

A Quarterly Review of Social Reports and Research on Social Indicators, Social Trends, and the Quality-of-Life.
News Included of Research Committee 55 on Social Indicators and Social Reporting of the International Sociological Association.

ADVANCES IN WELL-BEING

M. Joseph Sirgy and Richard J. Estes

This article is designed to highlight a few points from our latest book, *Advances in Well-Being: Towards a Better World*, recently published in January 2018 by Rowman & Littlefield International (Estes & Sirgy, 2018). Our 2018 book is an offshoot of our now classic 2017 book titled, *The Pursuit of Human Well-Being* (Estes & Sirgy, 2017). The new book, *Advances in Well-Being*, is divided into six chapters each of which is intended to provide a different snapshot into the well-being people individually and collectively over the approximately 120-years period 1900 to 2016 with an emphasis on the development decades that followed the end of the Second World War (1935-1945). The chapters are data rich in their philosophical and empirical presentations.

The first chapter presents an overview of the book's central content as well as information concerning its organization. The second chapter offers a rich understanding of the major philosophical and religious traditions that have guided different segments of humanity in their pursuit of well-being. Each of the socio-philosophical-religious perspectives presented in the chapter reflect the well-being pursuits of literally hundreds of millions of people worldwide. The remaining chapters of the book are basically intuitive in their content and placement in the book.

The dimensions of human well-being are many and varied but only a few were covered in the book. We choose to focus on the three major dimensions of human well-being that comprise the United Nations' *Human Development Index*, namely the health (Chapter 3), economic (Chapter 4), and educational (Chapter 5) dimensions of human well-being. Health well-being is reflective of what is commonly construed as "physical well-being" and educational well-being" is traditionally viewed as a major element of social well-being. These

critical components of human well-being offer both direct and indirect measures of well-being (UNDP, 2016). We have chosen to focus on each of these dimensions to understand more fully the positive changes and, in some cases, obstacles to those changes that have contributed most significantly to advancements in human well-being over the past century. The last chapter, Chapter 6, summarizes the major positive shifts that occurred over the past century in advancing human well-being. Sections of the chapter also suggest additional major advancements in the health, education, and economic sectors that we anticipate occurring in the decades following 2017.

Below are some of the highlights.

The Concept of Well-Being: Wisdom from the Ages

Western philosophers from the ancient Greeks and even earlier conceptualized well-being in terms of character strength and virtues. Roman philosophers referred to well-being in terms of harmony—inner harmony, social harmony, harmony with nature and the cosmos, and so on. Philosophers that followed focused on pleasure and utilitarian concepts of the greater good. Christian philosophers focused on spiritual well-being, the type of well-being that can be only attained through salvation in the afterlife. This is "perfect happiness" but a less-perfect form of happiness can be attained by living a Christian life as revealed in the Bible. The focus then shifted to values—community, meaningful work, as well as God.

East Asian philosophers have long treated the concept of well-being in terms of prosperity and wealth, love of virtue, good health and peace of mind, longevity, and fulfilling destiny and following the

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Editor's Note: *This issue leads off with a review essay by M. Joseph Sirgy and Richard J. Estes. The essay highlights some key foci of a recent book, *Advances in Well-Being: Towards a Better World*, recently published by Rowman & Littlefield International (Estes & Sirgy, 2018). These include a historical review of the concept of well-being and then separate sections changes over the past few decades in the global states of health, economic, and educational well-being. This is followed by a message from ISQOLS President Mariano Rojas, an announcement of the ISQOLS 2019 Conference in Granada, Spain, a note on the passing of innovator in social indicators/quality-of-life research and long-standing ISQOLS member Wolfgang Glatzer, and regular announcements.*

SINET

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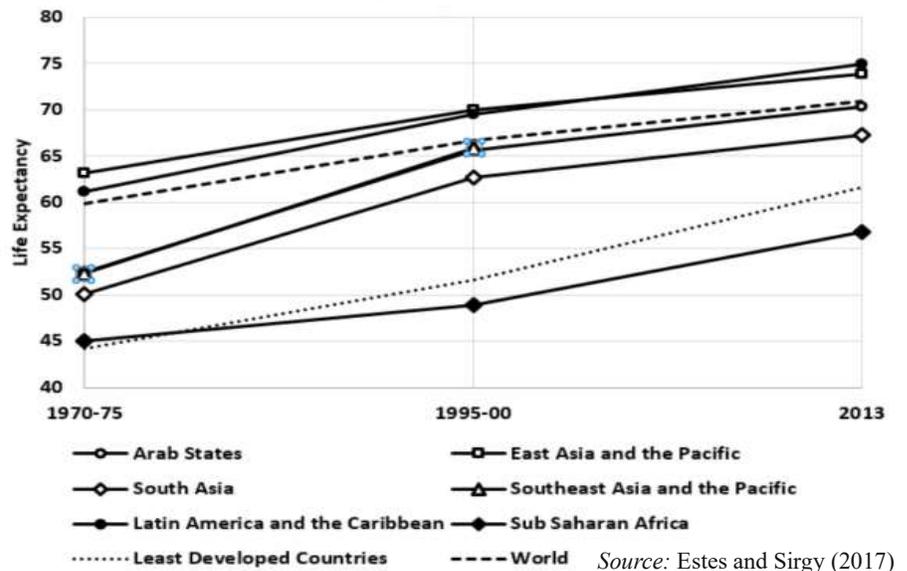
will of Heaven. In contrast, South Asian philosophers focused on *nirvana*, the ultimate state of psychological well-being. *Nirvana* allows the person to prepare for reincarnation into a higher being. To achieve nirvana one needs to follow the eightfold path that reflects the caste system. Maintaining the caste system of doing what one is destined for (priest, warrior, merchant, and laborer) allows people to achieve a social order that produces the highest form of collective happiness—preparing people for reincarnation in the form of higher beings.

Islamic philosophers, like Christian philosophers, have long viewed the concept of well-being by submitting to the will of *Allah*, worshipping God, and following a path that leads to salvation and Heaven in the afterlife. The path to the afterlife is living by the rules and mandates spelled out in the *Qur'an* in terms of the *Sharia* (Islamic law).

The Global State of Health Well-Being

The trends in health well-being is shown in terms of years of average life expectancy (see Figure 1), infant mortality (see Figure 2), and maternal mortality (see Figure 3). As shown in Figure 1, years of average life expectancy are shown for three time periods—1970-1975, 1995-2000, and 2000 to 2013 -- data spanning a full 43-year period. The figure reports data for six of the world's geopolitical regions for the time periods indicated as well as for two groups of nations organized by socio-political-economic development levels and composite data for the world-as-a-whole. All the trends reflected in this figure reports steady and impressive gains in average years of life expectancy for all nine of the clusters shown in the figure.

Figure 1: Average Years of Life Expectancy by Major World Region



Infant mortality rates reached a high of 150 births for every 1000 live born children in 1990. Most of these infants died immediately following birth or during the first day of life but more than 90% perished within the first week of life. Tragically, infant mortality rates at these levels characterized virtually all the world's regions and are directly related to the poor conditions under which these children were born. The absence of clean drinking water and inadequate food contributed to these high rates of infant deaths (see Figure 2). Complications during delivery and the involvement of inadequately trained midwives added to the high incidence of infant deaths virtually everywhere. The progress in reducing the incidence of child deaths is shown in Figure 2. Very impressive, in this regard, are the very sharp declines in such deaths from 1970 to 2013 that have resulted from major governmental, intergovernmental, and nongovernmental development initiatives that have been implemented over this period.

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Figure 2: Rates of Infant Mortality by Major World Region

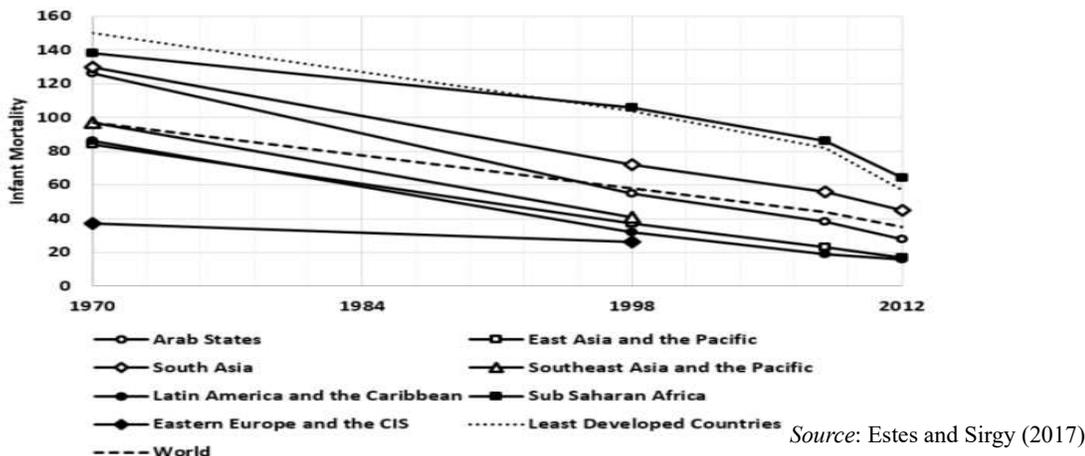
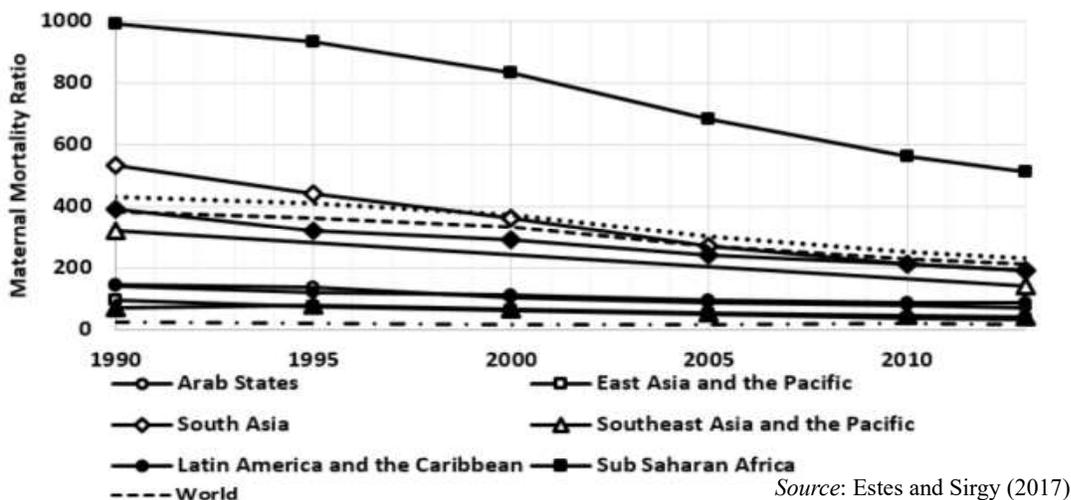


Figure 3 illustrates the significant gains that have been achieved in reducing rates of maternal mortality for each major world region over the 24-year period 1989-2013. These gains resulted from the robust and aggressive programs of international development assistance provided by national ministries of health, the United Nations Development Programme, the World Bank, and the hundreds of private, voluntary, nongovernmental organizations that have allocated large portions of their resources to helping nations save the lives of mothers and their children. The increasing availability of emergency services, including air evacuations from remote rural communities, also have contributed to the increase in maternal survival rates. The most significant achievements in reducing maternal mortality rates occurred in the nations of Sub Saharan Africa, South Asia, and Southeast Asia. These gains parallel other broad-based development achievements made by nations of these regions, including access to basic education, transportation and communication networks, and more secure supplies of safe drinking water and effective systems of solid waste disposal.

Figure 3: Changes in Maternal Mortality, 1989–2013



The data identify very impressive health well-being gains in extending the years of average life expectancy of people everywhere, even among the world's poorest nations. There is also critical evidence concerning the dramatic declines that have taken place since 1990 in reducing rates of infant, child, and maternal mortality in every region of the world and, therefore, for the world-as-a-whole. The most dramatic advances in child and maternal survival are taking place in the most impoverished countries of Sub-Saharan Africa, South Asia (Bangladesh, India and Pakistan) and Southeast Asia (Indonesia, Malaysia, the Philippines), Latin America and the Caribbean (Argentina, Brazil, Costa Rica, the Dominican Republic, Uruguay) and, to a lesser extent, in the economically advanced countries of North America (Canada and the United States) and Europe where more cost-efficient approaches to health financing are being developed. Global progress in human well-being is rapidly attaining its highest expression globally in the health. Social progress in the sector have been unparalleled since 1990 and are reinforcing the significant progress that also is being achieved in the economic and educational sectors of all societies worldwide. Significant progress in all three of these sectors of human well-being are expected to continue over at least near-term.

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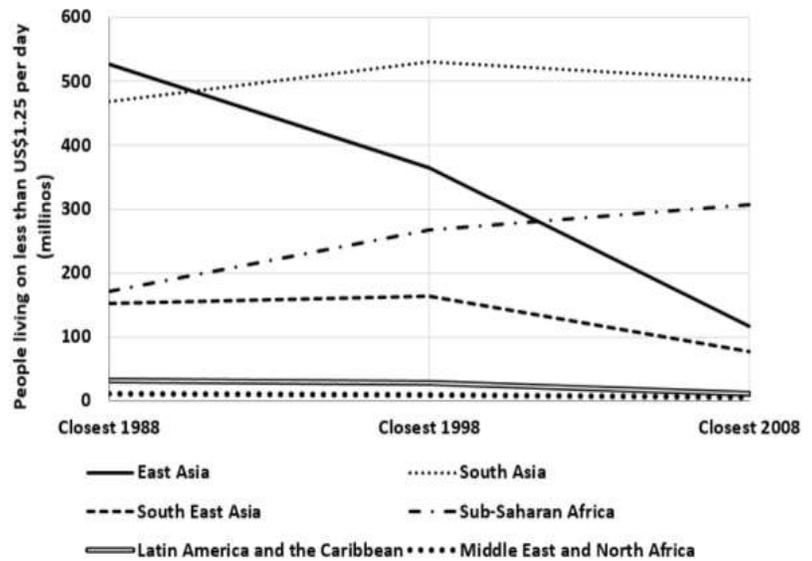
The Global State of Economic Well-Being

Figure 4 shows the number of millions of people living under conditions of extreme poverty for each of the world’s major geopolitical regions over a period of 20 years, i.e., 1988 to 2008. The figure confirms that the highest concentrations of poor people live in remote rural communities where they are rarely seen and even more rarely are the beneficiaries of international development assistance. This pattern persists even though most aid granting organizations seek to reach the extreme poor living in rural communities but, in fact, most of the aid provided tends to flow to the urban poor who are often living under conditions of even more extreme poverty.

The figure, in addition to reporting the number of rural poor people that live under conditions of extreme poverty, also reports that poverty rates are highest for the developing countries of Latin America and the Caribbean and those of the Middle East and North African region. The highest declines in extreme poverty rates over the 20-year covered by the figure occurred within the developing nations of East, South, and Southeast Asia. The single largest share of these declines took place in China where latterly hundreds of millions of the rural poor were lifted out of extreme poverty in response to China’s now decades long rates of double digit economic growth. Extreme poverty levels declined appreciably in India and other nearby South and Southeast Asian nations (e.g., India, Bangladesh, Pakistan, and Indonesia) but not at the same pace as that which occurred in China. Further, rural and urban poverty levels remain especially severe in the socially least developing countries of Sub Saharan Africa but impressive progress in poverty alleviation has been made among these countries since at least 2000. Therefore, considerable progress is being made worldwide in reducing the incidence of case and structural poverty in all nations of the world. **The Global State of Educational Well-Being**

Figure 5 shows trends related to the average years of total schooling that adults (ages 15+) have accrued. Conceivably, the range is zero schooling (no formal schooling at all) to 22+ (doctoral degrees and other postgraduate education). However, statistically speaking, the range of country averages is 1.5 years of schooling to 12.4. It should be noted that we selected average years of total schooling that adults (ages 15+) have accrued as our “quantity” measure of educational well-being. That is not to say that there are no other “quantity” indicators of education well-being. Examples include high school dropout rate, high school completion rate, and level of education achieved. We chose average years of total schooling mainly because the World Bank provides such statistics worldwide. Statistics pertaining to the other indicators are sparse and intermittent at best.

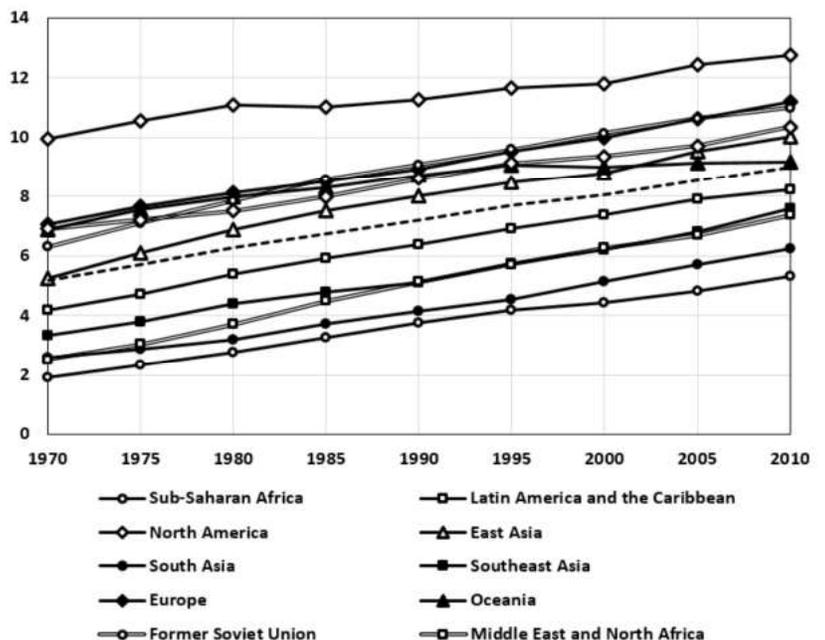
Figure 4: Poverty Rates for Rural Populations by Major World Region



Source: IFAD (2011). Rural people living in extreme poverty (millions of rural people living on less than \$1.25 or less per day. *Rural Poverty Report, 2011*, pg. 49.

Focusing on the period between 1970 and 2010, Figure 5 shows positive trends. As shown in the figure, the world trend (dotted line) is indeed positive. The gains are remarkable, especially in sub-Saharan Africa, Latin America, East Asia, South Asia, Southeast Asia, Europe, the Middle East/North Africa (MENA) region, Oceania, and the former states of the Soviet Union. Even in North America, the trend is positive but not as pronounced as in the other world regions. In North America, the average years of total schooling in 1970 were about 10, surpassing all the world regions. Hence, the rate of change in North America is not as marked as those of the other regions, given that educational attainment was already significantly higher than that in other world regions.

Figure 5: Average Years of Total Schooling, Age 15+, Total



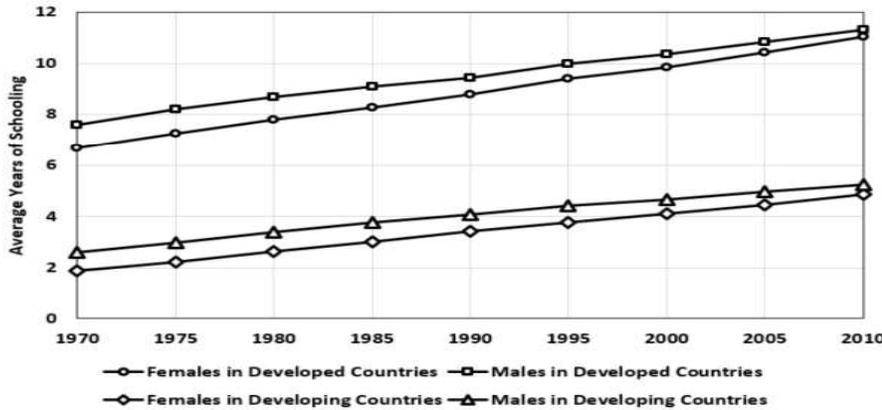
Source: The World Bank, Education Statistics (2016)

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To examine the rate of change between the developed and the developing countries in terms of educational attainment and gender disparity (see Figure 6), we have divided the world into two groups, the developed and the developing countries, and in terms of gender, males and females. The positive trend in educational attainment (between 1970 and 2010) is pronounced in both developing and developed countries. Gender disparity in educational attainment is also narrowing—women are catching up with their male counterparts in both developed and developing countries. This development is, of course, very positive news.

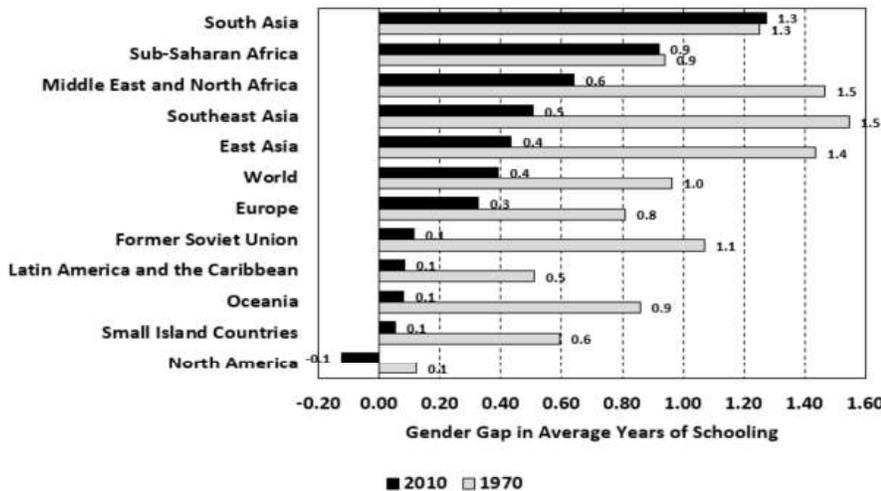
Figure 6: Average Years of Total Schooling, Age 15+, Males vs. Females, Developed vs. Developing Countries



Source: The World Bank, Education Statistics (2016).

We can further analyze gender disparity in terms of world regions. Figure 7 shows the world trend for both men and women between 1970 and 2010. The world trend is positive and highly pronounced. Gender disparity is indeed narrowing. In 2010, educational attainment hovered around 9 years of total schooling for both men and women. Again, good news! This world trend is replicated in all world regions. If we look for world regions in which there is a significant gender disparity, these might be South Asia and the MENA regions. Even in those regions, the gap in gender disparity is narrowing significantly.

Figure 7: Average Years of Total Schooling, Age 15+, Male versus Female by World Region



Focusing on the good news, there is significant human progress in educational well-being in every sense of the word. We need to focus on those factors that have propelled educational well-being to greater heights and ensure that policies are in place to maintain and further enhance this progress. Much more about the factors that may account for this progress and the policies underlying those drivers that include education policies, government investment in education, educational technologies, workforce in education, and infrastructure issues.

Conclusion

To assess *health well-being* as an outcome state at the country level, we focused on four of the most sensitive indicators of health care worldwide, namely global advances in extending the average years of life expectancy, and advances in reducing infant, child, and maternal deaths rates. The data show significant gains in life expectancy—increasing from a world average number of just 48 years in 1950, world average years of life expectancy exceeded 69.1 years for males and 73.8 years for females in 2015. This represents a major achievement on the part of the world community in advancing health well-being. The country with highest current life expectancy rates is Japan with an average number of 86.8 years of life expectancy for both sexes; the country with the least favorable average years of life expectancy is Sierra Leone where men currently live on average of 49.3 years and women 50.8 years. By 2050 years of average life expectancy in economically advanced countries will likely increase to about 100 and by the end of the century to 120 years. Average years of life expectancy are expected to continue to increase in developing countries as well and, most likely, at a pace even faster than that which occurs in economically advanced societies given the already high years of life expectancy that characterize economically well-off countries. This trend reflects a remarkable change in worldwide development and is clearly related to social progress associated with national and regional development strategies.

In all cases, average years of life expectancy increased for all the regions: it rose from a high of late 50’s and early 60’s to the late 60’s and low to middle 70’s in just 43 years. Life expectancy growth rates are especially impressive for East Asia and the Pacific and Latin America and the Caribbean. This pattern is expected to continue well into the future. Average years of life expectancy for Sub Saharan Africa is expected to approximate those reported for other regions. The impressive regional gains are the result of significant investments made by economically advanced countries in improving the general health status of people living in less developed countries.

Reducing the number of infant and child deaths has been a major challenge confronting all the world’s nations. Infant and child deaths also are directly associated with

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maternal mortality given the enormous demands that are made on the bodies of mothers, especially mothers living under difficult economic circumstances. Recent estimates indicate that there have been substantial gains in infant and child survival since 2002. Still, though, the threats to child survival remain serious and will require significantly increased international development assistance and other efforts to reduce them. As individual nations and as a world community, collectively, we have a long way to go in achieving our child survival targets. Infant and child death rates are highest among the developing nations of Sub-Saharan Africa and South Asia—5 of 10 child deaths occur in the nations of Sub-Saharan Africa and 3 in 10 occur among the low-income nations of South Asia. Child survival also is a major problem for financially poor mothers and their children living in many developed countries. The challenges are especially severe among population groups living in rural and remote communities.

Equally significant gains in reducing maternal mortality have been achieved. Women of reproductive age (15-45) are especially vulnerable to illnesses, disabilities, and death associated with pregnancy and childbirth. The threats to life are especially high in developing countries where large segments of the population reside in rural communities that have few or inadequate health resources. Specifically, we provided evidence clearly showing significant gains that have been achieved in reducing rates of maternal mortality for each major world region over the 24-year period 1989-2013. The most significant achievements in reducing maternal mortality rates occurred in the nations of Sub-Saharan Africa, South Asia, and Southeast Asia. These gains parallel other broad-based development achievements made by nations of these regions, including access to basic education, transportation and communication networks, and more secure supplies of safe drinking water and effective systems of solid waste disposal. Furthermore, early intervention in the form of regular prenatal checkups, the provision of prenatal food supplements, and access to skilled personnel prior to and during the delivery process are responsible for the significant gains, especially in those countries at great risk. The world regions that experienced the lowest levels of net gains in reducing maternal mortality rates were Latin America and the Caribbean, East Asia and the Pacific, and the Arab states of the Middle East and West Asia.

Continuing poverty for some of the countries in these regions, in combination with the absence of skilled health personnel to assist with the birthing process, maybe the major impediments to reducing their rates of maternal mortality.

With respect to *economic well-being*, the data show that economic growth has reached historically high levels in virtually all regions and countries of the world. The current rate of global economic growth currently averages 3.4% per annum. The world average per capita income levels rose from \$4,261 in 1990 to \$5,486 in 2000 to \$9,511 in 2010 and, in 2015, to \$10,093—an increase of 137% in just 25 years. These contemporary global economic growth rates are unparalleled in modern history and provide substantially more of the resources needed to employ a larger workforce and reduce rates of extreme poverty. Continuing high rates of economic growth of developing countries serve to improve the quality of health, education, and economic well-being most in poor nations as well and, in time, that of economically advanced countries. Another major indicator of economic well-being is median household income. Median annual household income worldwide in 2013 averaged \$9,733, and median per capita income averaged \$2,920. These averages are substantially higher than the median household and per capita income levels reported in 1990. Median household and individual per capita incomes are higher today than those reported for 2013 and are likely to continue to rise appreciably between 2017 and 2030. The changes are expected to occur among the poorest nations of East, South, and Southeast Asia—the regions with the largest concentrations of extreme poverty. The poorest nations of Sub-Saharan Africa are expected to benefit significantly from these trends as well.

With respect to educational well-being, we provided evidence that there is marked gains in educational well-being worldwide. The evidence also suggests that the rate of growth of educational well-being is greater in some of the world regions than other regions. A key quantity indicator of educational well-being we used is *average years of total schooling (age 15+)*. The data between 1970 and 2010 reflect a positive world trend. The gains are indeed remarkable, especially in relation Sub-Saharan Africa, Latin America, East Asia, South Asia, Southeast Asia, Europe, the Middle East/North Africa (MENA) region, Oceania, and the former states of the Soviet Union, as well as in North America.

Furthermore, the data show a positive trend in educational attainment in both developing and developed countries. Also gender disparity in educational attainment is narrowing—females are catching up with their male counterpart in both developed and developing countries. And as we stated, this is, of course, very positive news. South Asia and the MENA regions seem to be lagging behind other world regions, but even so the gap in gender disparity is narrowing significantly.

In sum, we are healthier and better educated on average than was the case for people living just a generation ago. We share electronic access to a range of publishing outlets, electronic data sources, and to systems of higher education and vocational training that were previously were closed to all but the privileged few. In both economically advanced and developing countries we have, on average, more money on a per capita and household income level than ever previously was the case. Advances in health, education, and economic well-being are at the foundation of the impressive accomplishments of humanity at large.

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ISQOLS 2019 CONFERENCE

*Happiness in a
Multicultural World*
Granada, Spain
September 4-7, 2019

The International Society for Quality-of-Life Studies (ISQOLS) is holding its 17th Conference in the city of Granada, Spain. The 17th ISQOLS Annual Conference will be co-organized by ISQOLS and the Universidad de Granada from September 4th-7th 2019 (Thursday to Saturday) in Granada, Spain. The ISQOLS 2019 Conference will offer a forum for discussion of the research findings concerning quality of life, well-being, and happiness.

The theme of the Conference is *Happiness in a Multicultural World*. Many cultures have been dwelled in Granada during history, and many cultures do coexist peacefully right now. Taking this into consideration, we would like that the Conference would be an inspiration for happiness and quality of life towards peace and tolerance and understanding between different peoples. Guest speakers and lecturers include Christian Welzel, Martine Durant, Stefano Bartolini, and Michael Marmot.

Abstract submissions will open September 15, 2018.

Information about the Conference will be posted on the conference website: <http://www.isqols2019.com/>

Liz Eckermann, ISQOLS, President 2019-2020

Jorge Guardiola, Chair of the Local Organizing Committee

In Memory of ISQOLS Member Wolfgang Zapf



One of the earliest and most influential members of our Society, Wolfgang Zapf, has passed away following a long illness. Wolfgang Zapf was the founder of social indicators research in Germany and he conceived it as the combination of monitoring of social change and measurement of quality of life. Early in the 1970's when he first became interested in social reporting and quality of life research, Zapf invented the German welfare surveys, he promoted welfare research and contributed significantly to the promising sociological approach of social monitoring. One of his colleagues remarked to Wolfgang Zapf- and many would agree: "We are grateful to you, a person with an unusual mixture of clearness, modesty and irony". In recognition for his groundbreaking and pioneering work in the field of social indicators and quality of life research, Wolfgang Zapf received the highest honor of the International Society for Quality of Life Studies

ISQOLS

President's Message

Dear ISQOLS members,

ISQOLS held a very successful conference in Hong Kong in June 2018. The facilities at The Hong Kong Polytechnic University were excellent and the conference organization was outstanding. I would like to express our gratitude to the local organizers and, in special, to Daniel Shek, Diya Dou and the rest of the team. Our gratitude also goes to Ming-Chang Tsai and the rest of the Scientific Committee. I would also like to highlight the attendance of many young scholars who presented interesting research on happiness, quality of life and well-being. We want for each one of these young researchers to feel at home at ISQOLS conferences and to establish a long-standing relationship with the Society, becoming part of the extended family which ISQOLS represents.

The Board of Directors met in Hong Kong and took some important decisions, such as the selection of the sites for our 2021 and 2022 conferences. It is with great enthusiasm that we decided to hold our 2021 annual conference at the University of Vermont and our 2022 conference at University Malaysia Sabah. On the horizon, we have our conference at Erasmus University Rotterdam in 2020; and we are now looking forward to our future conference, which will take place at the University of Granada in Spain early in September 2019. Granada is a very attractive city and I am sure ISQOLS members will have a great opportunity not only to share their research on quality of life but also to experience the high quality of life for which Spaniards are famous.

During the next months, we will be promoting our Granada conference; I do encourage everybody to submit their abstract and to make early arrangements for participating.

In the months ahead, ISQOLS will need to elect a new Board of Directors and a new President Elect for the period 2019-2020. We are looking forward to incorporating new members who bring their passion, energy and fresh ideas, and to combine them with the experience and memory that senior members provide. I do also believe that it is good for ISQOLS to promote the geographical diversity of its membership and for this diversity to be reflected in the Board-of-Directors composition. In a few weeks, I will ask the members of the Nominating Committee to start the process to elect the new Board of Directors and the new President Elect.

~Mariano Rojas

THE INTERNATIONAL SOCIETY FOR QUALITY-OF-LIFE STUDIES: CENTRAL OFFICE AND WWW HOMEPAGE

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. For more information, see the ISQOLS webpage: www.isqols.org

Jill Johnson is the ISQOLS Manager at the ISQOLS Central Office. Contact information: Jill Johnson, ISQOLS Office Manager, P.O. Box 118, Gilbert, AZ 85299 USA (Gilbert, AZ is a suburb of Phoenix, AZ). Email: office@isqols.org Membership dues can be paid directly on the updated website. Anyone interested in knowing more about ISQOLS should contact Jill Johnson at office@isqols.org

Call For Papers

Applied Research in Quality of Life The Official Journal of the International Society for Quality-of-Life Studies

Applied Research in Quality of Life (ARQOL) presents conceptual, methodological and empirical papers dealing with quality-of-life studies in the applied areas of the natural and social sciences. It aims to publish papers that have direct implications for, or impact on practical applications of research on the quality of life. The articles are crafted from interdisciplinary, inter-professional and international perspectives. ARQOL guides decision making in a variety of professions, industries, nonprofit, and government sectors, including healthcare, travel and tourism, marketing, corporate management, community planning, social work, public administration, and human resource management. It helps decision makers apply performance measures and outcome assessment techniques based on such concepts as well-being, human satisfaction, human development, happiness, wellness and quality-of-life. ARQOL is the official journal of the International Society for Quality-of-Life Studies (ISQOLS). www.isqols.org

Daniel Shek is the Editor-in-Chief of ARQOL, who is assisted by Editors A. C. Michalos and J. Sirgy. Authors interested in submitting manuscripts for publication should consult the Website <http://www.editorialmanager.com/ariq/>. Further information may be obtained by contacting one of the journal's Editors: Daniel Shek, The Hong Kong Polytechnic University (HK), daniel.shek@polyu.edu.hk; Alex C. Michalos, Emeritus, University of Northern British Columbia (Canada), Michalos@BrandonU.CA; M. Joseph Sirgy, Virginia Polytechnic Institute & State University (USA), sirgy@vt.edu.

SINET

Subscription Information

As a service to the world-wide social indicators community, SINET is issued quarterly (February, May, August, November). Subscribers and network participants are invited to report news of their social indicator activity, research, policy development, etc., to the Editor for publication. Deadlines are the 20th of the month prior to each issue.

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