

PROLOGUE

Motto:

“Habit, if not resisted, soon becomes necessity” (St. Augustin)

The first number of the scientific journal *Acta Salus Vitae* in 2014 presents a complex of articles related to health promotion in relation to reducing of health care costs and in relation of bad habits in lifestyle.

Risk factors in lifestyle are connected with bad habits in different population groups. Generally the burden imposed by chronic disease is driven by a small set of conditions and risk factors. The 15 most costly conditions account for more than 80% of the total cost of all chronic illnesses. They are: diabetes, coronary artery disease, hypertension, dyslipidemia, obesity, cancer, asthma, arthritis, allergies, sinusitis, heart failure, chronic obstructive pulmonary disease, chronic kidney disease, depression and back pain. Since the only way to decrease the prevalence of these conditions is to address their underlying risk factors, the goal was to map the complex interdependencies between behaviours, risk factors and disease. As part of a research project conducted by ***Boston Consulting Group Heathway***, between 2006 and 2007, a panel of specialist doctors and epidemiologists was convened to validate the main risk factors that had identified. Eight well-known behaviours were identified as the major contributors to the most costly illnesses: smoking, physical inactivity, poor diet, alcohol consumption levels, poor standard-of-care compliance, poor stress management, insufficient sleep and lack of health screening (BCG, available at: <http://www.healthways.com/approach>)

Válková describes in her article, in presented Ecology model, level of economy, norm and habits. She states that: “Physical activities as prevention of so called civilized diseases is the right of persons with mental disability and their wellbeing, too. It is not only from humanitarian reason but from economy reason (active persons need less amount of medical and social care including their families)”. Vackova opens a view on actual politic tendency at the recent World Economic Forum, which concluded in meeting 2014 that old “sick care” models have failed and are not working in the sense of health improvement of global population. The world leaders are urgently seeking new, wellness – focused strategies to implement in government policy and in workplace. The World Economic Forum is an independent international organization committed to improving the state of the world by engaging leaders in partnerships to shape global, regional and industry agendas. Incorporated as a foundation in 1971, and based in Geneva, Switzerland, the World Economic Forum is impartial and not-for-profit; it is tied to no political, partisan or national interests. (WEF - www.weforum.org)

Very new interested area is presented in the article “Wellness and sport brownfields”. Kopřiva defines that: “The name brownfield is internationally used for not well used locality, which have lost predominant function, fell into disrepair and became an urbanistic problem”. Sport brownfields are typical for countries in central and east Europe.

To promote exchange of information and best applied research outcomes in the field of care with a view to addressing the problems in achieving universal and equitable access represents the main goal and mission of the journal *Acta Salus Vitae* in this year.

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