but given that the Index appears to follow trends in the overall economic climate in the United States the well-being of children in America may see slight declines over the next few years. Four of the 28 indicators that comprise the Index have shown significant and influential trends over the past three decades: rates of criminality, criminal victimization, suicide, and obesity. While juvenile crime and victimization have dropped dramatically, childhood obesity has risen to a point that it can be considered a modern day epidemic. Yet despite the harmful impact of this component, the overall Index has shown steady improvement since the mid 1990s. Overall, children and youths are faring better today than ever before.

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single-parent families all significantly contributed to the decline in Index values to below base-year levels.

When the CWI is disaggregated by race and ethnicity, the indicators responsible for declines in well-being are different for each group. This is not surprising given that the decrease in Index values is much steeper for African-American and Hispanic children. White children and youth experienced very modest declines in well being during the 1980s primarily due to slight increases in suicide rates, and decreases in the percent of high school seniors who reported religion as very important as well as the rate of seniors who attended religious services at least once a week. These three indicators create the Emotional/Spiritual domain.

African-American child and youth well-being from 1986 to 1995, when Index values fell below baseline levels, was primarily affected by three domains: Health, Emotional/Spiritual, and Social Relationships. Within the Health domain, African-Americans experienced increasing rates of infants born with low birth weights and an increasing rate of children with activity limitations that occurred mainly in the early 1990s. Increasing suicide rates and decreasing religious importance pushed the Emotional/Spiritual domain values well below baseline levels until 2000. This domain is largely responsible for deteriorating well-being among African-American children. And finally, slight increases in the percent of single-parent families and increases in residential mobility accounted for declines in the Social Relationships domain.

For Hispanic children, two domains operated to push the overall CWI below baseline levels for two years during the late-1980s and then again for a five-year span during the early-1990s (1991-1995). A substantial drop in the number of Hispanic young adults obtaining a college degree in 1986 and 1987 (9.0 and 8.7, respectively, compared to 11.1 in 1985), declines in rates of voting and high school graduates, and increases in the percent of youths not working nor in school all contributed to below baseline levels in the Place in Community domain during the late-1980s. Increasing suicide rates during the first decade of the Hispanic CWI caused significant declines in the Emotional/Spiritual domain during the early- to mid-1990s. However beginning in 1997, suicide rates have shown steady improvement and Hispanic child and youth well-being has progressively increased through 2001.

Children's Declining Health: The Obesity Epidemic

The Health domain is comprised of six Key Indicators: the infant mortality rate, the rate of low birth-weight babies, the mortality rate of children and youths ages 1 to 19, the rate of children with very good or excellent self-reported health, the rate of children with activity limitations, and the rate of overweight children and adolescents ages 6 to 17. All of these health indicators have shown improvement over the course of the Index except obesity. For example, steady declines in all age-specific death rates have occurred for children in the United States since 1975. However, the prevalence rate of obese children has increased every year since 1975 representing an alarming trend in child and youth health.

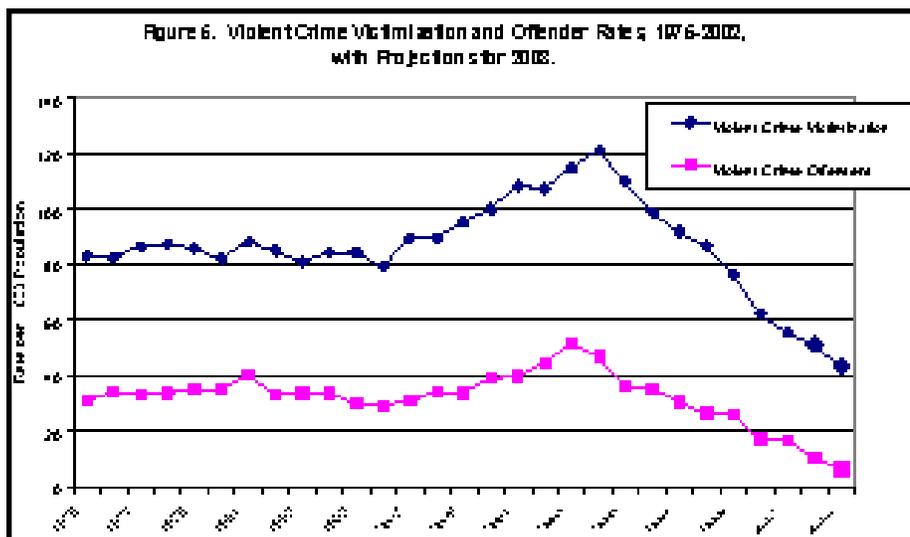
Prevalence rates of obesity represent the single departure from the trend seen in the rest of the Health indicators. The impact of the obesity indicator on the Health domain of the CWI is presented in Figure 4. The value of the domain summary Index was calculated using five indicators, leaving obesity out of the computation. This version is represented by the top line in the figure (i.e., squares). The bottom line (i.e., triangles) is the original Health domain summary Index. As can be seen, the value of the Index is above baseline levels in all years when obesity is excluded. When obesity is included the value of the Index plummets with the 2001 value a mere 84 percent of the baseline. The Health domain without obesity is 15 percent above baseline levels in 2001. Without the obesity indicator in the domain Index, however, it should be noted that there has been relatively little overall improvement since the mid-1980s.

Acknowledgements and Contact Information
The 1990s Improvement in Child Well-

The Child Well-Being Index Project is coordinated by Kenneth C. Land, Ph.D., John Franklin Crowell Professor, Department of Sociology, P.O. Box 90088, Duke University, Durham, NC 27708-0088 (e-mail: kland@soc.duk.edu). Other Duke University researchers involved in the project include Vicki L. Lamb, Ph.D., Sarah O. Meadows, M.A., and Sarah Kahler Mustillo, Ph.D. The Project is supported by grants from the Foundation for Child Development (<http://www.ffcd.org/>). We especially acknowledge the support and encouragement of Ruby Takanishi, President, and Fasaha Traylor, Senior Program Officer, Foundation for Child Development. We also thank Kristin A. Moore, Ph.D. and Brett Brown, Ph.D. of Child Trends, Inc. (<http://www.childtrends.org>) and Donald Hernandez, Ph.D. of the State University of New York at Albany for invaluable advice and assistance in this project

On the Web: More information about the CWI, its construction, and the scientific papers and publications on which it is based can be found on the World Wide Web:

http://www.soc.duke.edu/~smeadows/cwi/cwi_webpage/



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Table 1. Twenty-eight Key National Indicators of Child Well-Being in the United States.

Material Well-Being Domain:	1. Poverty Rate—All Families with Children
	2. Secure Parental Employment Rate
	3. Median Annual Income—All Families with Children
	4. Rate of Children with Health Insurance Coverage
Social Relationships Domains:	1. Rate of Children in Families Headed by a Single Parent
	2. Rate of Children Who Have Moved Within the Last Year
Health Domain:	1. Infant Mortality Rate
	2. Low Birth Weight Rate
	3. Mortality Rate, Ages 1-19
	4. Rate of Children with Very Good or Excellent Health (as reported by their parents)
	5. Rate of Children with Activity Limitations (as Reported by their Parents)
	6. Rate of Overweight Children and Adolescents, Ages 6-17
Safety/Behavioral Concerns Domains:	1. Teenage Birth Rate, Ages 10-17
	2. Rate of Violent Crime Victimization, Ages 12-17
	3. Rate of Violent Crime Offenders, Ages 12-17
	4. Rate of Cigarette Smoking, Grade 12
	5. Rate of Alcoholic Drinking, Grade 12
	6. Rate of Illicit Drug Use, Grade 12
Productivity (Educational Attainments) Domain:	1. Reading Test Scores, Ages 9,13, 17
	2. Mathematics Test Scores, Ages 9, 13, 17
Place in Community Domain:	1. Rate of Preschool Enrollment, Ages 3-4
	2. Rate of Persons Who Have Received a High School Diploma, Ages 18-24
	3. Rate of Youths Not Working and Not in School, Ages 16-19
	4. Rate of Persons Who Have Received a Bachelor's Degree, Ages 25-29
	5. Rate of Voting in Presidential Elections, Ages 18-20
Emotional/Spiritual Well-Being Domain:	1. Suicide Rate, Ages 10-19
	2. Rate of Weekly Religious Attendance, Grade 12
	3. Percent who Report Religion as Being Very Important, Grade 12
Note: Unless otherwise noted, indicators refer to children ages 0-17.	

Appendix A

Methods of Construction and Indicator List for the CWI

Methods of Construction

Annual time series data (from vital statistics and sample surveys) have been assembled on some 28 national-level Key Indicators in seven quality-of-life domains:

- Material well-being,
- Health,
- Safety/behavioral concerns,
- Productive activity (educational attainments),
- Place in community (participation in schooling or work institutions),
- Social relationships (with family and peers), and
- Emotional/spiritual well-being.

These seven domains of quality of life have been well-established as recurring time after time in over two decades of empirical research in numerous subjective well-being studies. They also have been found, in one form or another, in studies of the well-being of children and youths. The 28 Key Indicators used in the construction of the CWI are identified below in Table 1.

To calculate the CWI, each of the 28 time series of the Key Indicators is indexed by a base year (1975 or 1985). The base year value of the indicator is assigned a value of 100 and subsequent values of the indicator are taken as percentage changes in the Index. The directions of the indicators are oriented so that a value greater (lesser) than 100 in subsequent years means the social condition measured has improved (deteriorated).

The 28 indexed Key Indicator time series are grouped into the seven domains of well-being by equal weighting to compute the domain-specific Index values for each year. The seven domain-specific Indices then are grouped into an equally-weighted Child Well-Being Index value for each year. Since it builds on the subjective well-being empirical research base in its identification of domains of well-being to be measured and the assignment of Key Indicators to the domains, the CWI can be viewed as well-being-evidence-based measure of trends in averages of the social con-

Appendix B

Child Well-Being Index Values, 1975-2002, with Projections for 2003

1975	100.00	1985	95.64	1995	95.43
1976	101.48	1986	96.89	1996	96.24
1977	99.63	1987	95.64	1997	96.84
1978	99.99	1988	95.75	1998	99.41
1979	100.84	1989	96.23	1999	101.72
1980	101.13	1990	95.88	2000	103.56
1981	98.89	1991	94.79	2001	104.29
1982	97.55	1992	94.78	2002	105.07
1983	98.17	1993	93.58	2003	105.46
1984	98.16	1994	93.62		

POVERTY AND INEQUALITY BLOCK WORLD PROGRESS

Since 1950, the world economy has bounded ahead sevenfold.

Today, however, 2 billion of the world's 6.2 billion people scrape by on a few dollars or less a day.

It is not because of a scarcity of food. The per capita world grain production has held fairly steady for the last twenty years but recently has slipped slightly. Grain, however, translates into meat. Meat production per person has inched up, standing now at 39 kilograms per person. One calorie of flesh requires 11–17 calories of feed. The meat eater's diet requires two to four times more land than the vegetarian's diet. Soybeans, rice, wheat and corn produce three to eight times as much protein as meat. Dietary change from flesh to vegetables, then, provide one bridge out of the world

and problem

VITAL SIGNS 2003

The Trends That Are Shaping Our Future

WORLDWATCH INSTITUTE
Michael Renner, Project Director
Molly O. Sheehan, Associate Project Director

At the beginning of 1992 there were two million fewer refugees. However, there remain some 19 million refugees, according to the UN

The number of wars and armed conflicts have declined over the past ten years or so.

World cigarette production, a health hazard, had dipped slightly. The peak production per person was 1027 in 1990. In 2002 it was 897 per person.

Population growth continues to abate. In 1996 80 million were added to the world's population. In 2001, the number added had declined to 74 million/year.

The Gross World Product inches up slightly, from \$7,617 to \$7,714/prson.

You can reach the Vital Signs staff on worldwatch@worldwatch.org.

~ Abbott L. Ferriss, Emory University

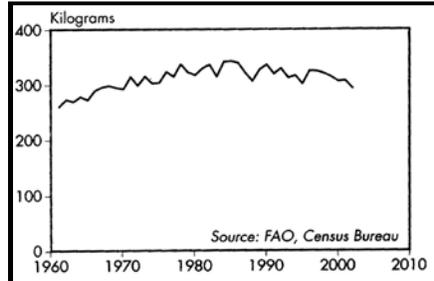


Figure 2: World Grain Production Per Person, 1961–2002

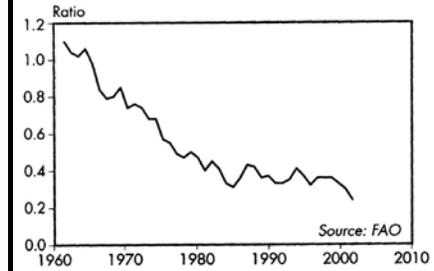


Figure 3: World Grain Stock-to-Use Ratio, 1961–2002

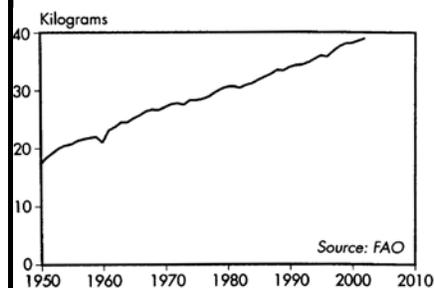


Figure 2: World Meat Production Per Person, 1950–2002

Vital Signs 2003

Many others can be found in Vital Signs 2003, now available (US \$14.95) from the W. W. Norton & Co., 500 Fifth Ave., New York, NY 10110, or 75/76 Wells ST., London, W1T 3QT.

The slim annual volume brings together indicators reflecting the world's trends in food production, energy, economic conditions, transportation and trade trends, health and social trends, and military trends. This issue gives special attention to five special features: environment, economy, resource economics, health and social, and governance and military features. The volume is peppered with graphs and tables showing trends, some of them tracing back forty to fifty years. Molly O. Sheehan, associate project director, and Michael Renner, director heads a staff of a dozen analysts. They also produce The State of the World.

"Between 1960 and 1995, the disparity in per capita income between the world's 20 richest and 20 poorest nations more than doubled, from 18 to 1 to 37 to 1." The accompanying Table 1 shows the disparity in 15 sample countries.

Hunger

The hunger of two billion people is not the only consequence of this inequality.

The infant mortality rate is 13 times greater in low income than in high-income countries. All but one percent of the world's pregnancy-related deaths occur in developing countries. The lifetime risk of maternal death is 40 times greater in developing countries than in industrial nations.

Infectious diseases arise from lack of clean water, poor sanitation, affordable treatments and better food. Three-fourths of the deaths from such causes occur in Africa and Southeast Asia.

Orphans

Over 14 million orphans in 2001 were due to deaths of parents owing to AIDS and other causes. The number of orphans in 2010 is projected to rise to 24 ¼ million worldwide.

The application of traditional medicine and complementary/alternative medicine is increasing. These offer lower costs and in some cases, improved efficiency in treatment, treatment of malaria being

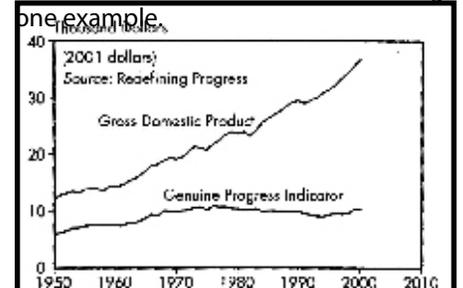


Figure 2: Gross Domestic Product and Genuine Progress Indicator Per Person, United States, 1950–2002

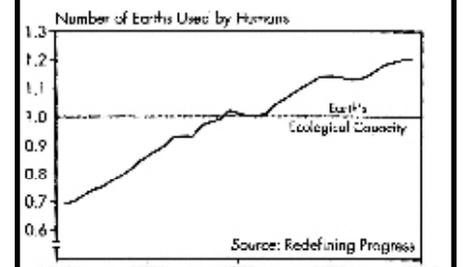


Figure 3: World Ecological Footprint, 1961–99

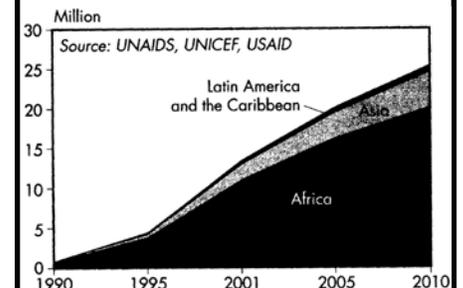


Figure 1: Orphans Due to AIDS, by Region, 1990–2001, with Projections to 2010

Advancing Quality of Life in a Turbulent World



CALL FOR PAPERS

The 6th International Conference of ISQOLS will be held in Philadelphia from November 10-14, 2004. The conference theme—“Advancing Quality of Life in a Turbulent World”—builds on the content of both the Frankfurt & Girona conferences and, at the same time, will challenge delegates to consider positive steps that can be taken for advancing quality of life in rich and poor societies alike.

Consistent with ISQOLS' tradition, the Philadelphia conference will be organized around a number of sub-themes, each of which will be focused on in a variety of papers, round tables, poster sessions and workshops:

- Day 1 Theme (November 11): The State of QOL in Various World Geopolitical Regions
- Day 2 Theme (November 12): Sectoral Issues Impacting QOL (including health, education, housing, etc.)
- Day 3 Theme (November 13): The QOL of Various Population Groups (including children & youth, the aged, women, etc.)

To date, some 50 separate tracks have been included in the conference program—ranging from “Measurement Issues in QOL Research”, to reports of the relationship between “Income and Happiness”, “QOL and Family Life”, “Sex, Intimacy and Quality of Life”, “Food, Beverage and Quality of Life”, among many others.

Unique to the Philadelphia conference will be a series of major reports on the state of QOL in various world regions (Africa, Asia, Europe, Latin & North America, the Pacific & Oceania, as well as in the European and Central Asian “successor states” to the Former Soviet Union).

Also unique to the Philadelphia meeting will be the inclusion of QOL practitioners from various world regions.

A copy of the draft program for the conference, including the official “Call for Abstracts”, may be downloaded from the following website:

<http://caster.ssw.upenn.edu/~restes/ISQOLS/PHL2004CFA.doc>

In an effort to be as inclusive as possible, the conference planners are raising funds to provide “Registration Scholarships” (\$250) to delegates from low-income economies and to advanced doctoral students engaged in QOL research and practice. An effort also is being made to raise funds to help subsidize the registration costs of QOL practitioners who may need financial assistance in order to participate in the meeting.

A copy of the Conference Registration Form and Program Overview are included in this issue of SINET. All in-

CONFERENCE REGISTRATION FORM (PHL2004)*
The International Society for Quality-of-Life Studies (ISQOLS)
Advancing Quality of Life in a Turbulent Work
 Philadelphia, Pennsylvania USA
 November 10-14, 2004

	Circle at least one choice under each required category	Current Members	Non-Members	Subtotal
1 CONFERENCE REGISTRATION FEE (REQUIRED)				
	Full/Regular Conference Fee*	\$250.00	\$300.00	\$_____00
	Reduced Student/Retired Person Fee*	\$125.00	\$150.00	\$_____00
	Reduced Accompanying Persons Fee	\$90.00	\$100.00	\$_____00
2 PRE-CONFERENCE WORKSHOP FEES (OPTIONAL)				
	Full Day (up to 30 hours including lunch break) Workshop # _____	\$100.00	\$150.00	\$_____00
	Half Day (up to 30 hours including lunch break) Workshop # _____	\$50.00	\$75.00	\$_____00
3 BANQUET FEES (OPTIONAL) — Thursday, November 11, 2004				
	With Payment of Full Conference Fee	No Charge	No Charge	No Charge
	With Payment of Reduced Conference Fee	\$40.00	\$40.00	\$_____00
4 2005 ISQOLS MEMBERSHIP (REQUIRED EXCEPT FOR CURRENT LIFETIME MEMBERS)				
	Regular Membership	\$300.00	\$250.00	\$_____00
	Lifetime Membership (Includes current regular membership fee)	\$300.00	\$300.00	\$_____00
	Student/Retired Person Membership	\$25.00	\$25.00	\$_____00
5 MEETING SPACE & AV EQUIPMENT SURCHARGES (REQUIRED)				
	Persons local to Philadelphia	No Charge	No Charge	No Charge
	Visitors staying at the Radisson/Wallick Hotel	No Charge	No Charge	No Charge
	Visitors not staying at the Radisson Hotel	\$30.00	\$30.00	\$_____00
6 SUBSCRIPTIONS TO ISQOLS PUBLICATIONS (OPTIONAL)				
	SINET: Social Indicators Network News (quarterly)	No Charge	\$18.00	\$_____00
	Journal of Happiness Studies (quarterly)	\$92.00	\$296.00	\$_____00
	Social Indicators Research (12 issues per year)	\$103.00	\$1,010.00	\$_____00
7 CONTRIBUTIONS (OPTIONAL)				
	To ISQOLS Secretary Fund to financially assist colleagues from low-income countries to attend the conference	Note: Gifts to these Funds may include cash, frequent flyer miles or pre-paid tickets or willingness to share a pre-arranged hotel room at no cost to the designated delegate.		\$_____00
	To ISQOLS Student Travel Fund to financially assist advanced graduate student to attend the conference			\$_____00
	TOTALS			\$_____00

* The conference is fully self-financed, hence, all participants must cover their own costs for travel and registration. As possible, some reductions in the Conference Registration Fee may be possible for participants from low-income countries and for advanced graduate students. Request for full or partial Conference Registration Fee must be given in writing to the Conference Secretariat in care of Richard Estes, Conference Chair: phl2004@attglobal.net

CONFERENCE REGISTRATION FORM (PHL2004)*
The International Society for Quality-of-Life Studies (ISQOLS)
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Circle at least one choice
 under each required category

	Current Members	Non- Members	Subtotal
1. CONFERENCE REGISTRATION FEE (REQUIRED)			
Full/Regular Conference Fee*	\$250.00	\$300.00	\$_____00
Reduced Student/Retired Person Fee*	\$125.00	\$150.00	\$_____00
Reduced Accompanying Persons Fee	\$90.00	\$100.00	\$_____00
2. PRE-CONFERENCE WORKSHOP FEES (OPTIONAL)			
Full Day (up to 5.0 hours, including lunch break)			
Workshop # _____	\$100.00	\$150.00	\$_____00
Half Day (up to 3.0 hours, including lunch break)			
Workshop # _____	\$50.00	\$75.00	\$_____00
3. BANQUET FEES (OPTIONAL)—Thursday, November 11, 2004			
With Payment of Full Conference Fee	No Charge	No Charge	No Charge
With Payment of Reduced Conference Fee	\$40.00	\$40.00	\$_____00
4. 2005 ISQOLS MEMBERSHIP (REQUIRED, EXCEPT FOR CURRENT LIFETIME MEMBERS)			
Regular Membership	\$50.00	\$50.00	\$_____00
Lifetime Membership	\$300.00	\$300.00	\$_____00
(includes current regular membership fee)			
Student/Retired Person Membership	\$25.00	\$25.00	\$_____00
5. MEETING SPACE & A-V EQUIPMENT SURCHARGES (REQUIRED)			
Persons local to Philadelphia	No Charge	No Charge	No Charge
Visitors staying at the Radisson-Warwick Hotel	No Charge	No Charge	No Charge
Visitors not staying at the Radisson Hotel	\$50.00	\$50.00	\$_____00
6. SUBSCRIPTIONS TO ISQOLS PUBLICATIONS (OPTIONAL)			
SINET: Social Indicators Network News (quarterly)	No Charge	\$18.00	\$_____00
Journal of Happiness Studies (quarterly)	\$92.00	\$296.00	\$_____00
Social Indicators Research (12 issues per year)	\$103.00	\$1,010.00	\$_____00
7. CONTRIBUTIONS (OPTIONAL)			
To ISQOLS Solidarity Fund to financially assist colleagues from low-income countries to attend the conference			
Note: Gifts to these Funds may include cash, frequent flyer miles for free air tickets, or willingness to share a twin-bedded hotel room at no cost to the designated delegate			\$_____00
To ISQOLS Student Travel Fund to financially assist advanced graduate student to attend the conference			\$_____00
TOTALS			\$_____00

Honors at the 2004 ISQOLS Conference in Philadelphia

Nominations are solicited for the following awards to be made at the 2004 ISQOLS Conference in Philadelphia:

- The Award for the Betterment of Human Condition
- The Distinguished Researcher Award
- The ISQOLS Fellow Award
- The Distinguished Service Award
- The Best Dissertation Award

Nomination should be sent to Don Rahtz, School of Business Administration, College of William and Mary, 103 Barlows Run, Williamsburg, VA 23188, USA; e-mail: don.rahtz@business.wm.edu

THE INTERNATIONAL SOCIETY FOR QUALITY- OF-LIFE STUDIES

The International Society for Quality-of-Life Studies (ISQOLS) was formed in the mid-1990s. The objectives of ISQOLS are: 1) to stimulate interdisciplinary research in quality-of-life (QOL) studies within the managerial (policy), behavioral, social, medical, and environmental sciences; 2) to provide an organization which all academic, business, nonprofit, and government researchers who are interested in QOL studies can coordinate their efforts to advance the knowledge base and to create positive social change; and 3) to encourage closer cooperation among scholars engaged in QOL research to develop better theory, methods, measures, and intervention programs. The year 2002 membership fees are US\$35 for regular members and \$25 for students or retired persons. Prof. M. JOSEPH SIRGY (Virginia Tech and State University) is Executive Director of ISQOLS. Anyone interested in knowing more about ISQOLS should contact Prof. Sirgy at the central office: International Society for Quality-of-Life Studies, Dept. of Marketing, Pamplin College of Business, Virginia Tech, Blacksburg, VA 24061-0236; tel.: 540-231-5110; fax: 540-231-3076; e-mail: sirgy@vt.edu. The Society's homepage on the Internet also can be accessed at <http://www.sirgy.com>

SINET WORLD WIDE WEB**HOMEPAGE**

SINET has a homepage entry on the World Wide Web. It is located on the homepage of the Department of Sociology at Duke University and thus can be accessed by clicking on Department Publications on the address of that page, namely, <http://www.soc.duke.edu> or by typing in the full address <http://www.soc.duke.edu/dept/sinet/index.html>. The homepage for SINET contains a description of the Contents of the Current Issue as well as of Previous Issues. In addition, it has Subscription Information, Editorial Information, Issue-Related Links, and a link to the homepage of ISQOLS, the International Society for Quality-of-Life Studies. The Issue-Related Links button has links to World Wide Web locations of data for the construction, study, and analysis of social and quality-of-life indicators that have been identified in previous issues of SINET. When you are surfing the Web, surf on in to our homepage.

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