Preferences for Prevention Programs to Promote Healthy Aging in France: Evidence from a Discrete Choice Experiment

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Abstract

This study examines preferences for prevention programmes promoting healthy ageing among French adults aged 40–59 using a discrete choice experiment (DCE). A nationally representative sample of 1,526 respondents, all of whom reported lifestyle habits below WHO recommendations, completed ten choice tasks comparing hypothetical prevention programmes varying in duration, delivery mode, follow-up, required effort in physical activity and diet, and monthly cost. Random-effects logit, alternative-specific multinomial logit, and mixed logit models were estimated to assess determinants of programme uptake and preference heterogeneity. Five of the six programme attributes significantly influenced choice across all model specifications. Longer programme duration reduced uptake, while individual delivery modes were clearly preferred over group-based options. Remote follow-up methods (digital or teleconsultation) were generally favoured. Higher levels of required effort—whether in physical activity or dietary modification—decreased participation likelihood, with substantial heterogeneity observed across individuals. Monthly cost exerted the largest and most consistent negative effect on programme choice. Sociodemographic characteristics such as income and occupational status significantly predicted participation, whereas health status and prevention messages had limited influence. Use of digital health devices and positive motivation towards national recommendations substantially increased opt-in behaviour. Mixed logit results showed substantial unobserved preference heterogeneity, particularly regarding programme modality, physical activity requirements, dietary changes, and cost. Overall, respondents expressed strong interest in structured prevention programmes, but only when these are affordable, personalized, and impose manageable effort. The findings provide robust quantitative evidence to guide the design of acceptable and effective prevention interventions aligned with population preferences.