

Article

Civic survey on obesity and morbid overweight: From the Italian “Feel Good” experience to the EU Cardiovascular Health Plan

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Abstract: Preventing obesity and its correlated risks in Italy? Difficult if still 29% of adults claim to be uninformed on the subject. A special sensitivity to the issue is particularly found in the younger segments of the population: 93.1% of students surveyed in Italy believe it is useful to talk about obesity and morbid overweight in schools, and 59.4% of students are interested in participating in ad hoc educational initiatives. These are some of the elements that emerged from the “Feel Good” information and awareness campaign, led by the Italian NGO Cittadinanzattiva in 2024 to delve into the implications of a condition – obesity – that holds strong social implications, and that impacts health, individual and collective costs not only at the national level but also at the European level. Students from 5 schools and 105 participating pharmacies of three different Italian regions took part in informational-training courses, health education interventions, and surveys. The ultimate aim was to help raise awareness of the importance of a healthy lifestyle, educating on the prevention of obesity and morbid overweight. The results show that there is much to invest in health education and in healthcare institutions. As a follow-up to the campaign and to assist in addressing the issue, Cittadinanzattiva identified several civic recommendations to be implemented through a joint effort by the government, health authorities, scientific societies, and civic and patient associations. Linking the national dimension of the “Feel Good” initiative with a European one, there are high expectations about how the “European Cardiovascular Health Plan” will be structured to assist in the fight against obesity.

Keywords: obesity; overweight; cardiovascular diseases (CVDs); prevention; access to care; European elections; civil society organizations (CSOs); Patients’ Advocacy Groups (PAGs); patients’ rights; Council of the European Union; European Parliament; European Commission; European Health Union; The National Recovery and Resilience Plan (NRRP); National Health Service (NHS)

1. Background: The impact of obesity in Italy

According to Istat data, presented at the fifth Italian Obesity Barometer Summit [1], in Italy in 2022 the percentage of adults with overweight and obesity was 46.3%, corresponding to 23 million people circa. There are 2 million 200 thousand young people with excess weight, amounting to 27.2% of the population aged 3-17 years [2] (**Figure 1**).

Regarding gender differences, males – both among adults and young people – suffer from obesity more than females. The same source reveals that both adults and children/adolescents who are overweight or obese reside predominantly in the southern regions and in the islands, confirming that socioeconomic inequalities contribute to fostering these diseases. Interestingly, in this regard, the percentage of obese people increased in metropolitan areas, from 6.8% in 2001 to 9.1% in 2022. There was a greater increase in the suburbs of metropolitan areas, rising from 8.2%

in 2001 to 12.5% in 2022. These data support the hypothesis that a poor socio-economic condition promotes obesity [3].

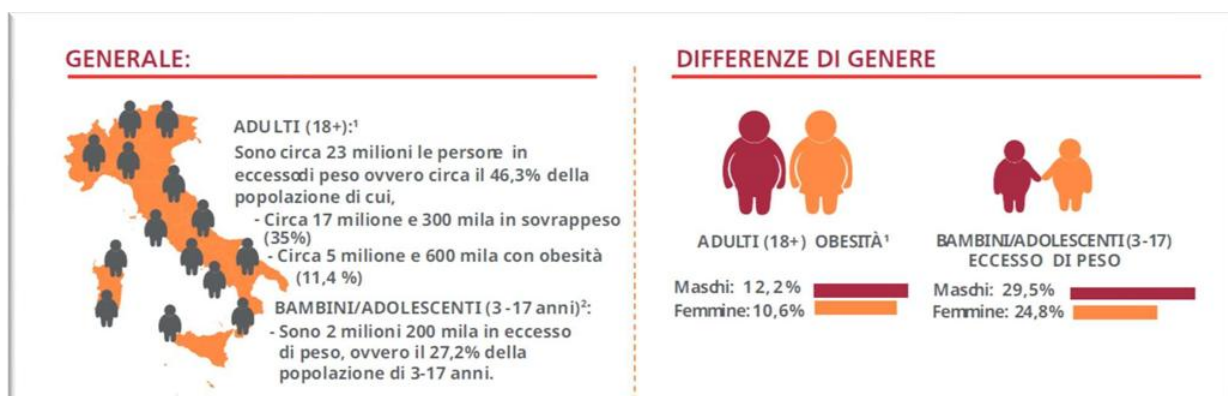


Figure 1. The figure illustrates, on the left side, the overall situation in Italy regarding the percentage of overweight and obesity among adults (46.3% - approximately 23 million people). It also shows that about 2.2 million children and adolescents have excess weight, corresponding to 27.2% of those aged 3–17 years. On the right, the figure highlights gender differences in obesity prevalence: among adults (18+), obesity affects 12.2% of men compared with 10.6% of women, while among individuals aged 3–17 years, prevalence is higher in males (29.5%) than in females (24.8%). Source: Istat, 2022 “The impact of obesity in Italy” – V° Italian Obesity Barometer Summit, 2023.

Only 17.2% of the population aged 3 years and older in Italy report consuming at least 4 or more servings of fruits or vegetables per day. More than 21 million people, or 37.2% of the population aged 3 years and older, say they engage in neither sports nor physical activity in their free time, with marked gender differences: 40.6% of women are sedentary versus 33.6% of men. 59.1% of mothers of physically inactive children believe their child engages in adequate physical activity.

Following is the relationship in the adult population between obesity and other diseases, specifically: diabetes, hypertension, and heart disease (**Figure 2**).

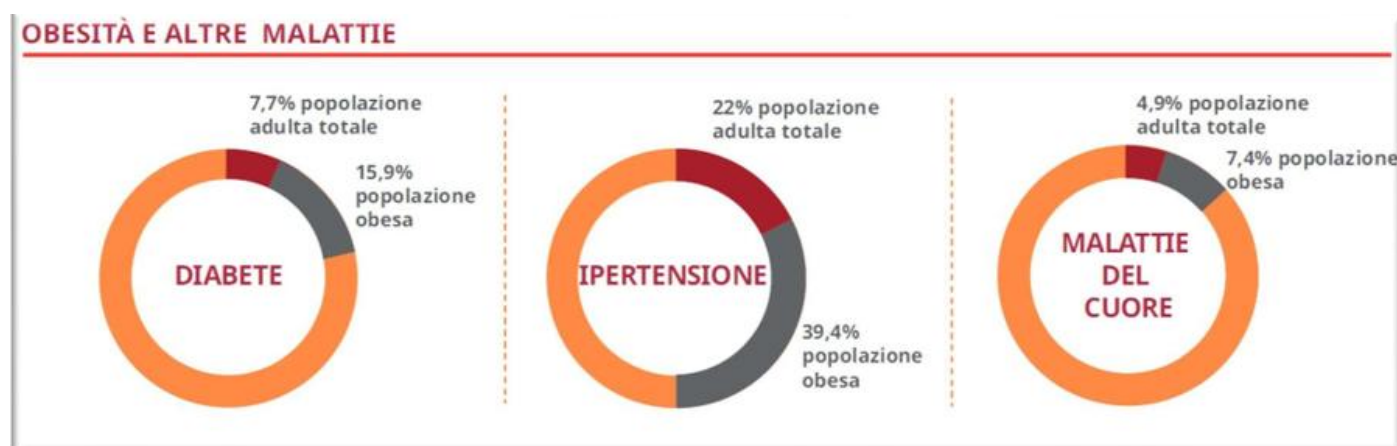


Figure 2. The figure represents the relationship in the adult population between obesity and other diseases, specifically: diabetes (7.7% of the total adult population), hypertension (22% of the total adult population), and heart disease (4.9% of the total adult population).

Source: Istat, 2022 “The impact of obesity in Italy” – V° Italian Obesity Barometer Summit, 2023.

Finally, 2022 data from the “Health Behaviour in School-aged Children” survey [4], conducted on student samples, show that fewer than 1 in 10 adolescents engage

in at least 60 minutes of moderate-to-intense physical activity per day (that is the WHO-recommended target of 5 to 17 years of age), and this habit decreases the more age increases [5]. Overall, nationally, 18.2% of adolescents between 11 and 17 years old are overweight and 4.4% are obese [6].

Born out of the acknowledgement of the scenario described by the 2022 Istat data, Cittadinanzattiva APS [7], in collaboration with Federfarma [8] and with the unconditional contribution of Novo Nordisk, has decided to promote an awareness and information campaign on obesity, entitled “Feel Good” and aimed at adults and adolescents [9]. The main objective was to raise awareness about obesity as a disease, i.e., a chronic illness of social concern, and, as such, requiring appropriate behaviors, choices and treatments [10]. Therefore, the campaign, starting with the youngest individuals, focused on prevention, knowledge and awareness-raising of obesity and its risk factors, training and health education in pharmacies, and training in schools to teens, parents and teachers in order to support people on the issue at hand.

2. Program development process: The methodology employed

Part of the activities planned by the “Feel Good” information and awareness campaign on obesity (**Figure 3**) was the civic survey entitled “Preventing Obesity and its Correlated Risks is Possible” [11], which was conducted in Italy by Cittadinanzattiva APS in three regions (Lazio-Sicilia-Piemonte) on the occasion of World Obesity Day on March 4, 2024 [12].

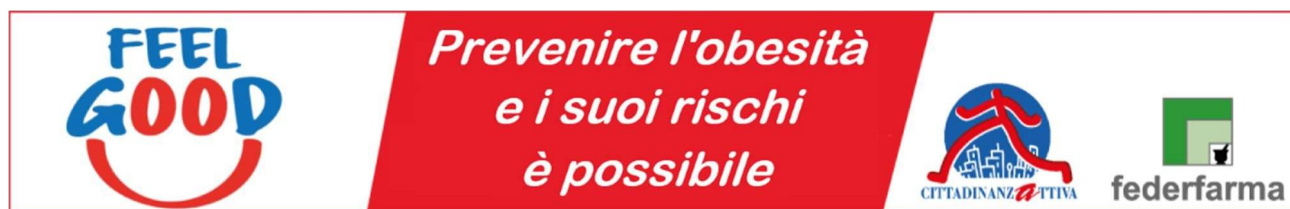


Figure 3. Communication material and logo of the “Feel Good” campaign carried out in Italy by Cittadinanzattiva.

The “*Feel Good*” campaign involved students from 5 schools (Istituto di Istruzione Superiore “Tommaso D’Oria” in Ciriè, Turin; Istituto di Istruzione Superiore “Giovanni Sulpicio” in Veroli, Frosinone; Liceo Scientifico “Giuseppe Peano” in Rome; Liceo Ginnasio “Mario Cutelli e Carmelo Salanitro” in Catania; and Istituto Professionale “Pietro Piazza” in Palermo) and 105 participating pharmacies in the same cities.

In schools, about 150 boys and girls took part in an interactive online informational-training course conducted by experts and aimed at acquiring basic knowledge on three specific topics: caring for and fostering one’s physical and mental wellbeing; promoting *body positivity*; and recognizing and dealing with *body shaming* phenomena, both in daily life and on social networks. To strengthen the engagement of students, the program also included a series of 3 online meetings with the teachers and parents of the classes involved, which could also be extended to the other teachers and parents of the participating schools. The aims were to: share information on characteristics, causes and risk factors related to obesity and in

general to diseases related to poor lifestyle and eating habits; understand the role that family and school have or should have, separately and in synergy, to foster prevention or taking care of children; and to know the correct sources of information on the topic and the existing networks of services that can be activated in the territory.

The male and female students were in turn the protagonists of a *peer-to-peer* training aimed at students in all five institutions, in which special information corners dedicated to “Feel Good” were set up, playing the role of “health informants.” In addition, they administered an anonymous questionnaire to students in the other classes of their institution, collecting 325 questionnaires distributed as follows: Catania: 56; Ciriè: 36; Palermo: 60; Rome: 117; Veroli: 56.

Consistent with the role of pharmacies in bringing healthcare closer to the citizen and providing social-health responses primarily to fragile individuals and communities, the “*Feel Good*” campaign has also enabled several pharmacies to help raise awareness of the importance of a healthy lifestyle, educating on the prevention of obesity and morbid overweight.

The 105 participating pharmacies - belonging to the 3 regions mentioned above - took the lead not only by offering information on the topic but also by preparing a health education intervention for the benefit of those adult citizens who wanted to respond to the pharmacy survey. As for the age groups of the citizens participating in the pharmacies’ survey, adults aged 31 to 50 years (43.8 percent of the sample) excelled, followed by the age group immediately above them (i.e., people aged 51 to 63 years: 32.2 percent), while young adults (aged 18 to 30 years: 7.4 percent of the total) were found to be less likely to respond to the survey, less so the elderly over 75 years (5.8 percent).

Overall, the pharmacies’ survey targeted an age range over 18 years old, whereas the participants of the survey conducted in schools refer to high-school students under 18 years old.

By combining education, support, and professional collaboration, pharmacies aimed to empower individuals to take proactive steps toward managing and preventing obesity, keeping in mind several objectives: increasing awareness to improve people’s understanding of obesity as a health problem; promoting the adoption of healthier behaviors, such as improvements in diet and physical activity; reducing risks of obesity and its complications, such as cardiovascular disease, diabetes, and musculoskeletal problems by providing timely guidance and resources; offering social support to all the individuals who want to learn more about obesity or who seek assistance in coping with it; and facilitating referrals to health professionals and public health centers for a more comprehensive and personalized care. Thanks to their professional expertise, widespread presence in the area, and well-established relationship of trust with the community, member pharmacies have successfully implemented a health education intervention, offering crucial information, advice, and support to the adult population, and have also managed to involve them in taking the survey.

A Multistakeholder Working Table composed of scientific societies and associations shared the aims of the campaign by validating its general layout, taking

part in the training activities in schools and accompanying the implementation of the campaign in its different phases.

Members of the Working Table included associations all over the Italian territory: Fondazione Italiana Ricerca sulle malattie delle ossa (FIRMO), Società Italiana Cardiologia (SIC), Società Italiana di Medicina Generale (SIMG), Società Italiana di Pediatria (SIP), Consiglio Nazionale Ordine Psicologi (CNOP), Società Italiana di Endocrinologia (SIE), Società Italiana di Diabetologia (SID), Federazione Nazionale Ordini Professioni Infermieristiche (FNOPI), Società Italiana Obesità (SIO), Società Italiana di Chirurgia dell'Obesità e delle malattie metaboliche (SICOB), Associazione Italiana di Dietetica e Nutrizione Clinica (ADI), Federfarma, Associazione Amici obesi (AAO), Associazione Italiana Diabetici (Fand), Diabete Italia onlus, Associazione Italiana Scompensati Cardiaci (AISC), Associazione Cuore nostro – Patologie delle valvole cardiache, Associazione per la Lotta all'Ictus Cerebrale (A.L.I.Ce.), Associazione Respiriamo Insieme, Associazione Nazionale Pazienti Bariatrici- La Mattina dopo ODV.

Values and limits of this work

The data collected do not claim to represent a scientifically representative statistical sample; however, this does not reduce the value of the civic analysis work carried out as a contribution for institutional and organisational decision-makers to improve the health and wellbeing of Italian citizens. As a matter of fact, the survey in itself can be considered indicative of the most important issues among those being investigated, and sufficient to contribute to the elaboration of proposals aimed at improving the criticalities and problems that concern prevention and support to obesity care, in their ability to better respond to social and health needs of citizens, also with a view to the reorganisation of territorial care.

The present article tackles the urgent and widespread issue of obesity and morbid overweight in Italy, with a focus on recognizing and preventing related medical consequences while addressing stigma and inequality. Nonetheless, given its civic analysis perspective, it presents certain limitations. The overview offered provides a broad, yet non-exhaustive framework of the causes, consequences, and risk factors associated with obesity and morbid overweight. Rather than delivering a comprehensive scientific analysis, the article aims to contribute to the existing body of literature by showcasing local civil society initiatives focused on citizens' and patients' empowerment and awareness-raising. Equally important health aspects – such as the impact of conditions including fatty liver disease (hepatic steatosis) in individuals with overweight or obesity – are not explored in depth within the article. However, their exclusion does not lessen their relevance or clinical importance.

Lastly, due to the campaign's local context and its Italian audience as the target, the article does not include visuals, tables, or graphics in English. All such materials were originally created in Italian language during the course of the project. The authors of the article are aware this may limit its accessibility to a wider international audience.

3. Results and discussion

Responding to the civic survey conducted in pharmacies was a sample – strongly female – of 1043 adults, mainly in the apex of their professional careers and on average highly educated. Nevertheless, although 63.6% of the respondents say they know “enough”, and an additional 7.4% reports knowing “a lot”, as many as 29% admit to knowing “little or nothing” when they hear about overweight, obesity, and related risks (**Figure 4** and **Figure 5**).



Figure 4. Communication material of the survey part of the “Feel Good” campaign realized in Italy by Cittadinanzattiva.



Figure 5. “Feel Good” Report Cover drafted by Cittadinanzattiva.

3.1. Hindrances and widespread awareness

Obesity being a risk factor for other diseases is a well-established concept, particularly for cardiovascular (93.4%) and metabolic (83.5%) diseases [13].

A similar awareness also emerges from the survey to students, where 50.6% indicated obesity as “a condition that can lead to a disease situation”, while 38.9% considered obesity an eating disorder.

Another widely held awareness is that obesity does not depend only on the goodwill of the individual (80.2%). 67.8% of the samples surveyed in pharmacies are fully convinced that obesity is to be considered a proper disease. 84.3% of those surveyed affirmed that it is as equally important as other chronic diseases.

Again, for the prevention of overweight and obesity, there is almost unanimous awareness of how important balanced nutrition is as well as an appropriate physical activity. However, opinions fluctuate regarding how many portions of fruits and vegetables should be consumed on average per day and how much time should be devoted to moderate physical activity, opinions fluctuate. In this regard, 70.7% of male/female students assert that obesity can affect their quality of life.

3.2. Improper lifestyles

Among the causes that cause overweight and obesity there is a great convergence in identifying incorrect personal behaviors or inappropriate lifestyles (81.8%), as well as being affected by metabolic diseases or alterations (76%), the presence of genetic factors or family predisposition (57.9%). Following in the perception of pharmacy respondents are psychological factors (52.9%, above all stress but also mental health issues), while socioeconomic and environmental conditions are considered somewhat less influential but still relevant (42.1%). Returning to the main cause identified, that is incorrect lifestyles leading to obesity, the behaviors that were mentioned refer to a high-calorie diet (86%), sedentariness or inactivity (82.6%); daily stress (57.9%); and poor quality/quantity of sleep (32.2%). The survey addressed to young people shows instead that for 68.4% of the respondents there is no single cause that determines obesity, but several interrelated causes (genetic predisposition, environmental causes, diseases, medications, and so on) [14].

3.3. Social stigma

Prejudice and discrimination are identified as issues related to the condition of obesity; over 90% of adults strongly/fully agree that people with obesity need understanding and support and that discrimination and marginalization negatively affect the handling of their condition. This finding aligns with similarly high proportions – still exceeding 80% – of respondents who strongly/fully agree that people with obesity often experience discrimination in everyday living/school/work environments (87.6%), and that, more in general, face social prejudice (81%).

The school survey also shows that for 67.8% of respondents, adolescents suffering from obesity have more trouble fitting into a group, and 91.3% claim to be more prone to bullying.

One possible solution might be to foster spaces for dialogue on these health topics in schools. Almost all respondents, 93.1%, believe it would be useful to talk about these issues in schools. Even more impactfully, 59.4% of the students surveyed would like to participate in a project dedicated to the topic of obesity and morbid overweight.

3.4. Inequalities and care taking

Opinions are mixed when combining obesity with socioeconomic inequalities. For example, compared with 44.6% of respondents who in some cases recognize obesity to be more common among people in disadvantaged socio-economic conditions, there is 22.3% of them who do not see this direct connection, and an additional 29.8% who in contrast see this correlation very strongly.

The survey shows that 54.5% claim that in our country the problem of obesity is a worrying phenomenon especially among children and in southern areas.

Similarly, 54.5% barely or not at all agree on the statement that a bit more willpower is enough to take control of one's weight without requiring external help; however, the remainder of the sample (45.4%) fully or strongly agree. Concerning the role of health professionals (doctors/pediatricians/specialists, and so on) there is substantial consensus: their centrality – as much as personal commitment – is recognized by 91% of the sample.

4. Conclusion

4.1. Evaluation of the “Feel Good” campaign results

The interest demonstrated by the youth in the topic confirms the importance of dealing with obesity in academic settings. What has been observed is supported not only by the survey responses but also by the messages left by the students on a purpose-made wall map, in which we read extremely indicative expressions: “we are people and not masses”; “happiness has no weight”; “I am beautiful just the way I am”; “love your body because it will be with you for all your life”; “a person's worth should never be judged by their physical appearance”; and so on (Figure 6).



Figure 6. Wall map of the messages left by the students involved by Cittadinanzattiva in the “Feel Good” campaign.

The survey targeting adults in pharmacies shows that a significant number of people (29%) admit to having little or no knowledge about being overweight, obesity and their related risks, which underscores the **need for targeted information campaigns and educational strategies**. The survey highlights obstacles such as weak personal motivation, lack of time and financial difficulties, but more importantly it highlights deficits in health education and health literacy, as well as in personalized prevention and gender medicine [15]. Nonetheless, feedback data collected after the health education intervention prepared in pharmacies led 24% of those involved to acknowledge that their knowledge on the topic of obesity had significantly increased. 33.1% of the sample claimed their knowledge had slightly improved while only 9.1% asserted that they had not acquired any new information. Finally, nearly 34% of the participants said that, as a result of the initiative, while their knowledge on the topic remained unchanged, they had the chance to reinforce and consolidate information and concepts that they already possessed.

The importance of the role played by health professionals, recognized by the vast majority of participants, testifies to the **importance of a multidisciplinary approach in the treatment of obesity**. There is a strong need to combat social stigma and discrimination against people with obesity, as underscored by the understanding that these people need acceptance and support. From this point of view, the initiative has shown that **pharmacies play a crucial role in promoting health awareness and health education, especially in local communities**, acting as close-by health garrisons where to find a health professional ready to welcome and guide citizens.

In a nutshell, the results of the “*Feel Good*” campaign highlight how **there is much to invest**, especially in the youth population, including **in terms of health education**, to remove subjective barriers that still hold too many people back from considering the seriousness of the consequences they may face. To do this, academic settings and social media might be the preferred context to target adolescents. Alongside this element, **it is imperative that health care institutions invest in facilitating diagnosis and treatment pathways for those affected**, as further detailed in the recommendations below.

4.2. Implementation: Follow-up proposals

Cittadinanzattiva has been committed to the topic of obesity for years, collecting reports, promoting targeted projects and actively collaborating in working groups and partnership networks, in Italy and Europe.

At the Italian level, Cittadinanzattiva has been among the associations that promoted and signed the “Charter of Rights and Duties of People with Obesity,” [16] which was signed at the Chamber of Deputies on October 8, 2019, by the main national actors active in the fight against obesity in Italy. Over the same period of time, Cittadinanzattiva has also signed the 2020 “Milan Charter on Urban Obesity” [17] and more recently the “2024 Manifesto of the Italian Obesity Network” [18].

At the European level, in 2020, Cittadinanzattiva has signed an official agreement with the European Association for the Study of Obesity, as testified by its participation in the “Obesity Policy Engagement Network (OPEN)”[19]. These

agreements and declarations are all intended as a tool of advocacy, awareness-raising and dialogue with the institutions. Specifically, at the “*Feel Good*” public presentation event held in Rome on April 16, 2024 (**Figure 7**), a series of proposals were made for an effective and inclusive approach to the fight against obesity.



Figure 7. Save the date of the event realized in Italy on April 16, 2024, by Cittadinanzattiva, to present the main results of the “*Feel Good*” campaign.

The proposals and priorities emerging from the campaign highlight the wide range of actions that can be pursued across local, national, and EU levels, demonstrating that substantial progress is achievable when efforts are well-coordinated. Rather than focusing on defining priority actions or on implementing them all at once, the emphasis should lie in recognizing and mobilizing the diverse array of actors essential in promoting change. This includes institutional figures, healthcare professionals and facilities, civil society organizations, as well as citizens and patients, all of whom can and should be further empowered to play a crucial role in the fight against obesity and morbid overweight [20].

4.3. The national dimension: A need for concrete action and strategic initiatives in Italy

In light of the results surfaced from the “*Feel Good*” campaign, for an effective and inclusive approach to the fight against obesity, Cittadinanzattiva identified the following nine recommendations:

- Implement an **institutional awareness and information campaign on obesity**, which promotes the importance of reducing the consumption of ultra-processed foods while consuming more fruits and vegetables daily. This campaign should target the general public, with a particular focus on children, adolescents, and parents, using the most appropriate channels for each target audience.
- **Recognize obesity as a complex multifactorial chronic disease [21], to ensure its inclusion in the Essential Levels of Care (Livelli Essenziali di Assistenza, LEA)**, which are the services and benefits that the National Health Service (NHS) is required to provide to all citizens [22]. This would help guarantee the

envisioned set of benefits and services necessary for an effective treatment that does not neglect its psychological aspects.

- **Strengthen specialized and integrated centers and teams that to date are insufficient and unevenly present throughout the Italian territory.** In particular, there is a need to strengthen the network of services and professionals at the territorial level – with particular regard to general practitioners and pediatricians – capable of responding to the needs of people with obesity, in order to provide a comprehensive and specialized care. This will allow us to create an integrated system that combines different professional competencies to address the problem of obesity, in line with the process of territorial care reorganization envisioned by the Ministerial Decree 77 [23] as part of the National Recovery and Resilience Plan (PNRR) [24].
- Recognize and emphasize **the contribution of the local community pharmacy** in raising public awareness, providing services, and taking care of the health needs of people with obesity, in line with the role attributed by the service pharmacy legislation and the current territorial care reform in Italy [25].
- **Fight against the increase in overweight and obesity in Italy in children and adolescents** by adding in school curricula civic education programs aimed at promoting health and wellbeing, as indicated by Law 92/2019, art. 3 paragraph 2 [26]. Support and facilitate access to sports facilities and recreational activities to encourage an active lifestyle.
- **Supervise through the Cafeteria Commissions**, formed annually by representatives of parents, teachers, and the municipal administration, **on the one hand and the Local Healthcare Authorities on the other**, to ensure that the menus stipulated in existing contracts are respected to guarantee healthy and balanced meals for different age groups. School cafeterias are an important safeguard for the health of the many children coming from vulnerable families as they can guarantee them at least one full and balanced meal a day.
- **Mitigate the impact of socioeconomic inequalities on obesity** by developing targeted and inclusive interventions designed according to the diverse realities and needs of the communities involved, with the goal of making access to healthy eating and physical activity more equitable and universally accessible [27].
- **Combat the social stigma** associated with obesity by promoting a fairer and more educated portrayal of the condition in the media and public policies. Change the narrative around obesity from negative stereotypes to a more balanced and informed discourse. Highlight the role of civic society organizations (CSOs) and patient associations (PAGs) in disseminating information, implementing initiatives, and engaging in cross-sectoral dialogue to combat stigma.
- **Guarantee a cross-sectoral and cross-ministerial approach** in the planning and implementation of interventions to combat obesity as a public health problem. These approaches must ensure that the interventions put in place are integrated, strategically coordinated and targeted to effectively combat obesity on a national scale.

The implementation of these civic recommendations requires joint effort by government, health authorities, scientific societies, and civic and patient associations. Such a collaboration will help promote both a cultural and regulatory change to address obesity not only as a risk factor related to other diseases, but also as a complex and chronic condition that requires attention and dedicated resources.

4.4. The EU dimension: Improving cardiovascular health in the European population

What has been achieved with the “Feel Good” campaign once again demonstrates Cittadinanzattiva’s commitment [28] in wanting to contribute to the improvement of cardiovascular health in the population, in line with the most recent guidelines that have emerged at the European level. In particular, in the Conclusions approved on December 3, 2024 [29], the Council of the European Union presents a series of measures aimed at improving cardiovascular health in the EU, focusing in particular on prevention, early detection, treatment and rehabilitation. These Conclusions [30] were developed in the context of the six-month Hungarian Presidency of the Council of the EU, which has made the issue a priority in its program (“The health policy priority of the Presidency is action against cardiovascular disease, with planned Council Conclusions” [31]).

Consistent with and as a result of the aforementioned Conclusions, on the same day on December 3, 2024, at the meeting of Health Ministers, the newly appointed European Commissioner for Health, the Hungarian Olivér Várhelyi, announced that the European Commission will develop a new European Plan for Cardiovascular Health, stating that “this Commission will want to put cardiovascular health at the center”[32].

After the European elections held on June 2024, to encourage the European institutions’ commitment to the so-called “European Health Union” [33], the framework depicted above suggests leveraging the “Feel Good” initiative, linking the national dimension with the European one, through for example:

- political dialogue on what could be “the Italian contribution to cardiovascular health in the EU” with Italian MEPs, starting with the members of the Committee on Environment, Public Health and Food Safety (ENVI Committee) and the Subcommittee on Public Health in the European Parliament [34].
- a collection of best practices at the European level with civil society activism at the center to combat obesity and morbid overweight, focusing on prevention activities; attention to cardiovascular health among the European population; and protection of the rights of affected patients.
- an institutional presentation event at the European Parliament for a policy dialogue, keeping in mind the “European Cardiovascular Health Plan”, underscoring the attention needed to the fight against obesity, in which issues of personalized prevention, gender medicine, and health literacy can find adequate space. A conference to be hosted by the MEPs’ Interest Group “European Patients’ Rights & Cross-Border Healthcare” [35] (**Figure 8**), the political initiative promoted since 2014 by Active Citizenship Network [36], the European branch of the Italian NGO Cittadinanzattiva, to reduce the gap

between European institutions and European citizens on public health issues, and to strengthen the protection of patients' rights in the European framework [37].



Figure 8. Logo of the MEPs' Interest Group "European Patients' Rights & Cross-Border Healthcare", promoted at the EU Parliament by Active Citizenship Network, the EU branch of the Italian NGO Cittadinanzattiva.

Institutional review board statement: Not applicable.

Informed consent statement: Not applicable.

Author contribution: Methodology, MEM, MV and ML; evaluation, MEM, MV and ML; resources, MEM, MV and ML; data curation, MEM, MV and ML; writing—original draft preparation, MV and MC; writing—review and editing, MV and MC; supervision, MV and MC. Overall, each author has made its contribution to the different sections present in the article. All authors have read and agreed to the published version of the manuscript.

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References

1. Nittari G, Scuri S, Sagaro GG, et al. Epidemiology of obesity in children and adolescents. In: Teamwork in Healthcare. IntechOpen; 2020.
2. Galfo M, D'Addezio L, Censi L, et al. Overweight and obesity in Italian adolescents: examined prevalence and socio-demographic factors. *Central European Journal of Public Health*. 2016; 24(4): 262-267.
3. Wright SM, Aronne LJ. Causes of obesity. *Abdominal Radiology*. 2012; 37(5): 730-732. doi: 10.1016/s0140-6736(00)05045-5
4. Bocci BM, Lipari D, Pammolli A, et al. How Family Structure Can Influence Adolescents' Eating Habits: An Italian Health Behaviour in School-Aged Children (HBSC) 2022 Sample. *Children*. 2024; 11(11): 1368. doi: 10.3390/children11111368
5. Guthold R, Stevens GA, Riley LM, et al. Global trends in insufficient physical activity among adolescents: a pooled analysis of 298 population-based surveys with 1.6 million participants. *The Lancet Child & Adolescent Health*. 2020; 4(1): 23-35.
6. Gyberg V, Rydén L. Policymakers' perceptions of cardiovascular health in Europe. *European Journal of Cardiovascular Prevention & Rehabilitation*. 2011; 18(5): 745-753. doi: 10.1177/1741826710397487
7. Cittadinanzattiva. Available online: www.cittadinanzattiva.it (accessed on 12 April 2025).
8. Federfarma. Available online: www.federfarma.it (accessed on 12 April 2025).
9. Walls HL, Peeters A, Proietto J, et al. Public health campaigns and obesity—a critique. *BMC Public Health*. 2011; 11(1): 136. doi: 10.1186/1471-2458-11-136

10. Brauer M, Roth GA, Aravkin AY, et al. Global burden and strength of evidence for 88 risk factors in 204 countries and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *The Lancet*. 2024; 403(10440): 2162-2203. doi: 10.1016/S0140-6736(24)00933-4
11. Cittadinanzattiva. Feel Good: presented the results of the campaign on obesity and morbid overweight (Italian). Available online: www.cittadinanzattiva.it/comunicati/16391-feel-good-presentati-i-risultati-della-campagna-su-obesita-e-sovrappeso-patologico.html (accessed on Day Month Year).
12. World Obesity Day. Available online: www.worldobesityday.org/ (accessed on 14 April 2025).
13. Guh DP, Zhang W, Bansback N, et al. The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis. *BMC Public Health*. 2009; 9(1): 88. doi: 10.1186/1471-2458-9-88
14. Deck KM, Haney B, Fitzpatrick CF, et al. Prescription for obesity: eat less and move more. Is it really that simple? *Open Journal of Nursing*. 2014; 2014.
15. Sbraccia P, Busetto L, Santini F, et al. Misperceptions and barriers to obesity management: Italian data from the ACTION-IO study. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*. 2021; 26(3): 817-828. doi: 10.1007/s40519-020-00907-6
16. Active Citizenship Network. Charter of Rights and Duties of People with Obesity (Italian). Available online: www.activecitizenship.net/multimedia/files/charter-of-rights/from-the-charter-to-the-charters/Charter_of_Rights_and_Duties_of_the_Person_with_Obesity.pdf (accessed on 14 April 2025).
17. Carruba M O, Busetto L, Bryant S, et al. The European Association for the study of obesity (EASO) endorses the Milan charter on urban obesity. *Obesity Facts*. 2021; 14(1): 163-168. doi: 10.1159/000514218
18. Italian Obesity Network. Manifesto of the Italian Obesity Network. Available online: www.io-net.org/wp-content/uploads/2024/03/MANIFESTO.pdf (accessed on 14 April 2025).
19. OPEN Italy. Obesity Policy Engagement Network (OPEN). Available online: <https://obesityopen.org/open-italy/> (accessed on 14 April 2025).
20. Kaplan LM, Golden A, Jinnett K, et al. Perceptions of barriers to effective obesity care: results from the national ACTION study. *Obesity*. 2018; 26(1): 61-69. doi: 10.1002/oby.22054
21. Haslam DW, James WP. Obesity. *Lancet*. 2005.
22. Terlizzi A. Health System Decentralization and Recentralization. Springer International Publishing; 2019.
23. Ricciardi W, Tarricone R. The evolution of the Italian national health service. *The Lancet*. 2021; 398(10317): 2193-2206. doi: 10.1016/S0140-6736(21)01733-5
24. Filippini T, Vinceti S R. Italian National Recovery and resilience plan: a healthcare renaissance after the COVID-19 crisis? *Acta Bio Medica: Atenei Parmensis*. 2021; 92(Suppl 6): e2021463. doi: 10.23750/abm.v92iS6.12339
25. Garattini L, Padula A. Pharmaceutical care in Italy and other European countries: between care and commerce? *Postgraduate Medicine*. 2018; 130(1): 52-54. doi: 10.1080/00325481.2018.1399043
26. Losito B. Civic Education in Italy: intended curriculum and students' opportunity to learn. *JSSE-Journal of Social Science Education*. 2003.
27. Cawley J, Meyerhoefer C. The medical care costs of obesity: an instrumental variables approach. *Journal of health economics*. 2012; 31(1): 219-230. doi: 10.1016/j.jhealeco.2011.10.003
28. Active Citizenship Network. The commitment of Cittadinanzattiva-Active Citizenship Network in the prevention of cerebro and cardiovascular diseases. Available online: www.activecitizenship.net/about-us/our-priorities/180-the-commitment-of-cittadinanzattiva-active-citizenship-network-in-the-prevention-of-cerebro-and-cardiovascular-diseases.html (accessed on 20 April 2025).
29. Council of the EU. Conclusions on the improvement of cardiovascular health in European Union. Available online: <https://data.consilium.europa.eu/doc/document/ST-15315-2024-INIT/en/pdf> (accessed on 22 July 2025).
30. van Lieshout J, Wensing M, Grol R. Prevention of cardiovascular diseases: The role of primary care in Europe. *EPA Cardio-Cardiovascular Prevention and Risk Management in Primary Care*. 2008.
31. Bugiardini R. Tackling cardiovascular health inequalities in European countries. *The Lancet Regional Health–Europe*. 2023; 33. doi: 10.1016/j.lanpe.2023.100730
32. Georghiou GP, Georghiou P, Georgiou A, et al. The European Union Must Act Effectively for a New Plan of Action to Improve the Cardiovascular Health Burden of European citizens: A Narrative Review. *Journal of Biomedical Research & Environment Sciences*. 2025; 6(5): 545-555. doi: 10.37871/jbres2109

33. Vandembroucke F. A health union in support of European and national health solidarity. *The Lancet Regional Health–Europe*. 2024; 46. doi: 10.1016/j.lanep.2024.101051
34. Timmis A, Kazakiewicz D, Torbica A, et al. Cardiovascular disease care and outcomes in West and South European countries. *The Lancet Regional Health–Europe*. 2023; 33. doi: 10.1016/j.lanep.2023.100718
35. MEPs Interest Group European Patients’ Rights and Cross-border Healthcare. Available online: www.interestgroup.activecitizenship.net/ (accessed on 10 April 2025).
36. Active Citizenship Network. Available online: www.activecitizenship.net (accessed on 12 April 2025).
37. MEPs Interest Group European Patients’ Rights and Cross-border Healthcare. European Patients’ Rights & Cross-Border Healthcare. Available online: www.interestgroup.activecitizenship.net/files/documents-and-aims/institutional-brochure-of-the-meps-interest-group-european-patients-rights-cross-border-healthcare.pdf (accessed on 10 April 2025).