



APPLIED AGETECH IN REAL LIFE:
**THE DESIRE AND THE REALITY
OF AGING IN PLACE**

June 2026

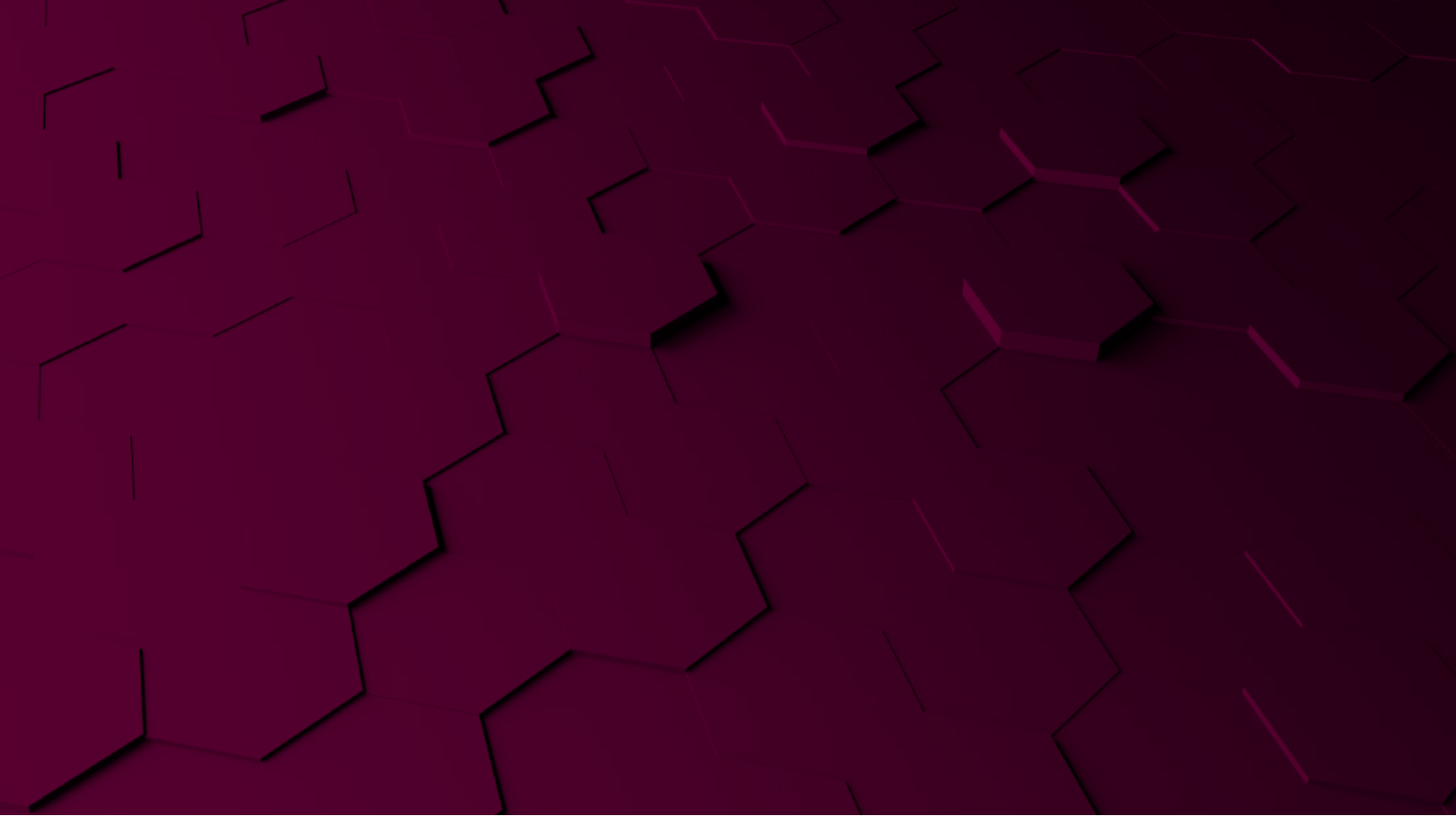


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About the Series:

AgeTech, as defined by the AgeTech Collaborative™ from AARP,¹ is a category of technological solutions designed to meet the needs of the world's aging population. These include products, services, and experiences across industries that aim to make the aging process easier, including, but not limited to, HealthTech, Mobility, Education, Communication, and Smart Home devices.²

Applied AgeTech in Real Life is a three-part series from AARP and the AgeTech Collaborative. Each installment translates lived consumer experience into practical insight for designers, innovators, startups, and media. The series is grounded in qualitative research with older adults across the Active, Supported, and Assisted stages of the aging journey.

This installment focuses on Aging in Place, the widely shared aspiration among older adults and one of the most consistently misunderstood challenges in the AgeTech field. It examines what the desire to stay home actually requires, where technology is falling short of that reality, and what the field would need to do differently to close the gap between what older adults want and what they are currently being given.

[The AgeTech Collaborative from AARP](https://agetechnetwork.org/) is an unparalleled innovation ecosystem that brings together cutting-edge thinkers in the longevity tech space — from visionary startups and investors to leading enterprises hoping to stake their claim in the AgeTech arena — to champion meaningful advances so that everyone can choose how they live as they age.

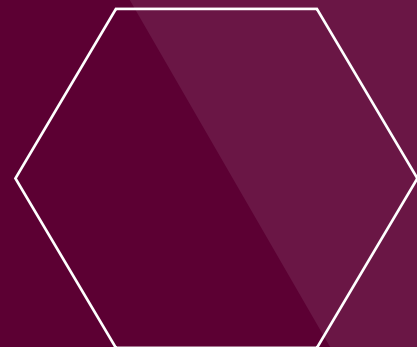
Methodology:

This report is sourced from 16 online interviews, 90 minutes each, with adults 50-plus aging in place and who have recently moved. Interviews were conducted November 2025.

^{1,2} https://agetechnetwork.org/wp-content/uploads/2024/10/ATC_-_State-of-AgeTech-Report_Final_2024.pdf



WHAT AGING IN PLACE MEANS TO OLDER ADULTS



Aging in place is about feeling at home, because many people do not want to move as they age.

The phrase “aging in place” carries more meaning than it might first appear to hold. For some, it means staying in the long-term home where they raised their families and built a life.

For others, aging in place does not mean staying put at all costs. It means aging in a place of their own choosing, on their own terms. What matters is the feeling, not the address. Regardless of the definition, aging in place has nothing to do with products, services, or tools. It’s about feeling at home, where individuals feel safe, feel they belong, and feel they have control over what happens next in the environment.

“What does it mean to age in place? **I believe it gives you comfort. It’s almost like a warm sweater on a chilly night. You know it. You know the neighbors. You know the area. You have relatively few surprises...** It’s like an old pair of jeans or an old T-shirt that you put it on, and it just, you just feel comfortable.” — *Joseph, Recently moved*

“My wife and I are a stay-at-home couple, and **we have no plans of leaving our house.** We’ve been here for almost fifty years in the same house... **We are in place. We are here. We are comfortable here.** As long as we can do the maintenance on the house and do everything we need, there’s no need to move any place.” — *Steven, Aging in place*



The aspiration to age in the home is near-universal among adults 50-plus.

Ask almost any older adult where they want to grow old, and the answer is remarkably consistent. They want to stay home. Three-quarters (75%) of adults 50-plus want to remain home as they age, and nearly one-half (47%) doubt their community will meet their needs as they grow older.³

Aging in place carries a range of meanings for older adults, from remaining in a long-term family home to aging wherever one currently lives. At its core, it represents safety, comfort, independence, and a sense of community and belonging.

When older adults talk about what they want when it comes to aging in the home, four things come up frequently:



FINANCIAL FEASIBILITY

A home has to be one that older adults can realistically afford to maintain, and ideally, one that can be adapted without breaking the budget as needs change over time. For many, this is the quiet anxiety underneath every other consideration.



SAFETY

People talk about cameras at the door, grab bars in the bathroom, and toilets that don't require a struggle to stand up from. But safety is not only about hardware; it is also about knowing there is a neighbor who will notice, family close enough to help, and a sense that someone is paying attention.



INDEPENDENCE

The ability to handle one's own hygiene, prepare food, get where they need to go, and manage finances is a marker of self-sufficiency. Many older adults hold onto their independence tightly because losing it often signals the beginning of a transition.



COMFORT AND COMMUNITY

Access to nearby services and transportation makes daily life manageable, but so does the feeling of belonging to a neighborhood, of knowing the faces, of being known in return. This is what people mean when they say a place feels like home.

³ <https://www.aarp.org/pri/topics/ltss/family-caregiving/caregiving-in-the-us-2025/>

“Aging in place is what most people do for the most part where you’ve got the American dream, you’ve got the spouse, you’ve got the house, you’ve got the children you’ve raised... **To me, aging in place, instead of constantly trying to outrun the aging process is admitting that you’re more mature, that you’re accepting the aging process, and that you’re actually going to embrace it and say, I did make it through this. I’ve survived. I’ve got a lot to show for it.**” — *Tom, Aging in place*

While aspirations to age in the home are near universal, for many, the reality to do so is not always possible.

There are several tipping points that force a change in plans related to aging in place.



A significant decline in health or mobility may make the situation unsafe or impossible to sustain.



Financial pressures can become overwhelming when Social Security or retirement income falls short of covering the costs of home upkeep.



The home itself may simply become too much to manage, whether physically or financially. When stairs, narrow doorways, or inadequate bathrooms no longer meet mobility needs, the home that was once a perfect fit can become an obstacle to daily life.

Again, while AgeTech can help older adults age in place, for many, the problem is not that the technology does not exist. The problem is that most of it was designed for how aging in place is supposed to work in ideal conditions, not for how it actually works in real life. It was designed for the plan, not for the reality that unfolds as people try to carry that plan out.

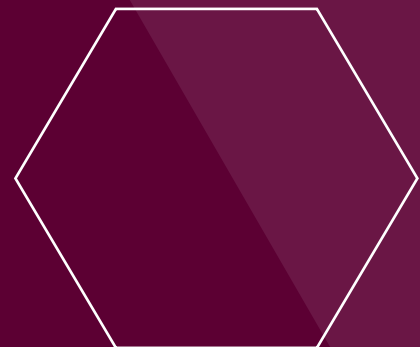
“What makes aging in place difficult.. “Finances! First is finances, first and foremost. Because **if you don’t have your finances in order or lack of finances, you’d have a lot less choices and opportunities...** That’s another reason I came back here because being in a city gives you choices that you can’t get when you’re stuck in a community. I wanted to pare down my expenses.”

— *Lisa, Recently moved*





**OLDER ADULTS
ARE NOT A
SINGLE AUDIENCE**

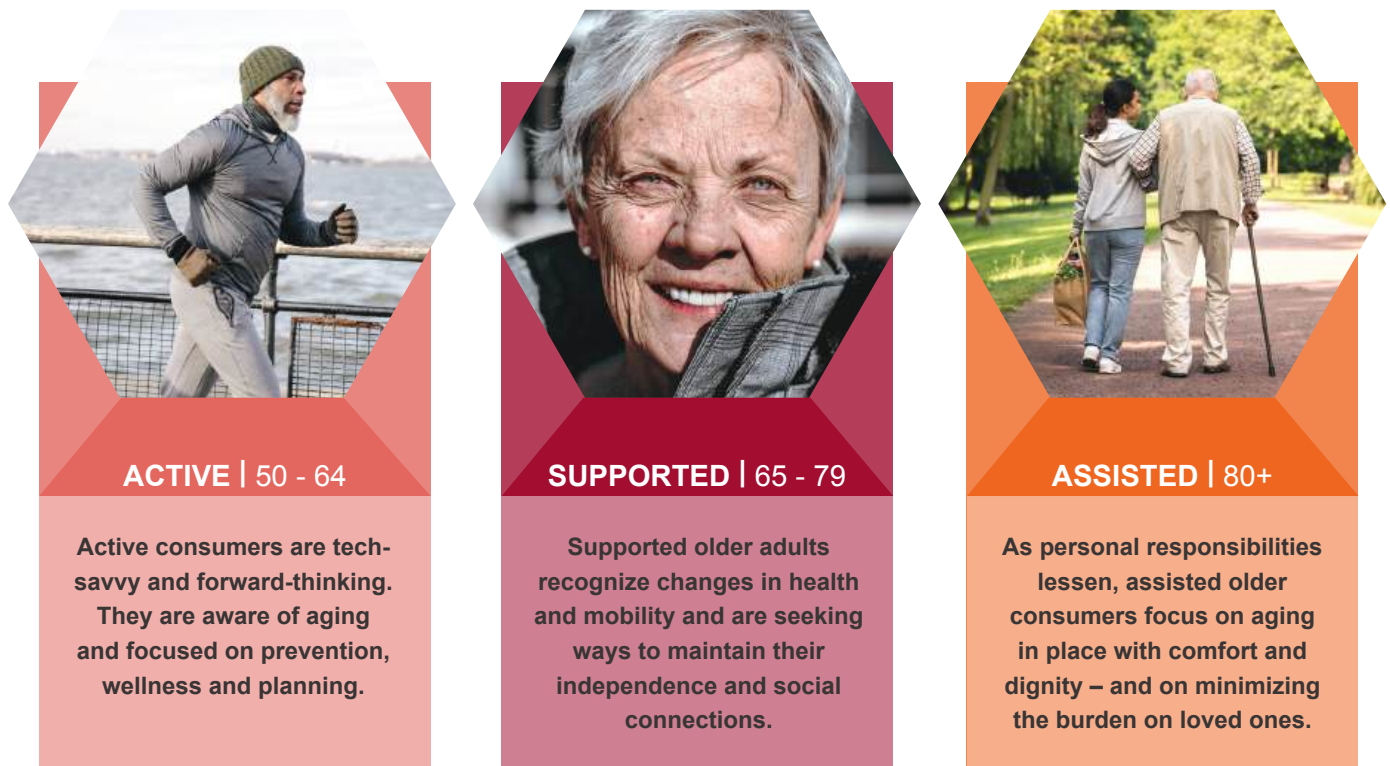


A single solution for aging in place serves no one well.

One of the most persistent mistakes in AgeTech is treating older adults as a single group with shared needs and a shared relationship to technology. They are not. A 58-year-old who is physically active, financially stable, and thinking ahead about what the next decade might require has almost nothing in common with an 82-year-old who is managing multiple health conditions and depends on a family member to coordinate her care. Designing for the average older adult means designing for no one in particular.

To understand how aging in place looks and feels across the full range of people trying to do it, this series applies a three-cohort framework. The cohorts are not defined solely by age. They are defined by where someone is in their aging journey, what they are managing day to day, their technology needs, and the support they need to stay where they want to be.

The three cohorts are Active, Supported, and Assisted. People in the Active cohort are largely self-directed. People in the Supported cohort need assistance and coordination but still maintain some independence. People in the Assisted cohort depend on more regular help to remain where they want to be, with a priority on maintaining dignity.



Active

The Active cohort of older adults is oriented toward prevention and planning. At this stage in the aging journey, most are not yet ready to move. Many can afford to maintain or adapt their home at their age or hire help as needed. Although some may be considering a preemptive move to a smaller place or a warmer climate, they still have the energy to manage it themselves.

At this stage, older adults want tools that fit naturally into their existing routine without disrupting it. A key concern is financial planning and anticipating future needs while remaining independent.

For this cohort, the relationship to technology is largely preventive. They want tools that help them stay well, stay connected, and stay informed without disrupting the routines that already work. Active adults will not adopt technology that feels like a concession. They will adopt technology that fits naturally into how they already live and feels like a reasonable extension of the choices they are already making.

Karen, who has lived in her home for decades and intends to stay as long as she possibly can, described her approach to aging in place in practical terms. She is willing to cut back on other expenses if that is what it takes to remain in her house. She is not looking for a product that signals her decline. She is looking for tools that help her stay ahead of that.

“I’m going to do everything in my power to stay here. If it means I don’t go out to dinner anymore or I don’t go on as many vacations or any vacations anymore, I’m going to do everything in my power to stay in this house. If you’re happy in your house, figure it out.”

— Karen, Active, Aging in place

“We have no plans of leaving our house. We’ve been here for almost fifty years in the same house... as long as we can do the maintenance on the house and do everything we need, there’s no need to move.”

— Steven, Active, Aging in place



Supported

Adults in the Supported cohort are managing more life complexities. They may be living with two or more health conditions. Mobility changes may already have required modifications to their home, such as a grab bar in the shower, a bedroom moved to the main floor, or a stair railing reinforced. They may still be living independently, but each day brings more decisions and tasks, and the margin for error has narrowed.

They need technology that reduces friction rather than adds to it. A major health event or mobility change has often triggered an evaluation of their current home. Financial constraints shape their options significantly. They are not opposed to tools that help them manage their health or stay safe. What they cannot absorb are tools that add to the complexity they are already carrying.

Technology for Supported adults has to account for the fact that these individuals are already stretched. Processes that require multiple steps, apps that do not talk to each other, and devices that assume a level of digital confidence the user has not yet built are all failure points. A tool that might work well in ideal conditions will fall apart when someone is tired, managing pain, and doing everything they can to stay independent.

Phyllis, who recently moved after her previous home became difficult to navigate due to bad knees, described searching for a new home under time pressure to buy. She ended up in a three-level townhome with stairs that aggravate her condition. The home she moved into was not the one she had planned. The gap between what she needed, what she could afford, and what was available narrowed her choices significantly.

“There’s a lot more stairs than what we had planned. When we were searching for our new home, we were actually looking for a one level. But at the time, we had the crunch that we had to buy something right away.” — *Phyllis, Supported, Recently moved*



“The ranch style, the wider doors. We have a pretty accessible shower. We can envision ourselves being able to move around within this home even as we get more gimpy.” — *Joseph, Supported, Recently moved*

Assisted

Adults in the Assisted cohort depend on ongoing care to manage daily life, yet they still desire dignity and independence as they age. This may mean a family member has taken on regular caregiving responsibilities for them, professional home health aides, or a combination of both.

They may have moved to a 55-plus community or assisted living, or they may still be in their home with significant support coming in from outside. For this group, the caregiver is not a background figure. The caregiver is a required co-user of any technology introduced. A monitoring device that sends alerts to a family member only works if that family member knows how to respond to those alerts.

A medication management system only works if someone is responsible for keeping it up to date. A smart lock that lets a home health aide enter the house only works if both the older adult and the aide understand how to use it.

For adults in the Assisted cohort, two-person technology systems are needed, with the caregiver and the care recipient as users. Additionally, for adults in the Assisted cohort, the goal is not to replace human connection with a product, but rather to use tools that work within the human systems that are already carrying the weight.

JW, who moved to a retirement community after decades in a single-family home, described the unexpected benefit of his new neighborhood. He had moved to simplify his life and reduce the burden of home maintenance. What he did not anticipate was the quality of the community he found there. He made close friends, closer than he had made in years. His wife, who has mobility issues, is able to participate in activities and knows there will always be someone nearby to call if something happens. The “technology” he depends on is the human infrastructure around him.

“My wife feels so safe and secure because there’s always going to be somebody she can call if I’m not in the picture that will come help her.” — JW, Assisted, Recently moved



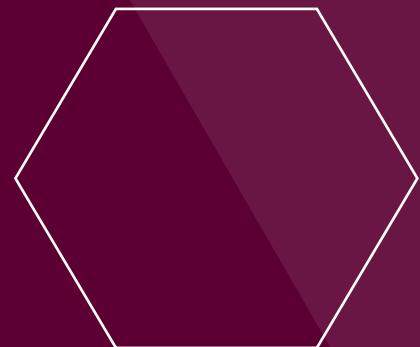
“I moved in after I was disabled. Plus, I was over the age of 55 back then. So **I was able to get into a home for the elderly or disabled, which is a really nice secure building. I know it’s more than likely going to be my forever home. And it’s a very comfortable place where there are other people around me,** you know, that are in the same predicament I am. And I love my apartment. It’s my cozy safe haven.”

— *Teresa, Assisted, Recently moved*





THE REALITY OF AGING IN PLACE AND AGETECH



The desires for technology for the home are concrete and simple.

When participants described the technology they wished existed or wanted to use related to their home or aging in place, the list was practical, concrete and consistent. They want:

The infographic consists of five horizontal bars, each with a hexagonal icon on the left and a text box on the right. The bars are colored in a gradient from dark red at the top to light pink at the bottom. Each bar has a white arrow pointing from the icon to the text box.

- Safety tools that were simple to operate, such as cameras and devices that could alert someone if something went wrong.**
- Door locks and digital locks that family members or home health aides could access without requiring a key.**
- Ways to manage the physical work of maintaining a home.**
- Virtual access to healthcare, the ability to see a doctor or get a question answered without arranging transportation or sitting in a waiting room.**
- Something that will keep them connected when loneliness sets in, whether that means video calls with family or an AI companion that could hold a conversation during a long afternoon.**

What is key across these wishes is not the technology itself. It's the desires underneath it. People want to feel safe. They want to manage daily life without asking for help for every small thing. They want to stay connected to the people and activities that matter to them. They want their home to work for them, not against them.

“It has to be simple, and **it has to be easily used by somebody who might not be as familiar with technology. I can’t tell you how many times some of these apps are out there, they’re too difficult** or it can be cumbersome interface. It has to be simple, simple, simple.”

— *Teresa, Aging in place*

Across all participants, the desire is not to become more dependent on technology. They want to stay independent longer and have technology tools to help them do so.

The tools that earn a place in daily life are the ones that extend capability without calling attention to the need for help.

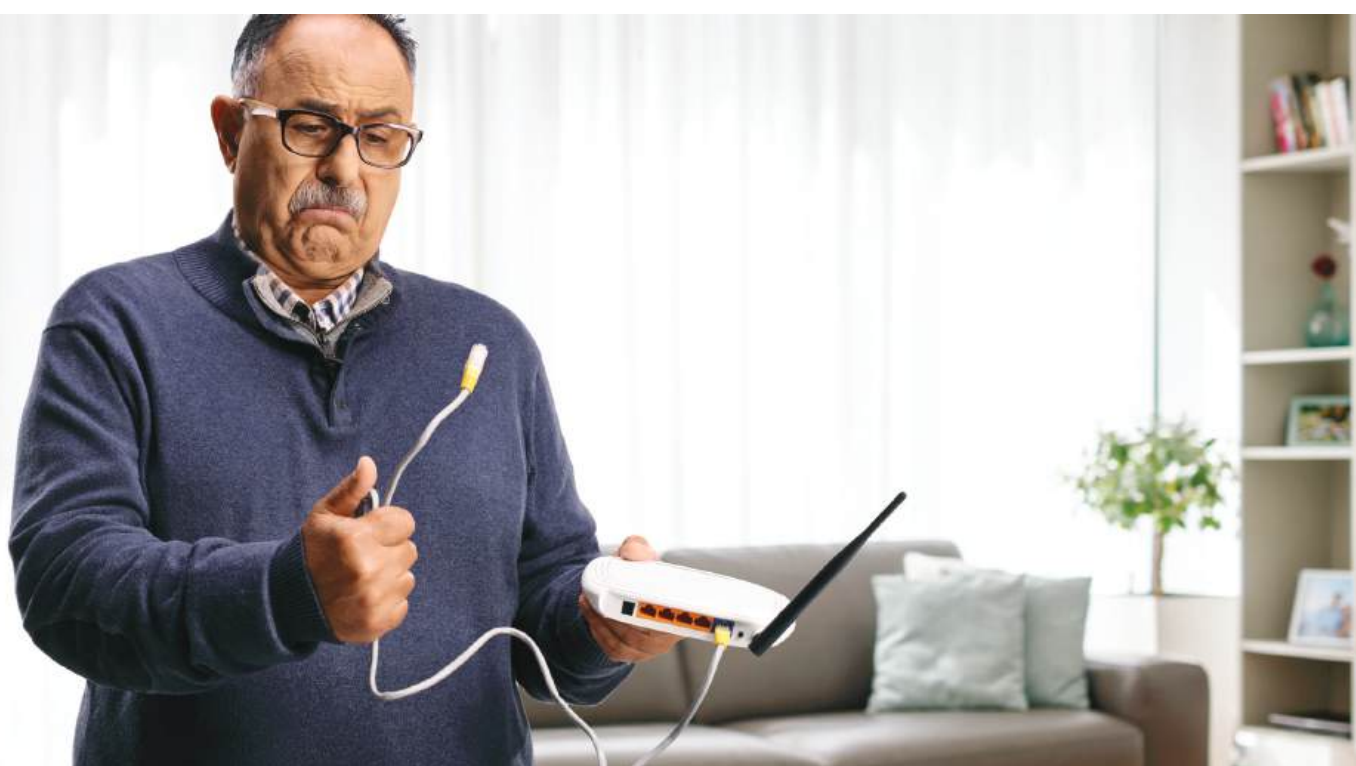


“Thank God I’ve never had to use it [a fall detection device], but... it makes me and my family **feel safer that if anything happens, I mean, I just have to push a button and help is on the way.**” — *Joseph, Aging in place*

Installation and setup reveal where desire meets harsh reality.

For many participants, the gap between the desire for tech for aging in place and actually using it opened at the very first step: setup. Most people who described trying a new device or app at home also described a moment when the instructions stopped making sense, the app refused to cooperate, interfaces assumed familiarity or technical confidence they did not have, or the device required something their current equipment could not provide.

Several described giving up before the tool was ever fully operational. The wish remained, but the tool did not survive their reality. Joseph vividly recounted his experience trying to set up a new smart home device.



“Just the time involved in looking up the issue that I was having, like, via a search engine, and then applying those solutions, and then not working, and then going back, trying to find anything else, resetting the device, resetting the device. I must have reset that device 30 times. It was just the sheer frustration that just made me give up.”

— Joseph, *Recently moved*

Family can be both a bridge and a bottleneck to tech adoption in the home.

Trust is also important. Products that assume trust (complex onboarding, recurring charges, data access requests) fail before the first real use. Products that build trust (simplicity, transparency, a human available when something goes wrong) have a chance. An endorsement from a trusted friend or family member can build trust, but it is a double-edged sword.

Often the decision to adopt a new product or service in the home is rarely made alone. The role of family in technology adoption runs in two directions. Sometimes, a family member is the reason a tool gets tried. Sometimes, a family member is the reason it never gets fully used.

For instance, a family member may notice something during a visit, a near-miss on the stairs, a forgotten medication, or a house that feels harder to manage. Then they introduce a device, an app, or a service as a solution. Sometimes it works, sometimes it doesn't.

Family can also delay adoption in a different way. An older adult may want to try a new tool, but they have to wait for a family member to vet it or set it up before moving forward. If that person is unavailable, the tool never gets used. The interest can be real, but the infrastructure to act on it is not.

This is the case for Carol, whose son upgraded her computer, but she has been unable to use it until he comes around again to troubleshoot and help with setup.

“My son bought me a new computer because I was having trouble with mine. **And we have had difficulty setting it up with the monitor, the large monitor that I have. I’m waiting again for him to come over and try to tackle it.**”

— Carol, *Aging in place*



The emotional weight of asking for help can make it hard for some to introduce tech designed for aging in place into their lives.

The emotional weight of adopting tech to age in place should not be underestimated. For some, the transition from independence to needing care carries emotional weight that most technology does not acknowledge. For example, bringing a monitoring device into your home is not a neutral act. For some, it may feel like an acknowledgment that they can no longer be trusted to manage on their own. Teresa, who moved into housing for “elderly and disabled” adults after a period of significant health challenges, described her apartment as her cozy, safe haven. However, she arrived there after a long process of accepting help when previously she had always been the one to give.

People can tell the difference between a tool that helps them do more and a tool that announces they can no longer manage on their own. A grab bar installed quietly is different from a visible medical alert device. When a product signals decline rather than supporting capability, it can be set aside, even when the person genuinely needs it.

“I’ve always been the person on the other side helping somebody else. And now it’s my turn. So I try to do what I can to help myself so other people don’t have to mess with me.” — Teresa, *Aging in place*



The best technology needs to arrive before the crisis, not during it.

Timing and cost shape what people can actually adopt, and both can work against the people who need help most. There is often a gap between when the decision to try a new tool is made and when that tool actually needs to work. When technology enters the picture only after a fall, a diagnosis, a move, or a shift in what a family member can provide, it is starting at a disadvantage. The circumstances are already complicated. The emotions are already charged. Asking someone to learn unfamiliar technology under those conditions is asking a lot.

Cost compounds the problem. A person can know exactly what they need, research their options, and still be priced out of the solution. For example, Teresa has a specific medical condition and knows which alert system would work for her situation, but she can't afford it.

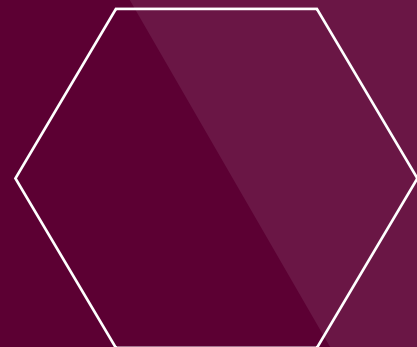
“I would love to get, what do you call it, the life alert, but **the programs are so very expensive that I just can't afford it.** I would need something that, you know, is voice-controlled, like I could just say help and they would help me. But the cost of everything is so expensive, even something that could save your life.”

— Teresa, *Aging in place*





WHERE AGETECH FALLS SHORT



AgeTech falls short for aging in place for several reasons.

AgeTech for aging in the home falls short when it minimizes the experiences of the aging journey related to mobility, physiological changes, and external forces like medication.

Many of the products designed to help older adults stay at home longer share a common flaw: the tech is built for a person with a specific level of need, in a specific living situation, with a specific set of capabilities. Aging does not work in this way. As one's aging journey continues, needs gradually change. A person who is fully independent at 65 is managing a very different set of challenges at 75, and a different set again after a health event. A tool that works well for someone in the Active cohort may become inadequate, or even counterproductive, as that person moves into the Supported or Assisted stage.

Sensory changes that come with aging, such as reduced vision, hearing loss, and changes in fine motor control, reshape how tools function in ways that product testing with younger users will never surface. A touchscreen that works intuitively for a 40-year-old developer becomes a daily source of frustration for someone whose fingertips no longer reliably register on the glass. A voice-activated device that mishears every third command does not feel like a convenience. It feels like one more thing that does not work.

Fatigue, medication side effects, and pain are also real conditions that alter how people interact with technology from one day to the next. A tool that requires consistent engagement, regular app updates, or a multi-step process to complete a basic task will be set aside on the hard days. Real homes are cluttered, real bodies are unpredictable, and real users do not read manuals. When a tech product fails under those conditions, it is not troubleshot; it is abandoned.

“I’ve had a few falling accidents in the backyard. I tripped over a rock or something, and I lost my balance. And sometimes, because my medication does cause me to be dizzy, I have to walk with my hand on the wall.” — *Joseph, Recently moved*

Most AgeTech is designed for homes that do not exist yet.

The majority of single-family homes in the United States were built before smart home technology existed.⁴ Most have not been modified to accommodate changing mobility needs or the infrastructure that connected devices require. The result is a mismatch between what the product assumes and what the home actually offers. A device that requires moving through multiple rooms to operate will not be used. A device that needs to be installed somewhere the user cannot safely reach will not be used. A device that depends on signal strength an older home cannot provide, or an outlet a room does not have, will be returned or shelved. These are not edge cases. They are the conditions most users are actually living in.

⁴ <https://www.nahb.org/blog/2026/03/how-old-is-todays-housing-stock>

Caregivers and family members are often invisible in AgeTech products, even though they are central to how technology gets adopted and used.

Most older adults do not make technology decisions alone. A spouse, an adult child, or a neighbor is often involved, whether or not the product was designed with that person in mind. That person is a co-user. Technology that ignores the surrounding support system, or that is designed to replace it rather than work within it, misreads what older adults actually need because adoption and use depend on that system.

This creates two specific failure points. When it is set up, it depends on someone more technologically confident; if that person is unavailable, the product sits unused. When a device is managed by a caregiver, but alerts only go to the primary user, the caregiver cannot do their job effectively. Both failures come from the same source: the product was designed for one person in a system that requires at least two.

AgeTech tools are built to solve one problem at a time, but aging in place is never just one problem.

Aging in place is not one problem. It is health, finances, housing, transportation, and social connections all running at once. For example, a fall detection device is useful, but the same person using it also needs to manage prescriptions, pay bills online, coordinate with a doctor, and stay connected to family. A product that solves one problem in isolation leaves the person to handle the rest on their own, and the burden of coordination can fall on the older adult, who is often the least equipped to handle it.

Single-feature solutions create a fragmented experience. There is no thread connecting the fall detector to the medication reminder to the telehealth platform. Each tool requires its own setup, its own login, its own learning curve. The older adult becomes the one responsible for making a system work that was never designed to work together.

AgeTech onboarding assumes digital literacy and confidence that some older adults have not yet had the chance to build.

Every new technology requires learning before it becomes useful. Yet according to AARP's 2026 Tech Trends report, 1 in 3 adults 50 plus do not feel digitally literate, and 6 in 10 feel that technology is not designed for them.⁵ That gap widens with age. Most AgeTech onboarding is built in direct contradiction to the numbers it describes.

Setup processes do not account for the person following instructions alone, without anyone nearby to help, or while under stress. Most products never give users a chance to build confidence gradually, one feature at a time. Getting an older adult to try a new tool is not the hard part. Getting them through the first ten minutes is. Onboarding that requires account creation, permission grants, Wi-Fi configuration, and app store navigation loses most users before the product has done anything useful.

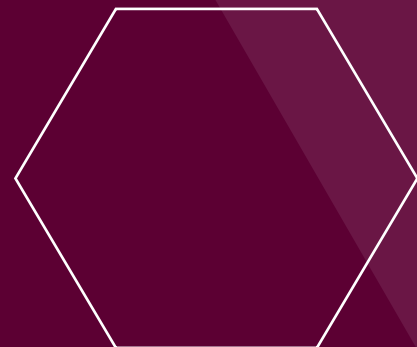
“...Maybe you’ve set them up with a Facebook account, but they don’t know what they’re doing. Sometimes that’s a little bit more dangerous than it could be because they can do something online that they shouldn’t.”

— Tom, *Aging in place*

⁵ <https://www.aarp.org/pri/topics/technology/internet-media-devices/2026-technology-trends-older-adults/>



DESIGN IMPLICATIONS FOR INNOVATORS AND THE AGETECH FIELD



Design Implications for Innovators and the AgeTech Field

The tools that will actually be used are the ones built around **how people live, decide, and adapt**, not those around what the technology is capable of doing.



Design for the Journey, Not Just the Moment

Products need to be framed around capability and continuity, not around decline and limitation. The language used in marketing, onboarding, and product interfaces should reflect what the user is still doing, not what they can no longer do. Products should be designed with a progression model built in. What does this tool look like for someone in the Active cohort, and what does it look like for the same person five years later, when their needs have shifted? The answer should not be a different product. It should be a platform that adapts.

THE DESIGN QUESTION IS NOT...

“Does this work for who this person is today?”

BUT...

“Does this still work for who this person will be in two to five years, and have we built that transition into the product already?”



Build for the Caregiver as Co-User from the Start

The caregiver is already in the room. For adults in the Supported and Assisted cohorts, no technology decision is made in isolation, and no technology system functions without accounting for the person helping to manage it. Caregiver onboarding should be a standard part of product design, not an optional feature.

THE DESIGN QUESTION IS NOT...

“Does this work for a single user?”

BUT...

“Who else is involved in this decision? What do they need to see, and how do we build for both a caregiver and a person being taken care of?”



Make Onboarding a Product, Not an Afterthought

The moment a tool is introduced shapes whether it will ever be used. A product that arrives as something that keeps you connected and in control has a different chance than one that arrives as something complex to configure. That first experience should not require a YouTube video, a family member on standby, or three separate apps to complete. It should be guided, supported, and built to teach as it goes.

THE DESIGN QUESTION IS NOT...

“Can the user figure this out?”

BUT...

“Have we built it so that figuring it out does not require much, and no one has to do it alone?”



Design for Actual Homes, Not the Ideal Ones

American homes were not built for smart technology. Most have narrow hallways, limited outlets, inconsistent Wi-Fi coverage, and rooms that were never designed for device installation. They are cluttered with the accumulated evidence of a life being lived, and that clutter is not going away because a new device has arrived. The people in those homes are also not operating under ideal conditions. Bodies change from one day to the next and sensory changes that develop gradually, such as reduced vision, hearing loss and changes in fine motor control, reshape how tools function in ways that testing with younger users in controlled environments will never surface.

THE DESIGN QUESTION IS NOT...

“Does this work in a lab?”

BUT...

“Does this work in a cluttered real home, on a hard physical or emotional day?”



Design for the Emotional Transition and the Functional Task

Adopting an AgeTech product or solution in the home is rarely a neutral decision. For many, it signals that something has changed, that independence is shifting, that the life they have been living is requiring more support than it used to. That emotional weight shapes whether someone will try a product, whether they will stick with it, and how they talk about it to the people around them.

THE DESIGN QUESTION IS NOT...

“Is this easy to use?”

BUT...

“Does this let the person feel like themselves while using it?”



Earn a Spot in Daily Life Before the Need Becomes Urgent

Most AgeTech products are designed for a level of need the user has not yet reached, which means they feel premature to the people who would benefit from them most. A tool that signals decline rather than supporting capability will be set aside until the need becomes undeniable. By then, the moment to build familiarity has passed. Products that fit naturally into existing routines, that solve small daily frictions before they solve large ones, earn a place in the home before the stakes are high.

THE DESIGN QUESTION IS NOT...

“What does this person need when things get hard?”

BUT...

“What would make their day easier right now?”



Create Familiarity and Confidence Before It Is Needed

A product that has been part of daily life for a while, even with ad hoc use, is a different tool than one introduced in a moment of crisis. Routine use builds confidence, surfaces problems early, and creates the kind of trust that holds when circumstances become more complicated. The transition from useful to necessary should happen gradually, without requiring the person to learn something new under pressure. That transition is a design outcome, not a coincidence.

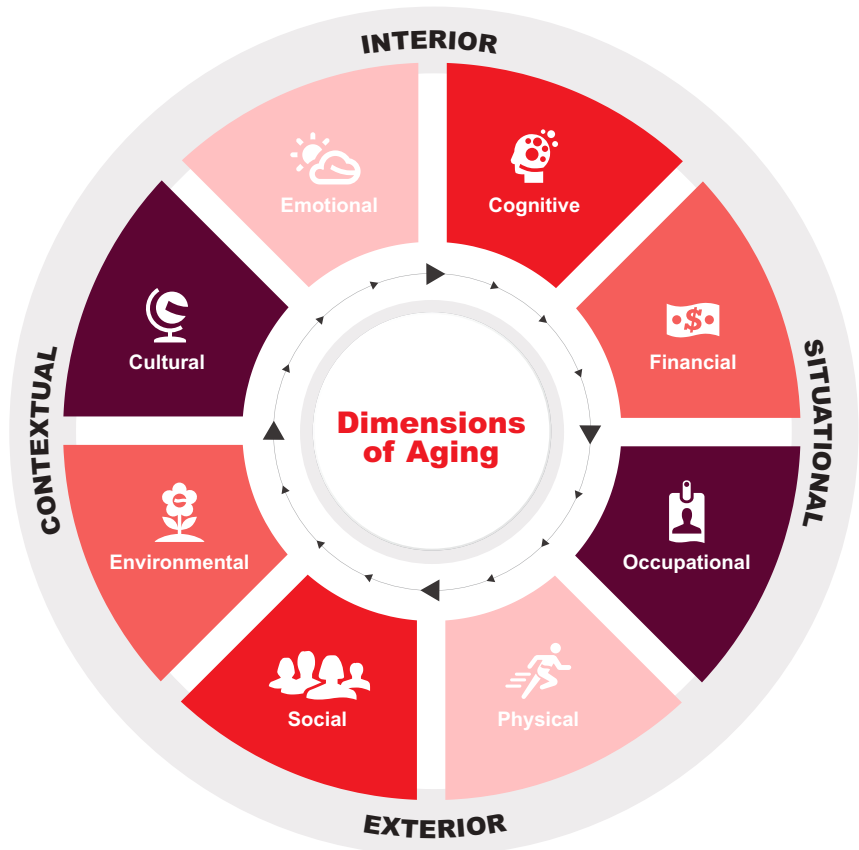
THE DESIGN QUESTION IS NOT...
“How do we reach people when they need us?”

BUT...
“How do we become familiar enough, early enough, that the tool is already trusted when the moment comes?”

Meet People Where The Actual Barriers Are

Barriers to technology adoption do not operate in isolation. They run across eight dimensions of aging: emotional and cognitive interior factors, social and physical exterior factors, financial and occupational situational factors, and environmental and cultural contextual factors.⁶ A product that accounts for only one layer will work for some people, in some circumstances, some of the time.








The highest-value tools in the AgeTech space are the ones designed with the full picture of the individual in mind.



⁶ <https://oats.org/age-friendly-technology-design/>

Key Takeaways

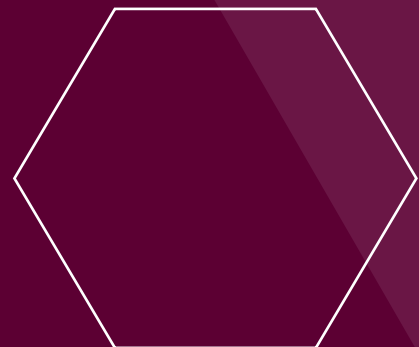
When designing AgeTech for aging in place, don't forget:

-  **Design for the Journey, Not Just the Moment** — Products should adapt as a person's needs change over time, not require a different product at each stage of the aging journey.
-  **Build for the Caregiver as Co-User from the Start** — No technology decision is made in isolation. Caregiver onboarding should be standard, not optional.
-  **Make Onboarding a Product, Not an Afterthought** — The first experience should be guided, supported, and built to teach as it goes, without requiring outside help to get started.
-  **Design for Actual Homes, Not the Ideal Ones** — Real homes are cluttered, inconsistently connected, and used by people whose bodies and capabilities change from one day to the next.
-  **Earn a Spot in Daily Life Before the Need Becomes Urgent** — Tools that solve small frictions early earn a place in the home before the stakes are high.
-  **Build Familiarity and Confidence Before It Is Needed** — Routine use creates the kind of confidence that holds when circumstances get more complicated. That transition is a design outcome, not a coincidence.
-  **Design for the Emotional Transition, Not just the Functional Task** — Adopting AgeTech is rarely a neutral decision. How a product makes someone feel about themselves matters as much as whether it works.

Meet People Where the Actual Barriers are — Barriers run across four dimensions of aging: interior, exterior, situational, and contextual. A product that accounts for only one layer will work for some people, in some circumstances, some of the time.



CONCLUSION



The Gap Will Not Close Through More Technology

The aspiration to stay home is among the most widely shared among older adults in America. Three in four adults 50 and older want to remain in their homes as they age. That number has been consistent across years of AARP research. It is not changing. What is changing is the scale of the population carrying that aspiration, and the growing distance between what they want and what the current system can deliver.

This installment has examined the distance from the inside. Not from the perspective of what the technology is capable of, but from what actually happens when older adults try to make their plan a reality.

What they described is not a technology gap. It is a design gap. It is the distance between a field that is building for how aging should work in ideal conditions and a population that is navigating how it actually works in real life. The findings are specific. Tools are arriving in homes that were not built to accommodate them, operated by people who were not given the support to use them, and managed within family systems that were not designed into the product. The emotional context of adoption is being ignored. The caregiver is being treated as invisible. Needs that change over time are being addressed with tools that were built for a single moment. And the surrounding barriers of cost, access, logistics, and literacy are being left outside the product entirely, as if they are someone else's problem.

Nearly three in five adults age 50 and older do not believe technology is designed with their age in mind. That is not a perception problem that better marketing will fix; it is a signal about the lived experience of an entire population that has been trying to engage with a field that has not yet fully engaged back.

The implications from this research are not incremental. They require a different starting point. They require designers to begin with the emotional context of adoption rather than the product's functional specification. They require founders to build the caregiver into the system from day one rather than treating them as an optional add-on. They require a progression model rather than a point solution. They require products that account for the full complexity of what aging in place demands, not just the slice of it that a single feature can address.

None of this is beyond reach. The consumer voices in this research are specific enough to show exactly where to start. Tom describes the financial, logistical, and lifestyle obstacles that make aging in place genuinely hard. Karen describes her determination to stay home on her own terms at nearly any cost. Teresa describes what it took to accept help and rebuild independence from a new baseline. Joseph describes a home he chose with future mobility needs already in mind. These are not edge cases. They are the population. And they are telling the field, clearly and in their own words, what they need.

The tools that will actually be used are the ones built around how people actually live in real homes, with real families, under real conditions, not around what the technology is capable of doing.



About AgeTech Collaborative™ from AARP:

[AgeTech Collaborative™ from AARP](#) is an unparalleled innovation ecosystem bringing together cutting-edge thinkers in the longevity tech space to champion meaningful advances to make aging easier for everyone. AARP's decades of exclusive longevity insights, the breakthrough collaborative ecosystem and community of innovators positions the AgeTech Collaborative to lead the future of AgeTech.

About AARP:

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering people 50 and older to choose how they live as they age. With a nationwide presence, AARP strengthens communities and advocates for what matters most to the 125 million Americans 50-plus and their families: health and financial security, and personal fulfillment. AARP also produces the nation's largest-circulation publications: AARP The Magazine and the AARP Bulletin. To learn more, [visit aarp.org](http://visit.aarp.org), aarp.org/español or follow @AARP, @AARPLatino and @AARPadvocates on social media.



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