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) 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 Taylor (2004). The summary Index, an equally-weighted average of the seven domains, gives a sense of overall well-being.

(Continued on next page.)
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 deterioration 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
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 values show an improvement of 5.07 percent over baseline. Further, the fully projected value, 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 baseline. 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 furthered 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 or 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.

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 CWIs 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.
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 policy makers, 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.
(Continued from previous page.)

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

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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/
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-
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 gain 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 food problem.

Vital Signs 2003

Many others can be found in Vital Signs, 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.

At the beginning of 2992 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

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 1/4 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...
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

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| 2. PRE-CONFERENCE WORKSHOP FEES (OPTIONAL) | | | |
| Full Day (up to 3.5 hours including lunch break) Workshop # | $100.00 | $50.00 | | |
| Half Day (up to 3 hours including lunch break) Workshop # | $50.00 | $25.00 | |

| 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 | |

| 4. 2004 ISQOLS MEMBERSHIP (REQUIRED EXCEPT FOR CURRENT LIFE TIME MEMBERS) | | | |
| Regular Membership | $30.00 | $30.00 | |
| Life Time Membership (Includes current regular membership fee) | $300.00 | $300.00 | |
| Student/Retired Person Membership | $25.00 | $25.00 | |

| 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 | $30.00 | $30.00 | |

| 6. SUBSCRIPTIONS TO ISQOLS PUBLICATIONS (OPTIONAL) | | | |
| SINET: Social Indicators Network News (quarterly) | No Charge | $18.00 | |
| Journal of Happy Lives Studies (quarterly) | $92.00 | $92.00 | |
| Social Indicators Research (12 issues per year) | $109.00 | $109.00 | |

| 7. CONTRIBUTIONS (OPTIONAL) | | | |
| To ISQOLS Student Fund to financially assist colleagues from low-income countries to attend the conference | | | |
| To ISQOLS Student Travel Fund to financially assist advanced graduate student to attend the conference | | | |

**Note:** Gifts to these funds may include cash, frequent flyer miles for free air tickets or hotel stays. Any amount is appreciated. No contribution is too small.

* 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: phi2004@attglobal.net
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 (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.isqols.org.
(1) The 2004 Community Indicators Conference [Reno, Nevada, USA; March 10-13, 2004]. The program of 2004 Community Indicators Conference (Reno, Nevada, USA; March 10-13, 2004) is shaping up nicely. We expect this conference to be an exciting event involving a strong blend of academicians and practitioners involved in community QOL issues, particularly issues related to planning, developing, and implementing community QOL indicators. We are expecting a large turnout of community planners and public policy people at this conference. Hope you can join us at this important event.

You can get more information about this conference by visiting ISQOLS website at http://marketing.cob.vt.edu/isqols and click on “Conferences and Workshops”. If you have any questions or comments about this upcoming exciting event, don’t hesitate to contact Joe Sirgy at sirgy@vt.edu.

(2) ISQOLS Membership Renewal. It is time to renew your membership in the International Society for Quality-of-Life-Studies (ISQOLS) for 2004. The membership in ISQOLS begins in January and ends in December of every year. For those who never got a chance to apply for membership, please consider doing so at this time. As you may know, the benefits of ISQOLS membership include:

* 3-4 issues of Social Indicators Network News (SINET) every year.
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* Significant subscription discounts for Social Indicators Research, the Journal of Happiness Studies and the Journal of Business Ethics.
* Significant discount to ISQOLS conferences.
* Communications with other QOL researchers through a listserve.
* Putting up one’s personal (and/or one’s institute) expertise profile on ISQOLS homepage.
* Getting recognized for important research achievements through ISQOLS awards program.
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To apply for 2004 membership in ISQOLS, see instructions on the Membership form attached. Alternatively, you can register online with a credit card by visiting ISQOLS’ website at <http://marketing.cob.vt.edu/isqols> and click Join ISQOLS or Membership Application.

~ Dong-Jin Lee, ISQOLS Vice-President
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SINET

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