

# Unfolding the Effects of Social Prescription, Health Consciousness Behavior, Physical Activity, and Mental Well-Being for Healthy Aging: An Empirical Analysis

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**Background:** Health-conscious behavior, physical exercise, and good mental health are essential for healthy aging. A person's social and emotional needs can be met through community-based events and support networks, where "social prescription" is applied to promote well-being. This concept recognizes that biological variables alone are insufficient to determine mental health and that social influence plays a significant role. Healthy aging is influenced by several factors, including social influences, health-conscious choices, physical activity, and psychological well-being.

**Objective:** This study aimed to explore the effects of social prescription for healthy aging on health consciousness behavior, physical activity, and mental well-being.

**Methods:** This study was conducted across various regions in China and included a diverse and representative sample of participants (N=5600) to ensure a robust and inclusive analysis. This study used a cross-sectional research strategy, which allowed the researchers to take a snapshot of the participants' experiences and opinions at a particular time.

**Results:** The results for hypotheses H1 (0.074 path coefficient, 5.470 t-statistic, and  $p < 0.001$ ), H2 (0.138 path coefficient, 10.253 t-statistic, and  $p < 0.001$ ), H3 (0.232 path coefficient, 17.667 t-statistic, and  $p < 0.001$ ), H4 (0.169 path coefficient, 12.184 t-statistic, and  $p < 0.001$ ), H5 (0.459 path coefficient, 24.568 t-statistic, and  $p < 0.001$ ), H6 (0.517 path coefficient, 31.063 t-statistic, and  $p < 0.001$ ), H7 (0.414 path coefficient, 20.153 t-statistic, and  $p < 0.001$ ), H8 (0.342 path coefficient, 15.556 t-statistic, and  $p < 0.001$ ), and H9 (0.360 path coefficient, 17.182 t-statistic, and  $p < 0.001$ ) were significant and supported.

**Conclusion:** The findings of this study indicate that people's perspectives and attitudes toward healthy aging can be improved through the combined effects of social prescriptions, physical activity, health consciousness behavior, and mental well-being.

**Keywords:** social prescription, health consciousness, physical activity, mental well-being, healthy aging

## Introduction

The concept of social prescription can be traced back to the biopsychosocial model of health introduced by psychiatrist George Engel in the 1970s. This approach strongly emphasizes the connection between physiological, behavioral, and social elements in establishing a person's well-being and health.<sup>1</sup> Social prescription emerged as a practical application of this model, with the recognition that addressing social determinants of health can significantly improve patient outcomes. Social prescription, a relatively new approach to healthcare, has emerged as a promising means of addressing health and well-being in a more holistic manner. This strategy involves connecting individuals with non-medical interventions and community-based support services to improve their socio-psychological health. Social prescriptions aim to address the social determinants of health (SDOH), reduce reliance on traditional medical treatments, and integrate social, emotional, and practical support into healthcare systems.<sup>2</sup>

The United Kingdom has been at the forefront of developing and implementing social prescription programs. The National Health Service (NHS) has played a pivotal role in promoting social prescriptions as a viable healthcare approach, with numerous pilot projects and initiatives launched nationwide since the early 2000s.<sup>3</sup> Social prescription, or social prescribing, is



a holistic approach to healthcare that connects individuals with non-medical interventions and community-based support services to improve their overall socio-psychological health.<sup>4</sup> It is an emerging practice that aims to address the SDOH and reduce reliance on traditional medical treatments by integrating social, emotional, and practical support into healthcare systems. Social prescriptions can be implemented at various levels within social healthcare, including the individual, community, and policy levels.<sup>5</sup> Social prescriptions connect individuals to non-clinical services, programs, and activities within their local communities. The primary goal is to increase mental, physical, and emotional well-being while nurturing community members' sense of belonging and social cohesion.<sup>2</sup> Social prescriptions rely on strong partnerships among healthcare providers, community organizations, and local government agencies. Effective social prescription programs actively engage local communities to identify existing resources, services, and activities that can support health and well-being of the community. This community-driven approach helps build trust and ownership among community members, ultimately leading to more sustainable and effective interventions.<sup>6</sup>

## Social Prescription for Health and Well-Being

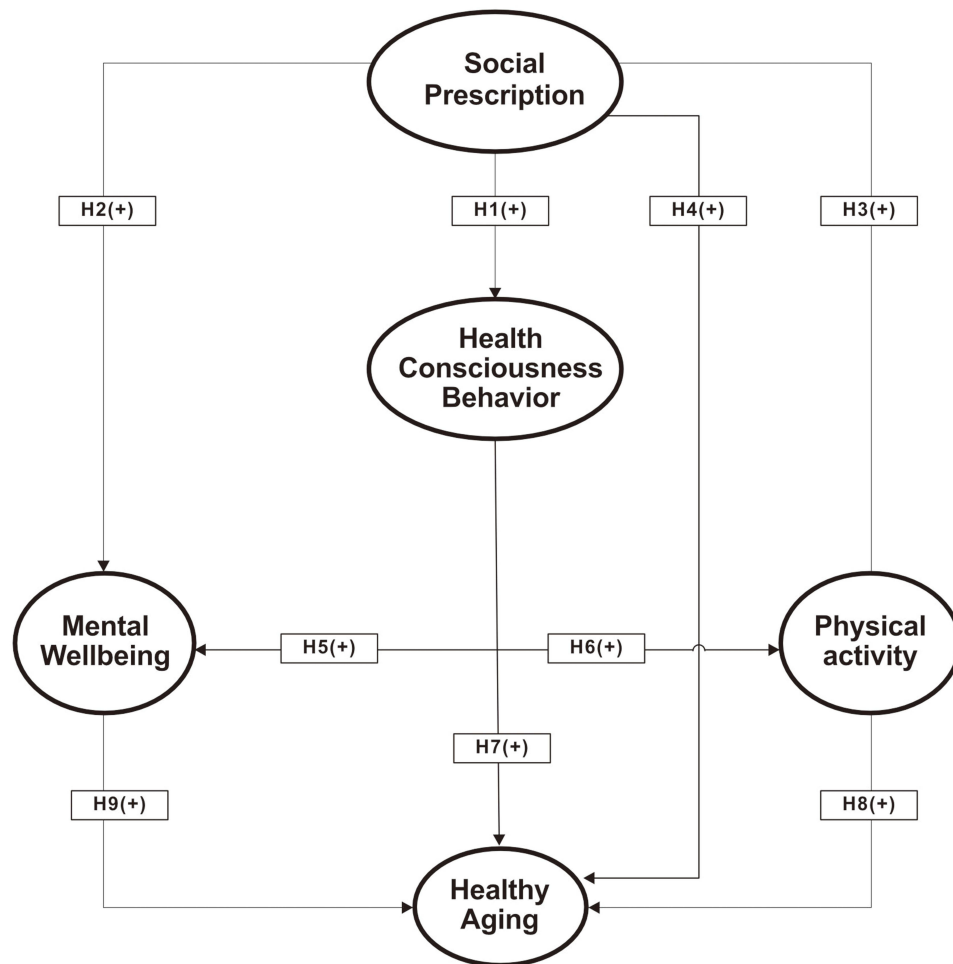
Social prescriptions offer several benefits to patients, healthcare professionals, and the healthcare system. Engaging in community-based activities and services can lead to improved mental health, reduced social isolation, increased physical activity, and better management of chronic conditions.<sup>2</sup> These improvements in health and well-being can translate into reduced healthcare utilization, such as fewer hospital admissions and GP visits. Social prescribing provides healthcare providers with a new strategy to help them meet their patients' non-medical demands. This enables them to provide more comprehensive patient care, considering both conventional medical procedures and social determinants of health. Social prescriptions can reduce the burden on healthcare services at the system level by addressing the root causes of poor health and well-being. By addressing the social determinants of health, social prescriptions can alleviate the strain on healthcare resources and improve overall population health.<sup>5</sup> One of the key principles of social prescription is the idea of person-centered care, which focuses on addressing individuals' unique needs, preferences, and values rather than simply treating the symptoms of their health conditions. The method recognizes that people have diverse requirements and desires for maintaining their health and that many factors influence these differences in requirements and desires. Physical, mental, social, and spiritual flourishing in old age are all components of "healthy aging." Maintaining autonomy in daily life entails being in excellent mental and emotional health and contributing meaningfully to one's community.<sup>6</sup>

Navigators are frequently employed in social prescribing programs to interact with referred patients and provide follow-up referrals for nonmedical services. These programs can include various activities such as gardening, art, and nature-based activities.<sup>7</sup> Research has shown that social prescribing can positively impact mental health, social isolation, and physical health.<sup>8</sup> As a component of an integrated primary care strategy, social prescribing can assist patients with social interaction and community support. A comprehensive literature review revealed that social prescribing initiatives could help community-dwelling frail older persons delay or lessen the onset of aging.<sup>8,9</sup> Social prescriptions have been shown to yield numerous benefits for individuals and communities. For example, it can help reduce social isolation and loneliness, which harm mental and physical health.<sup>10</sup> Non-medical approaches to improve health and happiness are also crucial for healthy aging. Group singing, participating in the arts, and visiting museums are examples of socially recommended activities. These therapies improve physical and mental health, reduce pain and anxiety, promote social inclusion, and enhance cognitive reserves. Healthy aging is associated with engaging in social activities and activities that benefit physical and mental health.<sup>11</sup>

## Statement of the Study

The concept of "social prescription," or social prescribing to treat health issues, is relatively new. Social prescribing is a structured and methodical strategy for addressing patients' non-clinical social needs. It achieves this by linking individuals to appropriate community-based interventions or by directly implementing such initiatives while simultaneously fostering meaningful social connections tailored to each person's unique circumstances.<sup>12</sup> It acknowledges the positive effects of social connections, community engagement, and positive interpersonal relationships on well-being. Classes in group exercise, community gardening, art, music therapy, and opportunities to volunteer are some activities that might be offered as part of a social prescription program. By strengthening their social networks in these ways, older adults may lessen their feelings of isolation and loneliness. Greater happiness, less stress and sadness, and sharper mental faculties in old age are all related to

having supportive social networks.<sup>2,3</sup> Healthy aging requires a holistic approach that considers multiple factors, such as social prescriptions, health-conscious conduct, physical activity, and mental health. These factors contribute significantly to the well-being and happiness of seniors.<sup>6</sup> Retirement, the loss of a loved one, and changes in one's social status are a few examples of the significant life transitions that older people frequently experience. Their mental health may suffer as a result of these changes. People can maintain excellent mental health by working on emotional resilience, developing healthy coping mechanisms for stress, and reaching out for assistance when necessary.<sup>9</sup> Older adults can benefit from mindfulness, meditation, and other relaxation techniques by decreasing anxiety, increasing mood, and bolstering their mental health. Cognitive activities such as solving puzzles, reading, and learning new skills may help maintain brain function and delay or even prevent cognitive decline. The mental health of older adults is also influenced by their ability to form and maintain meaningful relationships, engage in meaningful activities, and find meaning in their lives. Older adults can enhance their emotional health, reduce their risk of mental health issues, and have a greater quality of life by prioritizing and paying attention to their mental health.<sup>11</sup> Despite the growing interest in understanding the multifaceted factors influencing healthy aging, there is a significant research gap regarding the interconnected effects of social prescriptions, health-conscious behavior, physical activity, and mental well-being on promoting and sustaining healthy aging outcomes. There is a lack of comprehensive research exploring the combined influence of these factors on the overall health and well-being of older adults in China. Consequently, a thorough understanding of how social prescriptions, health consciousness, physical activity, and mental well-being interact and contribute to healthy aging remains elusive, highlighting the need for further research to bridge this knowledge gap. Thus, the objective of our study was to explore the effects of social prescription for healthy aging on health consciousness behavior, physical activity, and mental well-being (See Figure 1). Healthy aging is influenced by



**Figure 1** Hypothetical Model (+ Positive Association).

several factors, including social influences, health-conscious choices, physical activity, and psychological well-being. Incorporating these changes into one's lifestyle can positively affect physical health, independence, cognitive function, risk of developing chronic diseases, and mood. A holistic approach that considers the physical, social, and mental components of aging is necessary to help older adults maintain a healthy and happy life.

## Literature and Hypothesis Operationalization

### Social Prescription and Health Consciousness Behavior

A person's health awareness can be measured by the frequency with which they reflect on their physical health. Those who prioritize their health understand the importance of self-care. Furthermore, they are concerned about getting old and staying healthy.<sup>13</sup> In light of the ongoing COVID-19 pandemic in China, Pu et al (2020) investigated the correlation between health consciousness and home exercise participation. They discovered that health education increases the sense of agency over lifestyle choices. Consequently, those who are more in tune with their bodies are more likely to believe that they have control over their health.<sup>14</sup> Overall, the research conducted supports the claim that social medicine positively increases health awareness. Recommending or directing people to social activities or therapies, often known as "social prescriptions," can improve health awareness and behavior. Social medicine encourages individuals to prioritize their health and make educated decisions by increasing their involvement in their communities and educating them about significant health issues. Therefore, the following hypothesis is proposed:

**H1:** Social prescription positively influences health consciousness behavior.

### Social Prescription and Mental Well-Being

The positive effects of casual arts participation on community members' psychological well-being are associated with happier feelings.<sup>15</sup> Thomson et al,<sup>16</sup> researched the impact of a museum's strategy incorporating art and nature on visitors' mental health. According to the study, participants in the adult mental health care course reported improved mental health status. Therapeutic community gardening and other similar projects included in social prescriptions have also been proven beneficial for mental health. People's mental health improved after participating in therapeutic community gardening.<sup>17</sup> Social prescriptions positively impact mental health, as suggested by several studies. Activities such as participating in the arts, community farming, pet ownership, and seeking social support can positively affect mental health. Similarly, social connections and participation in social activities are crucial for mental health. These findings highlight the need for healthcare providers to incorporate social interventions into mental healthcare. Therefore, the following hypothesis is proposed:

**H2:** Social prescriptions positively influence mental well-being.

### Social Prescription and Physical Activity

The positive effects of green exercise and time spent in nature on mental health were investigated by,<sup>18</sup> who discovered that when physical activity is ingrained into people's daily routines rather than being seen as optional, policy frameworks promoting active living and modifying physical, social, and natural settings are more successful in improving mental health. These findings demonstrate that improving the social context of physical activity promotion can improve outcomes. Regular exercise has several positive effects on health, including reducing the risk of heart disease, improving muscle strength and flexibility, fortifying bones, and enhancing balance. Exercise benefits brain health and cognitive function by increasing neuroplasticity and decreasing the likelihood of age-related cognitive ability loss and dementia. High-quality chemicals, known as endorphins, are released during physical activities. The results were better mental health, reduced stress, and a more restful night's sleep. Physical activities such as walking, swimming, strength training, and yoga help older adults maintain their independence, gain energy, and enhance their overall quality of life.<sup>19,20</sup> Interventions to increase physical activity levels can have a more significant impact when social factors such as social prescribing are incorporated. Therefore, the following hypothesis is proposed:

**H3:** Social prescriptions have positive effects on physical activity.

## Social Prescription and Healthy Aging

The concept of social prescription for healthy aging has received much attention from international institutions and programs that promote healthy, active, and productive aging.<sup>21</sup> These policies highlight the importance of social elements in the health and happiness of older adults. Having friends and engaging in social activities are associated with improved physical function, mental health, and overall vitality in older adults.<sup>22</sup> The purpose of social prescription for good aging may differ from one nation or set of circumstances to another. In the United States, social prescriptions frequently involve facilitating access to basic resources for older adults. This is due to wide disparities in socioeconomic positions and a weaker public safety net. National policies for healthy aging sometimes include social prescriptions, as in Sweden, the Netherlands, Singapore, and China. They are geared toward addressing loneliness and general health issues.<sup>23</sup> Group activities, such as gardening clubs, art and music therapy, volunteering opportunities, friend-making programs, and educational sessions, are examples of social prescription interventions. Therefore, the following hypothesis is proposed:

**H4:** Social prescription is positively associated with healthy aging.

## Health Consciousness Behavior, Mental Well-Being, and Physical Activity

Maintaining a healthy lifestyle is crucial for healthy aging. This concept is essential for taking responsibility for one's health and making decisions that benefit one's well-being. People can enhance their health and increase their likelihood of successful aging by engaging in activities that improve their physical, mental, and social well-being. Health-conscious actions are crucial for flourishing during old age. Health-conscious individuals are self-aware, optimistic, and motivated to make lifestyle changes to improve their health status. This indicates a person's willingness to take action that benefits their health and assesses their preparedness.<sup>24,25</sup> Those who are conscious of their health status are more concerned about it and are more inclined to take preventive measures.<sup>26</sup> Science has proven that healthy behaviors are more common among those who value their health. According to previous research,<sup>27</sup> those who prioritize their health are more likely to take care of it. They are more likely to actively seek health knowledge from various sources and avoid potentially harmful environments and behaviors. Similarly, health-related behavioral intentions can be directly predicted by the level of health awareness. It motivates individuals to care for themselves and make positive lifestyle choices.<sup>28</sup> Avoiding harmful activities, such as smoking, excessive alcohol consumption, and drug use, is a significant component of health-conscious behavior. Therefore, the following hypotheses are proposed:

**H5:** Health consciousness behavior is positively related to mental well-being.

**H6:** Health consciousness behavior is positively related to physical activity.

**H7:** Health consciousness behavior is positively related to healthy aging.

## Physical Activity and Mental Well-Being for Healthy Aging

Maintaining a regular exercise routine is essential for healthy ageing. Falls, sarcopenia, and chronic diseases can all be avoided through regular exercise.<sup>29</sup> Regular physical activity is critical for healthy aging because it promotes overall health, maintains mobility, and reduces the risk of developing chronic diseases.<sup>19,20</sup> It can reverse the symptoms of chronic diseases and increase the physical and mental functioning, mobility, and independence of older adults. Moreover, regular exercise is crucial for healthy aging, as it improves cognitive function. Memory, focus, and judgment are enhanced in older adults who exercise regularly. The brain releases substances during physical activity that increase plasticity and promote neurogenesis. Physical activity has also been associated with a decreased risk of age-related memory decline and neurodegenerative disorders, such as Alzheimer's disease.<sup>30</sup> Physical activity positively affects mental and emotional health by lowering stress and depression.<sup>31</sup> The risk of chronic diseases associated with aging is also reduced by engaging in regular physical activities. Healthy aging is associated with regular physical activity later in life.<sup>32</sup> Engaging in regular physical activity reduces the risk of chronic diseases associated with aging. In addition, healthy aging is closely associated with regular physical activity in later life. As a result, the following hypotheses are proposed:

**H8:** Physical activity is positively related to healthy aging.

**H9:** Mental well-being is positively associated with healthy aging.

## Materials and Methods

The current study was exploratory and was conducted in China. Ethical considerations were addressed, and informed consent was obtained from all the participants. The study protocol was reviewed and approved on (2023–03-10) by the International Institutes of Medicine, the Fourth Affiliated Hospital Zhejiang University School of Medicine, Yiwu, Zhejiang, China (K2023034). In addition, this study adheres to the Declaration of Helsinki. Confidentiality and anonymity were strictly maintained throughout the research process, guaranteeing the privacy and rights of the participants.

## Study Design

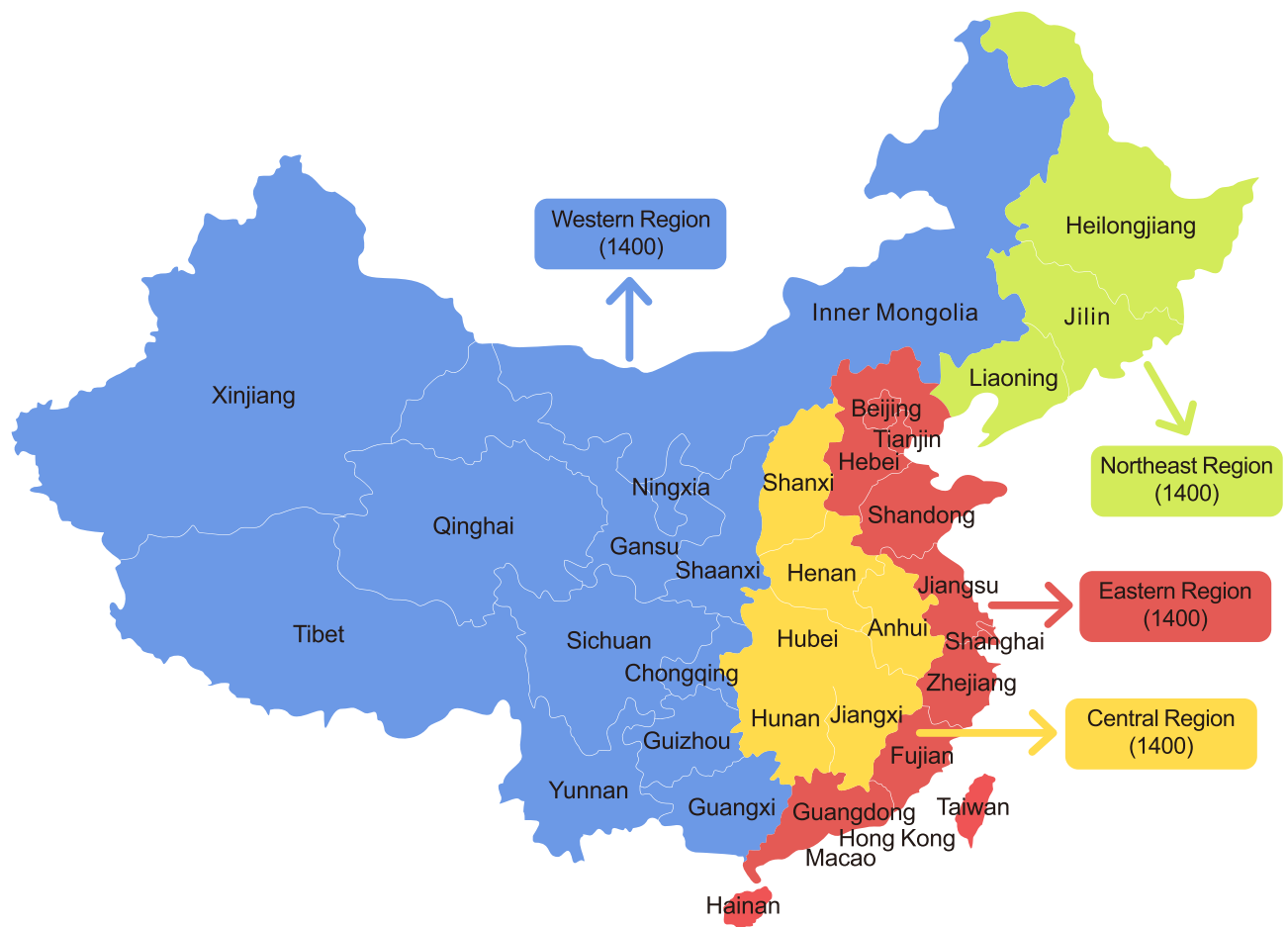
In this study, a comprehensive investigation was undertaken to explore the intricate connections between social prescription, health consciousness behavior, physical activity, and mental well-being, specifically promoting healthy aging. The study was conducted across various regions in China, encompassing a diverse and representative sample of participants to ensure a robust and inclusive analysis. The study used a cross-sectional research strategy, which allowed the researchers to take a snapshot of the participants' experiences and opinions at a particular time.

## Study Participants

The study participants were selected from across China using a multistage stratified cluster random sampling method, and a sample size of 5600 was determined. The recruitment of the study participants started on November 11, 2023 and continued till 17<sup>th</sup> August 17, 2024. A multistage stratified cluster random sampling method was applied to ensure the representation of diverse regions and demographics of the country. The first step in the data collection process was to divide the population based on geographical region. We split the population into four geographical strata/regions (See [Figure 2](#)). In the next step, random sampling was conducted for each stratum to collect the final data. Participants were recruited from each stratum through formal invitations. Informed consent was obtained from individuals who met the criteria for participation (age  $\geq 65$  years, individuals who believe in a social prescription for healthy aging concerning health consciousness behavior, physical activity, and mental well-being, residence within a selected cluster, ability to provide informed consent and complete the questionnaire, and self-reported relevance of social prescription-related community or social-health practices to their lived experience). Individuals who did not meet the age criterion or who declined to consent were not enrolled. Because the study focused on perceptions of social prescription for healthy aging, the final sample reflected older adults with awareness of, belief in, or practical engagement with community-oriented practices rather than a clinically referred intervention cohort. Within each selected stratum, individuals were randomly sampled to obtain a final sample size of 5600.

## Development and Validation of the Data Collection Tool

A valid and reliable multi-item questionnaire must be systematically and logically constructed. The questionnaire was developed using pre-existing theoretical frameworks, scholarly literature, and empirical research using a deductive approach. The deductive procedure identifies the primary constructs and variables relevant to the research question. These ideas are then transformed into measurable questions or variables.<sup>33</sup> The items were drawn from pre-existing theories, concepts, and literature pertinent to the research question. This ensured that the questionnaire was based on prior knowledge and was relevant to the research aims. A coherent arrangement of the elements was then developed. It is easier to examine the data, and the questionnaire ensures that all relevant aspects of the study topic are covered.<sup>33</sup> The questionnaire was tested with a pilot group of participants after the questions were ordered. Pilot testing can reveal issues with item clarity, language, or response choices. The feedback from the pilot test was used to refine the questionnaire and make it more user-friendly.<sup>33</sup> The final questionnaire was based on 36 Likert-scale items (See [Supplementary File](#)). The final instrument retained 36 items across five constructs: health consciousness behavior (seven items), healthy aging



**Figure 2** Study Population Distribution.

(nine items), mental well-being (six items), physical activity (eight items), and social prescription (six items). Most constructs used five-point Likert-type response options, the mental well-being items used the reported WEMWBS frequency anchors, and higher composite scores represented higher levels of the measured constructs.

## Data Collection Tool Measures

### Social Prescription

Physical, mental, and social well-being are only some of the many dimensions that comprise the concept of healthy aging.<sup>6</sup> The concept of “successful aging” is multifaceted and includes a person’s physical, emotional, and social well-being. Social engagement, positive outlook, and happiness are linked to a longer and healthier life span.<sup>32</sup> Health-conscious behavior, physical activity, and emotional wellness can all be promoted in the context of healthy aging through social prescriptions, which employ nonmedical interventions to enhance health and well-being.<sup>34</sup> Social prescription recognizes the significance of social determinants in promoting healthy aging. Social prescription aims to improve an individual’s social life, community engagement, and well-being by linking them to appropriate non-medical therapies and community resources. Social prescription for healthy aging was assessed using a Likert scale (strongly disagree, disagree, neutral, agree, and strongly agree).

### Health Consciousness Behavior

People can improve their health, quality of life, and chances of aging healthily and happily by making decisions based on facts and adopting these actions in their daily lives. Health awareness concerning disparities in health by socioeconomic position and how people behave has been studied.<sup>35</sup> When people talk about their “health consciousness,” they mean how

self-aware they are, how they think about their health, and how much they want to do things to improve it.<sup>36</sup> Health-conscious acts lead to better health outcomes and make it easier for people to choose healthy lifestyles. The study participants' health consciousness behavior was assessed using a "Health Conscious" Likert scale (strongly disagree, disagree, neutral, agree, and strongly agree). Participants are asked to rate their level of agreement or disagreement with a series of health-related statements.

## Mental Well-Being

Maintaining sound mental health is another essential aim of healthy aging. It promotes healthy aging and is associated with physical and social health. Perceived health, sadness, self-esteem, accomplishment, ego integrity, leisure activity participation, and loneliness are all characteristics that impact healthy aging.<sup>21,37</sup> Study participants' opinions about mental well-being were assessed via the short form of the "Warwick–Edinburgh Mental Well-being" scale (none of the time, rarely, some of the time, often, all of the time). Positive affect, psychological functioning, interpersonal interactions, and subjective and psychological health are only some of the facets of mental health measured by the WEMWBS.<sup>38</sup> It provides a comprehensive picture of a person's mental health that extends beyond the absence of mental illnesses.

## Physical Activity

Physical activity is beneficial for healthy aging because it positively affects both physiological and psychological aspects of health. It is also essential for aging well and enjoying life to the fullest. Gale et al,<sup>39</sup> reported a correlation between enhanced physiologic and psychological functioning and increased quality of life. Social prescribing therapies have also increased the likelihood of people accepting and engaging in physical activities. Social prescribing tactics, such as exercise recommendations, "green gyms," and visiting museums, have been demonstrated to motivate people to be more physically active.<sup>40–42</sup> The Quick Physical Activity Rating Scale (QPAR) was developed by Hayek et al,<sup>43</sup> and asks respondents to rate their physical activity levels. The QPAR is designed to provide a rapid evaluation of physical activity and applies to a wide range of populations, including older adults with and without cognitive impairment.<sup>43</sup>

## Healthy Aging

Health-related knowledge, physical activity, and psychological well-being contribute to successful aging. Researchers created the "Healthy Aging Perspective Likert Scale" to gauge how people feel about healthy aging. It aims to capture the physical, cognitive, and social components of healthy ageing. The scale aims to incorporate social elements and personal perspectives into the study of healthy aging, moving beyond the biomedical model's exclusive emphasis on physical processes and pathology.<sup>44</sup> Several studies have utilized scales to measure participants' perspectives on healthy aging. One study examined how older consumers maintain a good balance between their physical, mental, and social lives and reported that they engage in various healthy aging practices.<sup>45</sup> The Healthy Aging Perspective Likert scale was used to assess participants' opinions on healthy aging.

## Data Collection

A multistage stratified random sampling technique was used to collect primary data from the population of interest (See Figure 2). The multistage stratified random sampling technique is scientifically rigorous for gathering representative data from a diverse and vast population. This ensured that the selected sample represented the entire population, minimizing bias and allowing for valid generalizations. A Likert-scale multi-item questionnaire was distributed electronically following the CHERRIES standards.<sup>46</sup>

## Data Analysis

Researchers use statistical programs such as SPSS and SmartPLS-SEM when performing exploratory research.<sup>47</sup> SmartPLS-SEM software was used to analyze the data collected. First- and second-order factor analyses, path analysis, confirmatory factor analysis, various regression-based models, covariance structure models, and correlation structure models are all applications that smartPLS-SEM software can handle. A multivariate statistical procedure was employed as part of the smartPLS technique to examine the study's measurement model. It evaluates the connections between the

variables in a conceptual model via a structural model to construct linkages between them. PLS-SEM analysis was implemented in SmartPLS as an explanatory association model rather than a causal model. The measurement-model assessment included indicator loadings, Cronbach's alpha, rho\_A, SCR, AVE, Fornell-Larcker, HTMT, and VIF, whereas the structural-model assessment included  $R^2$ , SRMR, d\_ULS, d\_G, chi-square, NFI, path coefficients, standard deviations, t statistics, and p-values reported from the SmartPLS output.

The empirical analysis in this study followed a structured five-stage cycle that systematically integrated observation, theoretical reasoning, and iterative validation. This cycle was applied as follows in the present cross-sectional investigation:

### Observation (Empirical Phase)

Systematic collection of raw data was undertaken through a cross-sectional survey employing multistage stratified cluster random sampling across four geographical strata in China, yielding a representative sample of 5600 older adults (aged 65+ years) who met the inclusion criteria and provided informed consent. A validated 36-item Likert-scale questionnaire, developed from established theoretical frameworks and prior empirical research, was distributed electronically in accordance with the CHERRIES standards.<sup>46</sup>

### Induction (Hypothesis Generation)

Emergent patterns identified from the observed data and the reviewed literature on social determinants of healthy aging led to the formulation of nine testable hypotheses (H1+ to H9+) concerning the relationships among social prescription, health consciousness behavior, physical activity, mental well-being, and healthy aging.

### Deduction (Prediction/Design)

Specific, testable predictions were derived from the hypotheses, and the research design was operationalized by selecting validated measurement instruments (eg., the Warwick–Edinburgh Mental Well-Being Scale, the Quick Physical Activity Rating Scale, and the Healthy Aging Perspective Likert Scale) and specifying the structural equation modeling framework to evaluate these predictions.

### Testing (Data Collection and Analysis)

The designed protocols were executed to gather primary data, followed by rigorous statistical testing using SmartPLS-SEM software. This stage included confirmatory factor analysis for the measurement model, assessment of reliability and validity (Cronbach's  $\alpha$ , composite reliability, average variance extracted, Fornell–Larcker criterion, and HTMT ratio), evaluation of multicollinearity and common method variance, and path analysis to test the hypothesized structural relationships, with the overall model fit assessed via SRMR, d\_ULS, d\_G,  $\chi^2$ , and NFI.

### Evaluation (Interpretation)

The test results were critically interpreted in relation to the original hypotheses, all of which were supported (see the Results section). The findings were evaluated for their theoretical and practical implications within the socio-ecological framework of healthy aging, limitations were acknowledged, and directions for future research were identified, thereby completing the cycle and enabling potential iterations.

This cyclical process ensured methodological rigor, transparency, and alignment between empirical observations and theoretical inferences throughout the study.

## Results

### Demographics of the Study Participants

Table 1 presents the demographic characteristics of the study participants. Gender distribution shows that the majority of the participants were female (45.64%) and male (43.73%). Age statistics show that 65–67 years (18.9%), 68–70 years (10.7%), 71–73 years (11.9%), 74–76 years (15.0%), 77–79 years (19.6%), 80–82 years (10.6%), and 83+ years (13.4%)

**Table 1** Demographic Information of the Survey Participants (N=5600)

Demographic Variable	Categorization	Frequency/Percentage
Gender	Male	2449 (43.73%)
	Female	2556 (45.64%)
	Other	595 (10.62%)
Age (Years)	65-67	1059 (18.9%)
	68-70	598 (10.7%)
	71-73	668 (11.9%)
	74-76	838 (15.0%)
	77-79	1096 (19.6%)
	80-82	591 (10.6%)
	83+	750 (13.4%)
Living Status	Live alone	1774 (31.7%)
	Live with family	1601 (28.6%)
	Others	2225 (39.7%)
Residence	Urban	2497 (44.6%)
	Town	1368 (24.4%)
	Countryside	1735 (31.0%)
Education	Primary	1492 (26.6%)
	Secondary	1374 (24.5%)
	College Graduate	1591 (28.4%)
	University graduate	864 (15.4%)
	Others	279 (5.0%)

old. Regarding living status, about (31.7%) lived alone, (28.6%) lived with family, and (39.7%) others. Residence distribution shows that about (44.6%) lived in urban areas, (24.4%) lived in towns, and (31.0%) lived in the countryside. The education distribution shows that primary (26.6%), secondary (24.5%), college graduate (28.4%), university graduate (15.4%) under the others (5.0%).

## Reliability and Validity of the Data

The normality, multicollinearity, and common method variance (CMV) of the collected data were tested in the first data analysis stage. The normality of the data was examined using skewness and kurtosis values for each scale item. The calculated values for kurtosis and skewness were within the standard limits, and the results verified that the data were normally distributed (see Table 2). The multicollinearity of the collected data was tested using the variance inflation factor (VIF) values. The inner and outer VIFs revealed that the data were free from multicollinearity and CMV. Harman's single-factor analysis was performed for CMV; the total variance was 33.65%, which was within the limit.<sup>48</sup>

To test the reliability and validity of the data, a confirmatory factor analysis (CFA) was performed to analyze the convergent and discriminant measurements of the structural model. In the CFA, factor loadings with correlations, average variance extracted (AVE), Cronbach's alpha, rho\_A, and scale composite reliability (SCR) values were calculated and used for model measurement (See Table 2 and Table 3). For convergent validity, factor loadings for each item were used, which were

**Table 2** Reliability and Normality Tests

Scale Items	Mean	Standard Deviation	Excess Kurtosis	Skewness	VIF	HCB	HeAg	MnW	PhAc	ScPr
HCB1	3.649	0.826	2.513	-1.544	2.070	<b>0.766</b>	0.316	0.349	0.392	0.041
HCB2	3.638	0.799	2.358	-1.367	2.629	<b>0.807</b>	0.335	0.382	0.410	0.038
HCB3	3.630	0.791	2.248	-1.306	2.490	<b>0.801</b>	0.344	0.395	0.430	0.062
HCB4	3.638	0.815	2.428	-1.479	2.499	<b>0.830</b>	0.333	0.376	0.417	0.035
HCB5	3.544	0.847	1.612	-1.142	2.347	<b>0.794</b>	0.375	0.372	0.425	0.072
HCB6	3.557	0.831	1.644	-1.149	2.450	<b>0.793</b>	0.330	0.367	0.436	0.086
HCB7	3.629	0.820	2.174	-1.406	2.197	<b>0.759</b>	0.320	0.349	0.436	0.076
HeAg1	3.734	0.700	3.713	-1.531	2.034	0.343	<b>0.759</b>	0.494	0.492	0.131
HeAg2	3.722	0.728	3.379	-1.506	2.155	0.316	<b>0.763</b>	0.472	0.454	0.123
HeAg3	3.786	0.700	4.755	-1.834	2.147	0.324	<b>0.786</b>	0.507	0.504	0.162
HeAg4	3.751	0.692	3.888	-1.597	1.932	0.298	<b>0.755</b>	0.466	0.459	0.098
HeAg5	3.659	0.783	2.496	-1.399	1.922	0.290	<b>0.741</b>	0.432	0.416	0.119
HeAg6	3.769	0.720	4.670	-1.909	2.183	0.349	<b>0.782</b>	0.493	0.498	0.093
HeAg7	3.790	0.693	4.954	-1.868	2.001	0.329	<b>0.771</b>	0.490	0.487	0.136
HeAg8	3.707	0.769	2.338	-1.322	1.769	0.306	<b>0.708</b>	0.422	0.447	0.159
HeAg9	3.802	0.743	4.210	-1.677	1.564	0.298	<b>0.662</b>	0.408	0.443	0.116
MnW1	3.747	0.727	3.836	-1.718	1.869	0.385	0.476	<b>0.757</b>	0.538	0.145
MnW2	3.748	0.725	3.493	-1.587	2.320	0.390	0.502	<b>0.824</b>	0.575	0.124
MnW3	3.779	0.669	4.507	-1.715	2.127	0.370	0.562	<b>0.818</b>	0.515	0.078
MnW4	3.748	0.717	3.694	-1.607	2.309	0.353	0.519	<b>0.834</b>	0.544	0.106
MnW5	3.736	0.771	60.715	1.135	1.898	0.383	0.461	<b>0.772</b>	0.477	0.115
MnW6	3.770	0.685	4.417	-1.751	2.085	0.364	0.470	<b>0.800</b>	0.512	0.096
PhAc1	3.701	0.712	3.387	-1.572	1.840	0.426	0.487	0.489	<b>0.729</b>	0.227
PhAc2	3.686	0.745	2.550	-1.422	2.423	0.422	0.433	0.475	<b>0.784</b>	0.161
PhAc3	3.716	0.726	3.538	-1.709	2.355	0.412	0.484	0.494	<b>0.798</b>	0.210
PhAc4	3.732	0.716	3.565	-1.655	2.199	0.369	0.501	0.502	<b>0.787</b>	0.205
PhAc5	3.679	0.776	2.683	-1.518	1.959	0.372	0.453	0.458	<b>0.749</b>	0.089
PhAc6	3.762	0.706	5.007	-2.028	1.984	0.427	0.464	0.527	<b>0.733</b>	0.147
PhAc7	3.777	0.695	5.082	-2.016	2.030	0.405	0.502	0.531	<b>0.746</b>	0.210
PhAc8	3.766	0.727	3.821	-1.677	1.554	0.348	0.419	0.470	<b>0.672</b>	0.125
ScPr1	3.343	1.432	-1.054	-0.541	1.922	0.049	0.136	0.119	0.174	<b>0.743</b>
ScPr2	3.041	1.461	-1.431	-0.131	3.366	0.069	0.153	0.131	0.208	<b>0.878</b>
ScPr3	3.349	1.371	-0.927	-0.542	1.854	0.046	0.142	0.086	0.173	<b>0.747</b>

(Continued)

**Table 2** (Continued).

Scale Items	Mean	Standard Deviation	Excess Kurtosis	Skewness	VIF	HCb	HeAg	MnW	PhAc	ScPr
ScPr4	3.063	1.438	-1.385	-0.154	3.666	0.082	0.135	0.121	0.201	<b>0.891</b>
ScPr5	2.892	1.607	-1.638	-0.078	3.971	0.074	0.113	0.112	0.195	<b>0.889</b>
ScPr6	3.528	1.257	-0.257	-0.878	1.751	0.040	0.147	0.101	0.181	<b>0.732</b>

**Abbreviations:** HCB, Health consciousness behavior; HeAg, Healthy aging; MnW, Mental well-being; PhAc, Physical activity; ScPr, Social prescription; VIF, Variance inflation factor; Bold values represent the standardized primary loading of each item on its intended construct.

**Table 3** Discriminant and Convergent Validity

Fornell-Larcker Criterion	HCb	HeAg	MnW	PhAc	ScPr
HCb	<b>0.793</b>				
HeAg	0.424	<b>0.748</b>			
MnW	0.467	0.623	<b>0.801</b>		
PhAc	0.531	0.625	0.658	<b>0.751</b>	
ScPr	0.074	0.169	0.138	0.232	<b>0.817</b>
Heterotrait-Monotrait Ratio (HTMT)	HCb	HeAg	MnW	PhAc	ScPr
HCb	1				
HeAg	0.470	1			
MnW	0.522	0.694	1		
PhAc	0.592	0.696	0.740	1	
ScPr	0.082	0.188	0.154	0.256	1
Convergent validity	HCb	HeAg	MnW	PhAc	ScPr
Cronbach's Alpha	0.902	0.901	0.888	0.889	0.898
RHO_A	0.902	0.903	0.889	0.891	0.903
Composite Reliability	0.922	0.920	0.915	0.912	0.923
Average Variance Extracted (AVE)	0.629	0.560	0.642	0.564	0.667

**Abbreviations:** HCB, Health consciousness behavior; HeAg, Healthy aging; MnW, Mental well-being; PhAc, Physical activity; ScPr, Social prescription; Bold values represents each construct strongly relates to its own indicators.

greater than 0.50 (between 0.662 and 0.891) and acceptable.<sup>49</sup> The SCRs for HCB, HeAg, MnW, PhAc, and ScPr were 0.922, 0.920, 0.915, 0.912, and 0.923, respectively, which were above 0.70. The Cronbach's alpha values were HCB=0.902, HeAg=0.901, MnW=0.888, PhAc=0.889, and ScPr=0.898. The calculated values for the AVE were HCB (0.629), HeAg (0.560), MnW (0.642), PhAc (0.564), and ScPr (0.667). These Cronbach's alpha estimates indicate excellent reliability for HCB and HeAg and good reliability for MnW, PhAc and ScPr. Based on this calculation, we verified the convergent validity of the structural model. The Fornell-Larcker and Heterotrait-Monotrait Ratio (HTMT) criteria were used to examine discriminant reliability and validity. Fornell and Larcker's method compares the correlation values for each construct with AVE's square roots.<sup>47</sup> The correlation values were less than the square roots of the AVEs, confirming discriminant reliability and validity (See Table 3). The heterotrait-monotrait (HTMT) method was used to examine discriminant validity. The calculated values were less than the 0.85 threshold, confirming discriminant validity (See Table 3).

## Hypothesis Testing

Structural equation modeling (SEM) was employed to examine the proposed hypotheses in the conceptual framework (See Figure 1). The SEM method frequently consents to the cunnings of multiple relationships in a single estimated model with many relationships. SmartPLS-SEM was used in this study to test the structural model. Before SEM was performed, the structural model fitness was premeditated through standardized root mean square residual (SRMR), unweighted least squares discrepancy (d\_ ULS), geodesic discrepancy (d\_ G), chi-square ( $X^2$ ), and normed fit index (NFI) standards. The SRMR value is the mean score of the standardized residuals from comparing the hypothesized and observed covariance matrices, which shows how well a structural model fits the data. The acceptable standard for SRMR is less than 0.08; SRMR outcomes indicate that the proposed model is a good fit (See Table 4).

The SEM results are presented in Table 5 and Figure 3. In SEM, the predictive power of the structural model is represented by the  $R^2$  value of the endogenous construct. The  $R^2$  values were 0.474 for healthy aging from social prescriptions, health consciousness behavior, physical activity, and mental well-being;  $R^2$  values were 0.229 for mental well-being from social prescriptions and health consciousness behavior;  $R^2$  values were 0.319 for physical activity from social prescriptions and health consciousness behavior; and  $R^2$  values were 0.006 for health consciousness behavior from social prescriptions (See Figure 3). Path analysis via SEM revealed nine proposed hypotheses that were tested. The result for Hypothesis (H1= ScPr  $\rightarrow$  HCB) is significant and supported by a 0.074 path coefficient, 5.470 t-statistic, and

**Table 4** Fitness of the Structural Equation Model

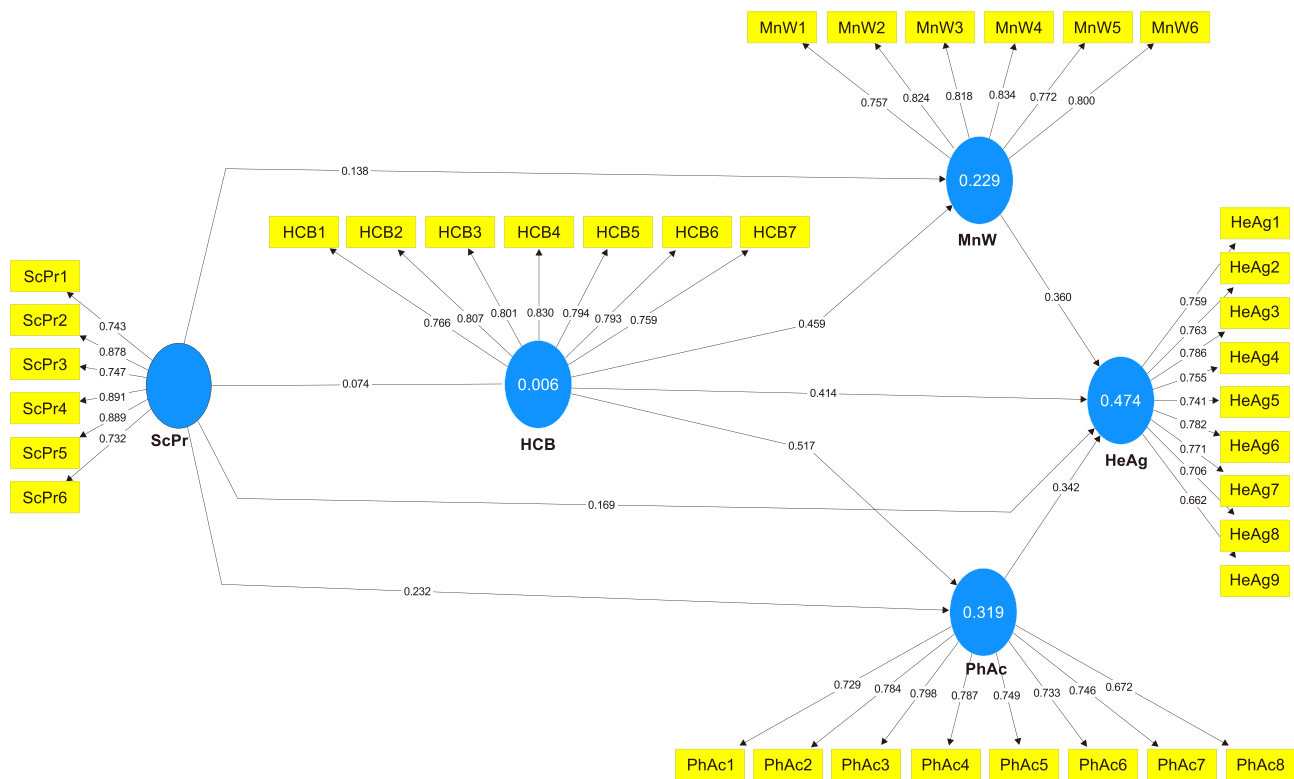
Fit Catalogs	Saturated Model	Estimated Model
SRMR	0.044	0.079
D_ ULS	1.284	4.56
D_ G	0.419	0.495
Chi-Square	13916.652	15,274.657
NFI	0.879	0.868

**Abbreviations:** SRMR, standardized-root-mean-square-residual; d\_ ULS, unweighted least squares discrepancy; d\_ G, geodesic discrepancy; NFI, normed fit index.

**Table 5** SEM Results

Proposed Paths/ Hypotheses	Original Sample (O)	Standard Deviation (STDEV)	T Statistics ( O/STDEV )	P values
ScPr $\rightarrow$ HCB (H1)	0.074	0.014	5.470	<0.001
ScPr $\rightarrow$ MnW (H2)	0.138	0.013	10.253	<0.001
ScPr $\rightarrow$ PhAc (H3)	0.232	0.013	17.667	<0.001
ScPr $\rightarrow$ HeAg (H4)	0.169	0.014	12.184	<0.001
HCB $\rightarrow$ MnW (H5)	0.459	0.019	24.568	<0.001
HCB $\rightarrow$ PhAc (H6)	0.517	0.017	31.063	<0.001
HCB $\rightarrow$ HeAg (H7)	0.414	0.021	20.153	<0.001
PhAc $\rightarrow$ HeAg (H8)	0.342	0.022	15.556	<0.001
MnW $\rightarrow$ HeAg (H9)	0.360	0.021	17.182	<0.001

**Abbreviations:** HCB, Health consciousness behavior; HeAg, Healthy aging; MnW, Mental well-being; PhAc, Physical activity; ScPr, Social prescription.



**Figure 3** Total standardized associations in the SEM.

$p < 0.001$  value. Hypothesis (H2= ScPr  $\rightarrow$  MnW) verified that social prescription positively affects mental well-being, with a 0.138 path coefficient, 10.253 t statistic, and  $p < 0.001$  value. The results for the hypothesis (H3= ScPr  $\rightarrow$  PhAc) indicate that social prescription positively affects physical activity, with a 0.232 path coefficient, 17.667 t-statistic, and  $p < 0.001$  value. The effect of social prescription on healthy aging (H4= ScPr  $\rightarrow$  HeAg) was positive and supported by a 0.169 path coefficient, 12.184 t statistic, and  $p < 0.001$  value. Health consciousness behavior has positive effects on mental well-being (H5=HCB  $\rightarrow$  MnW with a 0.459 path coefficient, 24.568 T statistic, and  $p < 0.001$  value), physical activity (H6=HCB  $\rightarrow$  PhAc with a 0.517 path coefficient, 31.063 T statistic, and  $p < 0.001$  value), and healthy aging (H7=HCB  $\rightarrow$  HeAg with a 0.414 path coefficient, 20.153 T statistic, and  $p < 0.001$  value). The hypothesis (H8= PhAc  $\rightarrow$  HeAg) confirmed that physical activity positively influences healthy aging, with a path coefficient of 0.342, a T statistic of 15.556, and a p-value  $< 0.001$ . Finally, hypothesis (H9= MnW  $\rightarrow$  HeAg) established a significant and supported effect of mental well-being on healthy aging, with a 0.360 path coefficient, 17.182 t-statistic, and  $p < 0.001$  value. Thus, H1+ to H9+ were all supported as positive associations in the hypothesized directions within the estimated SEM.

## Discussion

Social prescription is a novel approach to health treatment that emphasizes addressing patients' social, psychological, and material needs in addition to their medical needs. Social prescription initiatives have been developed to address the needs of older adults and promote healthy aging. Retirement, losing loved ones, and slowing down can impact a person's social circle as they age.<sup>1</sup> These factors are associated with poor health and may increase the risk of chronic diseases, depression, and memory problems. Interventions based on social prescriptions for healthy aging typically involve a multidisciplinary group of medical professionals, social workers, and community members. Understanding a person's interests, preferences, and health issues is the first step in meeting their social and healthcare requirements.<sup>2,5</sup> Regarding the health and well-being of older adults, social prescription is a technique for advising and supporting specific social activities and engagement. It is predicated on the premise that the key to a happy retirement is engaging in positive behaviors, such as volunteering, making new friends, and having fun.<sup>21</sup>

Awareness of one's physical condition is crucial for healthy aging. Knowledge creates health empowerment when making educated decisions regarding lifestyle and nutrition. Thus, it is important to be health-conscious for health and well-being in older age. Healthy behaviors, such as frequent exercise and consumption of organic foods, are more common among those who value their health.<sup>24,49</sup> Health-promoting behaviors, such as regular checkups and taking medication as directed, are also more likely to be practiced by this group of individuals. Many factors influence health awareness, including how people perceive their environment and how active they are in their communities.<sup>50,51</sup> In the present study, the significant H1 path (ScPr → HCB) suggests that social prescription is positively associated with health consciousness behavior. This pattern is consistent with the prior literature rather than confirming a directional effect. Guo et al investigated the impact of health literacy on the connection between social media influence and attitudes toward mHealth services and the connection between perceived service quality and attitudes toward mHealth services.<sup>52</sup> Perceived service quality and attitudes toward mHealth services are positively correlated with health literacy.<sup>49</sup> Being health conscious under social prescription may involve refraining from harmful activities, such as smoking and binge drinking, and engaging in beneficial behaviors, such as frequent medical checkups, medication adherence, and a balanced diet. In addition to being linked with a lower risk of age-related disorders and better physical well-being, maintaining a healthy lifestyle is associated with better longevity, independence, and quality of life in older adults.<sup>48,49</sup> Moreover, Wang et al reported that people's intentions to eat healthily are affected by their level of health awareness, which is a good predictor of people's health attitudes and actions.<sup>26</sup>

Participating in the arts, communal gardening, owning a pet, having friends and family to help, and attending social events are activities that fall under this category. Social variables can play a role in the etiology, manifestation, and outcomes of mental health issues. One's state of mind is significantly influenced by one's social environment.<sup>53,54</sup> In this study, the H2 path (ScPr → MnW) indicated that social prescription was positively associated with mental well-being. This association may be explained, in part, by the role of social support in social prescription. Social prescriptions provide opportunities to build social networks and connections, which may, in turn, be linked to emotional well-being. Similar results were reported by Nguyen et al, who investigated the correlation between social support and contentment and found that stronger social networks were associated with better mental health.<sup>54</sup> Another study revealed a connection between improved mental health and fewer instances of aggression, depression, anxiety, and physical distress. Taken together, these studies suggest that psychological well-being is closely related to healthy aging. In addition, social support is crucial for healthy aging in older adults, as it protects against physical and mental illnesses, incapacity, and isolation.<sup>55</sup>

Significant relationships have been observed between physical activity levels, exercise self-efficacy, and health-enhancing behaviors.<sup>56</sup> The Physical Activity and Social Support Scale (PASSS) was developed by<sup>57</sup> to assess social exercise encouragement among older adults. Social support and exercise preference were found to be associated with each other. This finding highlights the concept that social support, as a component of social prescribing, may be associated with higher physical activity levels. In our study, the H3 path (ScPr → PhAc) suggested that social prescription was positively associated with physical activity. A possible explanation is that social networks, social interactions, and social support available through social prescriptions may be related to the motivation, self-efficacy, and persistence in physical activity. Similarly, King et al reported that social support was correlated with increased activity levels among youth.<sup>58</sup> According to AuYoung et al, physical exercise treatments should target not just one but several different spheres of influence: individual, social, and environmental. Social support has been shown to encourage more physical activity in several trials.<sup>59</sup> Likewise, Haerens et al conducted a one-year intervention study in middle schools to examine the relationship between modifications to psychosocial components of exercise and subsequent improvements in exercise behavior. Their findings suggest that changes in physical activity may accompany modifications to psychosocial variables such as social support, self-efficacy, and perceived rewards and barriers, offering a plausible explanation for the association observed in our study.<sup>60</sup>

To promote overall health and well-being, especially in the older adult population, doctors are increasingly prescribing non-medical therapies such as social activities, community involvement, and support networks.<sup>6</sup> The premise of social prescription for healthy aging is that engaging in meaningful social interactions throughout one's later years is linked to better physical and mental health. It has the support of laws and institutions worldwide that value the contribution of social elements to good aging.<sup>8</sup> Our findings for H4 (ScPr → HeAg) suggest that social prescriptions are positively associated with healthy

aging (HeAg). Similar results were reported by Sandhu et al, who examined the global trends in social prescribing. They discovered that social prescriptions were utilized to address social isolation and overall well-being in the United States, Sweden, the Netherlands, Singapore, and China, all of which are relevant to good aging.<sup>61</sup> Volunteerism as a social prescription has also been associated with better health and well-being in the later life. Formal volunteering was associated with greater happiness, consistent with the view that participating in meaningful social activities, such as volunteering, may contribute to healthy aging.<sup>62</sup> Couto et al, investigated the attitudes of middle-aged and older adults individuals toward prescriptions for “active aging” and “altruistic disengagement.” Prescriptive perspectives of active aging, such as encouraging seniors to exercise and have an active lifestyle, are associated with positive health outcomes in old age.<sup>63</sup>

Those who are more health conscious and try to improve their health are more likely to report better mental health outcomes. Treatments for cognitive impairments include lifestyle modifications, cognitive remediation therapy, and taking medication.<sup>64</sup> Mental health is influenced by social support, self-esteem, self-achievement, and participation in leisure activities.<sup>65</sup> Our findings also align with the above argument, suggesting that health consciousness is positively associated with mental well-being. Physical, mental, social, and spiritual well-being are all essential for healthy aging, a complex and diverse concept. Maintaining a positive state of mind, exercising regularly, and social engagement are critical components of successful aging. Similarly, the findings of H6, H7, and H8 suggest that people who prioritize their health are more likely to adopt healthy behaviors, take preventive measures, and make educated health decisions. Consistent physical activity has been linked to enhanced cognitive function, reduced risk of chronic diseases, and an overall higher quality of life. The “activity” tradition in social gerontology supports this view by emphasizing the importance of maintaining meaningful engagement as one ages.<sup>21</sup> Good mental health involves all aspects of one’s emotional, psychological, and social well-being and is crucial for fulfilling a later life. The H9 path (MnW → HeAg) showed a significant positive association between mental well-being and healthy aging. Stafford et al highlighted the importance of mental health in older individuals, reporting that mental health is linked to several markers of healthy aging.<sup>66</sup> Educational programs, including Internet and computer literacy training, improved participants’ psychological and social health.<sup>67</sup> The concept of mental health in older adults is multifaceted and complex. The healthy aging model provides a framework for considering aging and its mental effects.<sup>68</sup>

From a practical perspective, the present findings suggest that social prescriptions may be a relevant component of healthy aging strategies and may help identify pathways worth targeting, particularly those related to social connection, health consciousness, mental well-being, and physical activity. However, current evidence is insufficient to conclude that implementing social prescriptions improves healthy aging outcomes. Longitudinal, experimental, or quasi-experimental studies with broader and more representative sampling, along with objective indicators where feasible, are needed to clarify directionality, reduce bias, and determine which elements of social prescriptions are most strongly related to healthy aging.

## Study Limitations

These findings should be interpreted in light of several limitations. As data are gathered at a single point, cross-sectional design limits the capacity to identify causal linkages or temporal trends. Despite increasing the study’s external validity by including diverse regions and demographics, the multistage stratified cluster random sampling method used to choose the 5600 participants across China still risks introducing selection bias or failing to account for rapidly shifting population patterns. In addition, although the questionnaire design depends on already developed theoretical frameworks, academic literature, and empirical studies, its ability to accurately capture the intricacies of the research issue may be limited. Although this strategy uses logical reasoning to create specific questions and hypotheses, it may ignore new themes or elements that are not discussed in the literature. A standardized data collection method was ensured via a Likert-scale multi-item questionnaire distributed electronically according to the CHERRIES standards. Social prescriptions for health and well-being combine various social healthcare practices, such as culture, nature, health education, and digital intervention-based prescriptions. The social prescription in the current study was mainly based on nature- and culture-based aspects of the program.

## Conclusion

Social prescription emphasizes the social, psychological, and behavioral dimensions of health and well-being through non-medical approaches, such as community participation, social support, and engagement in meaningful activities. In the present study, the perceptions of social prescriptions were positively associated with health consciousness, physical activity, and mental well-being among older adults in China. These findings suggest that older adults who are more aware of, engaged with, or favorable toward social prescription-related practices may also report more positive orientations toward healthy aging. Supportive social networks and community-based activities may be linked to healthier lifestyles and better perceived well-being, particularly concerning physical and mental health. However, these results should be interpreted as associational rather than causal, because the cross-sectional design does not permit conclusions about effectiveness or directionality. By establishing these interrelationships within the Chinese context, this study advances thought leadership in social prescribing. This study extends the predominantly Western evidence base by offering a culturally grounded, scalable framework that integrates social prescriptions into geriatric care models for rapidly aging populations. This study positions social prescribing as a practical complement to conventional biomedical approaches, thereby contributing to a more holistic, person-centered paradigm in global healthy aging policy and practice. In addition, the generalizability of the findings may be limited because the sample included adults aged 65 years and older who already had awareness, beliefs, or lived experiences relevant to social prescription-related practices rather than a clinically referred intervention population.

## Future Implications of the Study

These findings have important implications for future research and practice. Longitudinal and experimental intervention studies are recommended to establish causality and long-term effects. Future research should further assess cost-effectiveness and explore moderating influences, including cultural nuances, technological enhancements such as virtual reality-based nature interventions, and context-specific implementation challenges. In terms of policy, healthcare authorities in China and similar aging societies are encouraged to integrate formalized social-prescribing frameworks into national strategies for healthy aging. Such integration has the potential to alleviate healthcare system pressures, bolster psychosocial well-being, and elevate the overall quality of life of older populations. Collectively, this investigation highlights the pivotal role of social prescriptions in advancing sustainable, community-oriented approaches to healthy aging on a global scale.

## Generative Artificial Intelligence (AI) Declaration

No generative artificial intelligence (AI) was used to generate any part of this article. However, Paperpal was solely used to edit English.

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## Disclosure

The authors report no conflicts of interest in this work.

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