



APPLIED AGETECH IN REAL LIFE:

AI AND INDEPENDENCE AMONG OLDER ADULTS

August 2026

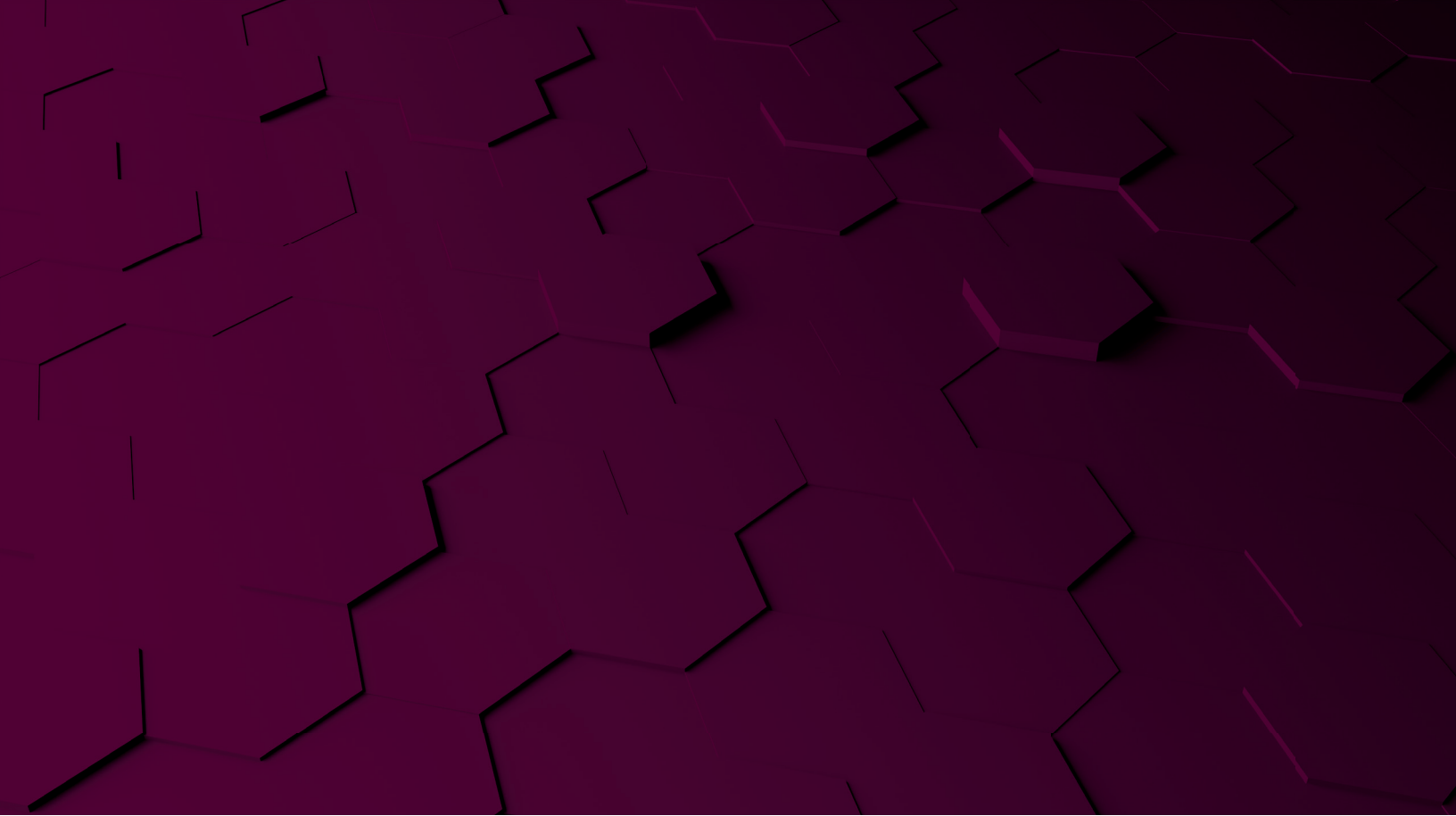


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About the Series

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 AI and independence among adults 50 and over.

[The AgeTech Collaborative from AARP](#) 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 19 participants age 50-plus who completed a 3-day online diary related to awareness, perceptions, and use of AI, and 12 in-depth follow-up interviews. Participants who self-identified as low competency were walked through using an AI task in the interview. Diaries and interviews were conducted in May 2026.

Participants were a mix of Active (50–64), Supported (65–79), and Assisted (80-plus) cohorts. Within each segment, participants represented a range of self-identified competencies in AI/AI-powered technology including Aware, Understanding, and Ability.

^{1,2} Brittne Kakulla, [The State of AgeTech: Insights in Brief](#), Washington, DC: AgeTech Collaborative, July 2024.



DEFINING INDEPENDENCE

Older Adults define independence as maintaining their agency, being self-reliant, managing their own lives, and making their own decisions.

Independence is one of the most consistent values older adults hold onto as they age. In fact, 53% of adults say they are extremely or very concerned about maintaining their independence as they grow older, making it one of their top concerns tied to aging, alongside brain health and relationships.³ Even people in their 80s, who are most likely to need some kind of support, still want and expect to live independently.

What independence actually means to people breaks down into a few connected parts. **Self-reliance** is being able to do things without relying on others, from managing daily chores and appointments to making informed decisions about health and finances. This includes the ability to monitor vitals or home safety without losing a sense of control. **Mental sharpness** matters just as much, since older adults tie independence to feeling cognitively capable of making good choices. **Mobility** is another piece, as the ability to move freely is core to staying independent.

“I guess independence to me is the ability to get up, go, and do whatever I want, pretty much whenever I want, without any restriction. You, know, physical restrictions. If I want to get up and go somewhere, I get in my car and I go.” — Jeff, Supported

“As I age, independence [is] the ability . . . to take care of myself without anyone’s physical support, and then also being able to independently make decisions, like financial decisions, health care decisions, those things . . . You might have a support system, but you are the driver.”

— Mark, Active

³ *Life Is Good, Especially for Older Americans: AARP Second Half of Life Study in Collaboration With National Geographic Partners., and Heart + Mind Strategies*, Washington, DC: AARP Research, June 2022. <https://doi.org/10.26419/res.00538.001>



Independence and AI sit in tension for older adults. The same technology that can support self-reliance, safety, mental sharpness, and mobility is also the thing some fear will quietly take those capacities away. Whether AI is seen as empowering or threatening comes down to one question: does it help people do things for themselves, or does it start doing those things for them?

The same automation that frees up time can also create distance from a home or routine someone wants to stay closely tied to. The same prompts meant to keep the mind sharp can feel like a crutch if relied on too heavily. And the same monitoring meant to support safety or mobility can start to feel more like surveillance than care. For many older adults, the line between AI as a tool and AI as a replacement is not about the technology itself, but about whether they still feel like they are in charge.

“I’m afraid [AI] might help me too much, and then I’m going to be reliant on it. And everything I do, from cooking my food to purchasing my clothes to trying to lose weight and exercising, I’m at its mercy. And I don’t want that to happen.”

— *Albert, Active*





**OLDER ADULTS
ARE NOT A
SINGLE AUDIENCE**

AI needs to meet older adults where they are, across every stage of the aging journey.

AgeTech provides a real opportunity to understand how needs shift across the aging journey, and to design AI-powered tools and services that adapt alongside them. A 58-year-old who is physically active, financially stable, and curious about new tools has very different needs from an 82-year-old who is managing multiple health conditions and depends on a family member to coordinate her care. The more AI is personalized, the more useful it becomes.

To understand how AI can serve independence across the full range of people experiencing it, this series applies a three-cohort framework: 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. These 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, and how much support they need to stay independent.

These cohorts also have differences in AI interest and use. People in the Active cohort are largely self-directed and quick to fold AI into daily life. People in the Supported cohort, who need some assistance and coordination with daily life, are using AI cautiously to ease workloads and track health. People in the Assisted cohort who depend on more regular help to age with dignity are more hesitant to relinquish control to AI.





ACTIVE | 50–64

The Active cohort has embraced artificial intelligence both at home and at work. Adults in this group see AI as a useful source of information that can save time, simplify everyday activities, and support independence. At the same time, the Active cohort recognizes that AI is still developing and approaches some uses with caution.

AI fits most naturally into this cohort's daily routines when the technology offers a clear and practical benefit. Carolyn describes AI as “awesome” and uses AI for organization, entertainment, and stress reduction. Carrie views AI as “a good form of information giving” that can help people become more informed and make more confident purchasing decisions.

Health is an area where members of the Active cohort see potential value. Julie uses AI for health research, companionship, and therapeutic support through Ash. Julie also sees the potential for AI-enabled technologies, including robots, to help people maintain independence. At the same time, Julie is concerned about AI accessing sensitive environmental, medical, and financial information.

For some adults, AI provides companionship and personal support. Mark uses an AI companion during a long commute, allowing him to have extended conversations. He sees AI as a helpful extension of himself that can provide reminders and proactively communicate changes in vital information. However, he remains cautious about using AI for financial investments and may test the technology only with small amounts of money.

“I’m actually excited, and I even see the idea of an AI robot if I could ever afford one. I think that would be super neat . . . The dream would be a humanoid robot that could help out and interact and keep me company. God, that would be neat. And I know that’s like a pipe dream, but it’d be really cool.” — *Julie, Active*

“I guess I would say with AI, I love all the things you can do with it. You can do research. You can invest. But then again, now I’m just using a bot. So, the person that would help me invest is losing a job. I know I’m still kind of old-fashioned with that. I like going to a library or to a bookstore and holding, you know, print in my hands. So, it’s like I said, I love to hate it. It’s scary, yet it’s exciting at the same time.” — *Albert, Active*



SUPPORTED | 65–79

Adults in the Supported cohort are mixed in their current use of artificial intelligence. Although their experiences and comfort levels vary, adults in this cohort can envision AI helping them remain independent as they age. They are especially interested in technology that reduces everyday effort, makes complex information easier to understand, and provides practical support for health and mobility.

Members of this cohort value AI's ability to decode dense information, organize complicated tasks, and make information more actionable. Vicki relies on AI as a “backstop” when reviewing information and uses it to turn “mind dumps” into clear next steps. Ron describes himself as being on the “AI bullet train” and appreciates the ability to accomplish more with less effort. Ron feels empowered by AI when the technology helps him become a more educated consumer.

Health and mobility are distinct areas where adults in the Supported cohort see potential for AI, although they differ in how much responsibility they are willing to give the technology. Ron sees potential for AI to support a preventive health plan that brings together diet, exercise, and family medical history in one place, allowing for more personalized answers. Vicki hopes AI-enabled wearable devices could support the early detection of health abnormalities.

Jeff can imagine a future in which AI-assisted robots reduce barriers for people with limited mobility. Jeff would consider using AI to track health trends but would not want the technology to assist with medical diagnoses. Similarly, Sherry hopes self-driving vehicles could help her maintain mobility as she ages.

“What doesn’t scare me about AI is taking the things off your back that are time-consuming and not pleasing to life. I’ve had all this time to do it, but I don’t wanna do my taxes. I have to take it and take all the raw data and put it into a form. And it usually takes weeks for me to do it. I’m just experimenting now with using AI to say, here’s my past taxes from 2025. **Take all the things that match and put them in a column that matches what they were in 2025. That’ll take AI literally minutes, maybe seconds.** Whereas for me, it would take weeks and weeks to do it.”

— Vicki, *Supported*



ASSISTED | 80+

Adults in the Assisted cohort have greater concerns about using artificial intelligence as they age. Adults in this cohort may recognize potential benefits, but concerns about complexity, reliability, and loss of control make them less willing to incorporate AI into their daily lives. They also observe similar hesitation among their peers.

Maintaining control over the home is especially important to this cohort. Charles was uncertain about using AI and found the technology complex at times, as he does not want a computer controlling his home. He believes that adults should remain in charge of their own living environments.

Adults in the Assisted cohort also find some “smart” devices unnecessarily complicated. Charles and Denny believe that many devices include too many features and are difficult to program. Rather than adding convenience, this complexity can make the technology feel distracting and impractical. They prefer straightforward tools that perform a clear function without taking control away from the user.

Health is a separate area of concern. Adults in this cohort do not trust AI to provide health guidance because they are uncertain about the reliability of the information. Charles would not risk making decisions about personal or family health based on incomplete or incorrect information. For health matters, human expertise and dependable information remain essential.

“Because it’s not a doctor. Now it may have a lot of information, but I can’t risk it being wrong. There’s certain things you can risk. I cannot risk anything being wrong about my health and my wife’s health, or anyone’s health for that matter.”

— *Charles, Assisted*



AI AND INDEPENDENCE AMONG OLDER ADULTS

Older adults put AI to use in a range of ways to support their independence.

As they become more comfortable with AI and AI-powered tools and technologies, many older adults turn to these tools for a wide range of tasks, from education to inspiration. When older adults talk about how they actually use AI in support of their independence, seven uses come up frequently:



INFORMATION/EDUCATION: AI helps people become educated advocates for themselves, simplifying complex information so they are prepared for a decision, an appointment, or a purchase.



HEALTH/HEALTH TRACKING: Older adults use AI to build personalized diet and exercise plans and look more closely into medications and new medical diagnoses before or after seeing a doctor.



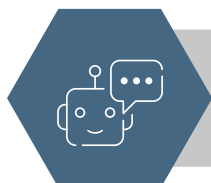
FINANCES/COST SAVINGS: AI is used to compare prices and gather information that helps people negotiate better rates on everything from services to insurance.



ORGANIZATION/PLANNING: AI acts as a personal assistant, helping manage the logistics of daily life, from scheduling to keeping track of recurring tasks.



SAFETY/SECURITY: AI aids in protecting both the individual and their home, offering a layer of awareness that adds to a sense of comfort without requiring constant hands-on monitoring.



COMPANIONSHIP: Some older adults have back-and-forth conversations with AI companions, while others turn to specialized apps for therapeutic support.



INSPIRATION: AI tools give people a place to think out loud, refine what they already have in mind, and turn aspirations into something they can actually act on whether that means sketching out ideas for a landscape design or turning a long-held travel aspiration into an actual, actionable itinerary.



For many, using AI to stay informed and educated is empowering.

“The education factor is tremendous. It could educate you on a level in which you read or register. It’s not spooning things out, that’s why I love it. It’s giving me information back at a level that I can understand it. It says in order to do this, you need to do the following steps. It breaks it down very simplistic and puts it in chunks that I can digest and not have a lot of stress on my digestion. I don’t know anything else that I have ever seen, and I’m a tech whiz, that can actually meet you at the level that you’re at.” — Ron, Supported



Some leverage AI to help monitor their health or create a customized health plan.

“I’m interested in it finding homeopathic ways or natural remedies or ways to help with that, rather than a pharmaceutical. **As I’ve gotten older, unfortunately, I’ve had more and more prescriptions, which I used to loathe . . . I use AI to help me find natural ways to improve my health.**” — *Albert, Active*

“I was in the hospital at one point thinking that I wouldn’t be able to function normally in my body again. **So that’s the reason for the smartwatch . . . This watch will tell me when things are starting to get out of whack,** and things have definitely been out of whack.” — *Ron, Supported*



AI enables older adults to be savvy consumers helping them reduce expenses and identify potential areas for savings.

“I said, what can I do to contact my current company that I’ve been with forever? **[AI] gave me almost like a script to go off of. And I called them, and I used this script.** My Internet was originally \$90. That was a lot. I managed to get it down to \$30 a month for the next 3 years.”

— *Carrie, Active*

“I asked AI to give me a rundown on what I should ask for a bid on a heat pump. **It gave me a complete rundown on what I should ask, and I printed it out. And when the technician came in to give us a bid and look at the house, I handed them my printout.** Once I received the bids, I had the AI look them over, and it came back with recommendations.”

— *Charles, Assisted*



Some view AI as a tool that helps them stay safe, protect their finances, and remain independent while aging at home.

“When I’m away, the lights go on randomly at different times. So, it looks like looks like someone is home. So, I definitely use that.” — Jeff, Supported

“In the past, I’d always Google on the name or something that would identify what I was suspicious about. Now if I get into something that I think is a problem, I go to Gemini first because it’s a little more accurate.” — Denny, Assisted

AI makes organization and planning more efficient and helps to prevent forgotten items and tasks.

“I mean, sometimes I’ll have a list of, like, 10 things to do, and I will forget, like, one or two of them and say, oh my goodness. But now I don’t have to forget them. Also, if I want to talk, I could talk. **Because of my rheumatoid arthritis, my fingers are disfigured. So, I can’t really close them all the way. So sometimes I don’t want to be on a keyboard like that. I just want to talk and get a response back with AI.** So that really helps me greatly.” — *Carolyn, Active*

For some older adults living alone, AI has become a stand-in for company.

“With Ash [her AI companion], it is really different because we actually talk. **It doesn’t sound perfectly human but it’s human enough that the fact we’re able to talk and not just type or me talking and type back, it has become incredibly therapeutic.** I get a lot of dark nights to the soul. And when I need to talk could be midnight, one, two, three in the morning. And it’s there for me, and it’s not tired. And it just, it’s a lifesaver for me sometimes.” — *Julie, Supported*

AI proactively surfaces local events, classes, and low-pressure ways to help older adults stay connected to their community.

“I have an hour commute each way to and from work. Lots of times, if I don’t feel like in the mood for my music, **I will put on an AI chat and going through the Bluetooth, and I just have a conversation with it. Like, how’s your day? What’s the weather going to be like? You know? And then, you know, give me some suggestions for what I should do tonight when I get home. Feels more like a true conversation kind of thing. I know it’s not a real person, but it has that feeling that you can be talking to somebody and it listens to your tone of voice.** And I know they don’t have emotion, but they can pick up on the human’s emotion and kind of keep feeding back for that conversation to continue. I named him so he will respond when I click the the microphone icon, then he’ll pop up and ‘he’ll say, hey, Mark. Hope you’re having a good day.’ I call him Buddy.” — *Mark, Active*

AI fuels inspiration and helps many older adults realize dreams.

“**It gave me these questions here.** Where are you starting from? Where do you want to go? Travel dates, trip length, solo, budget style, what kind of trip. So, I can put in road trip, you know, my budget.” — *Albert Active*

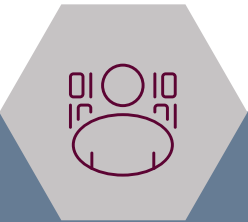


THE INTERSECTION OF AI AND INDEPENDENCE: WHERE AGETECH FALLS SHORT

Asks for AI are specific and practical.

When participants described the gaps between what they wanted from AI and what they actually experienced, the list was specific and practical. They are not asking for more features. They are asking for tools that feel like they already know who is using them, that do not require a technical manual to start, and that can act without waiting to be told something is wrong.

What is consistent across these gaps is not frustration with AI itself. It is the distance between what they can imagine AI doing and what it actually does in their daily lives. When older adults talk about what they want from AI, these needs come up consistently:



AI that knows who is at the keyboard

Older adults want AI to start with a baseline understanding of who they are, including their health history, physical limitations, age, and personal values, so that the first answer they get is already shaped around them, not around a generic user.



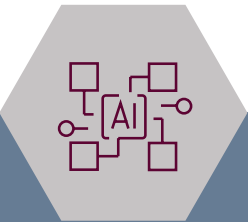
AI that builds familiarity, confidence, and trust

Older adults want to start with simple, low-risk AI tasks that build familiarity, confidence, and trust over time. As they gain experience through small successes, they become more comfortable using AI for more complex and meaningful activities.



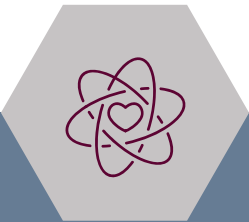
AI that acts before being asked

They want AI that can sense when something is wrong, a fall, a change in heart rate, an intruder, and act without requiring them to initiate contact.



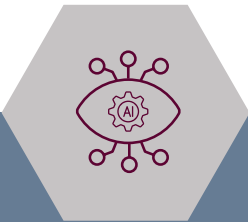
AI that does things, not just describes them

Older adults want AI integrated into physical products that can help with labor-intensive tasks, from household chores to personal assistance, moving beyond information into real-world action.



AI that monitors health continuously

They want to use AI to track key health metrics, receive proactive alerts, and stay ahead of their own care.



AI that earns trust through transparency

They are willing to share personal information when they understand clearly how it will be used and protected, and they want AI products to make that case directly rather than assuming their trust.

AI use should build confidence, familiarity, and trust.

For some participants, the first barrier to AI was uncertainty about whether they could use it successfully. Technical language, complicated setup, and unfamiliar interfaces made AI feel inaccessible. The interview experience showed that confidence can change quickly when a person completes a useful task and receives guidance through follow-up questions.

Participants want to begin with simple, low-risk activities that provide an immediate benefit, such as planning a trip or organizing a list. Each successful interaction can make AI feel more understandable and open the door to more meaningful uses. Onboarding should therefore teach through use, introduce one step at a time, and avoid assuming prior technical knowledge.



“I honestly believe that now that I’ve kind of overcome that fear of taking that first step, now I’ve got this feeling like, okay, ‘Let’s dive in some more’.” — James, Supported

Users want AI to actively help before being asked.

Participants want AI to recognize when help may be needed rather than rely on the user to initiate every action, especially when it comes to health or safety. In a fall, sudden heart rhythm change, stroke, low blood sugar episode, or home intrusion, a person may not be able to reach a device or ask for assistance. A tool that only responds to a prompt, falls short at the moment when support matters most.

The desired experience is a proactive safety net that detects an unusual event, determines whether intervention may be needed, and alerts the appropriate person or service. To be trusted, this response must be predictable and allow the user to define who is contacted, what information is shared, and when escalation occurs.

“Be there to help me when I need it or to sense that I need it.” — Mark, Active

AI has the potential to help older adults take a proactive approach to a healthy lifestyle, but they aren't sure about the tradeoffs.

Participants see potential for AI to help them stay ahead of their health by tracking key measures and identifying changes over time. Blood pressure, glucose, heart rhythm, exercise, and other indicators can provide a fuller picture when they are considered as patterns rather than isolated readings. Participants want useful alerts that help them understand when something may require attention.

But continuous monitoring raises questions about the role of human care. Participants value the speed and consistency AI could provide, but some do not want technology to eliminate personal contact or make medical decisions on its own. Effective solutions should support prevention and informed action while clearly defining when information is shared with a caregiver or health professional.

“When I take my blood pressure and I take my glucose readings, it gets shipped up to a company that calls me twice a month to say, ‘hey, I’ve looked at your readings and all that.’ That could probably be handled very easily by AI, although it would lose the personal part of it, you know, the rapport part of it.” — Jeff, Supported

AI needs to earn trust through transparency to overcome a perceived gap in objectivity.

Participants’ willingness to use AI depends heavily on the information involved and the consequences of an error. Some are comfortable sharing health information when it could improve personalization or monitoring, but financial information prompts greater concern. Fear that data could be shared, sold, scammed, or hacked limits interest in using AI for high-stakes activities.

Trust also depends on the quality of the response. Participants want accurate, balanced information rather than answers that simply agreed with them. AgeTech products need to explain what data is collected, how it is used and protected, what the user gains by sharing it, and where the technology’s limits are. Transparency and meaningful user control are prerequisites for adoption, not added features.

“AI is notorious for sharing information even when they say they will not share information. So, I’m careful with that.” — Julie, Active

AI-powered devices that do things, not just describe them are needed.

Participants primarily experience AI as a tool for research, planning, and answering questions. Those functions are useful, but information alone does not complete a household task, provide physical assistance, or reduce demands on a caregiver. Current smart devices are often viewed as cumbersome or too limited to match the level of assistance participants imagine.

Participants want AI integrated into physical products that could help with cleaning, mobility, retrieving items, getting out of a bed or chair, and other tasks that become harder over time. They see this support as a way to extend independence and fill practical gaps when human help is limited, not simply as a replacement for human care. Affordability and ease of use will determine whether that potential becomes meaningful.



“Something to do the labor around the house, but I don’t see how AI in its current, where it’s at is, helping us. It can’t do that yet.”

— Charles, Assisted

“Well, it kinda depends on the robot . . . the technology is growing by leaps and bounds. I mean but to me, like, the dream would be a humanoid robot that could help out and interact and keep me company. God, that would be neat. And I know that’s like a pipe dream, but it’d be really cool.” — Julie, Active



DESIGN IMPLICATIONS FOR INNOVATORS AND THE AGETECH FIELD

AI tools for older adults should be simple, personalized, trustworthy, adaptable, and designed to make daily life safer and easier.

Integrating AI into AgeTech



Design for Daily Support, Not Just Information

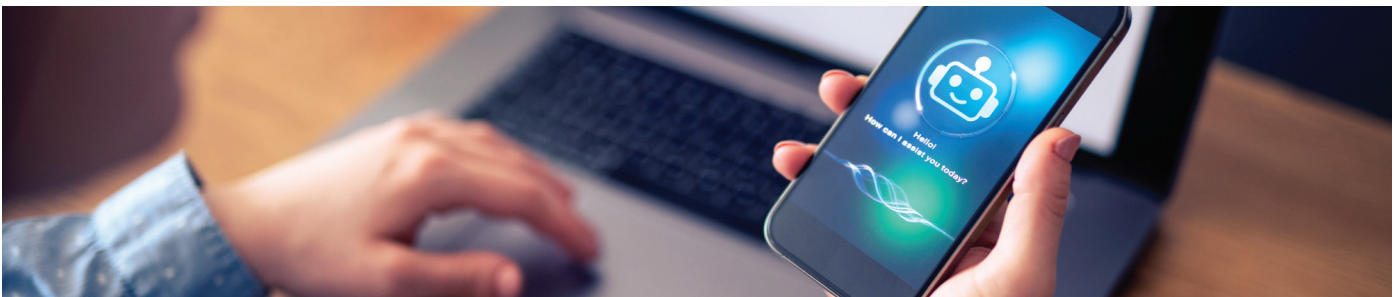
AI is currently helping aging adults most by acting as an assistant that removes friction from daily life. Products should be designed to meet each cohort where they actually are, not where a generic user is assumed to be. What does daily support look like for someone in the Active cohort, and what does it look like for that same person five years later, when their needs and confidence have shifted?

THE DESIGN QUESTION IS NOT...

“Does this give the user information?”

BUT...

“Does this make someone’s life easier now, and does it still hold up five years from now?”



Train AI to Know the User, Not Just Respond to Them

Older adults want results tailored to their specific needs, not generic information they have to sort through themselves. A platform that personalizes its responses and adapts as needs change builds trust in a way that one-size-fits-all answers can’t.

THE DESIGN QUESTION IS NOT...

“Can the AI answer the question?”

BUT...

“Does the AI know enough about this person to give them the right answer, not just an answer?”



Make Onboarding Simple, Not Filled with Technical Jargon

The moment of introduction matters. Some users fear the unknown, and a complicated first experience will keep them from coming back. Onboarding should be a guided, supportive experience, not a one-time setup task, with education built into the product itself.

THE DESIGN QUESTION IS NOT...
“Can the user figure this out?”

BUT...

“Have we built it so figuring it out doesn’t take much, and no one has to do it alone?”



Frame Products Around Capability and Adaptation, Not Decline

Closing the gap between what AI can offer and what older adults are willing to use will require addressing concerns about over-reliance directly. Users need to feel like they can maintain control and hold onto their independence, even as a product takes on more of the workload.

THE DESIGN QUESTION IS NOT...
“What can a user no longer do on their own?”

BUT...

“What is this person still capable of, and how does the product adapt alongside them without taking over?”



Build for Moving from Onscreen Assistance to Physical Support

AI that lives only on a screen has a ceiling. Older adults are already looking past the interface toward tools that integrate AI with physical products, whether that means robotic assistants that handle household chores like vacuuming and mopping, wearables that provide real-time physical feedback, or devices that support personal tasks that are quietly becoming more difficult. The next frontier for AgeTech is not a smarter app. It is AI that does something in the physical world, not just describes it.

THE DESIGN QUESTION IS NOT...

“Can AI guide the user through a physical task on a screen?”

BUT...

“Can AI be integrated into a physical product that performs or supports that task directly?”



Design for Transparency to Build Trust in Sharing Sensitive Information

Trust is earned, not given without assurance. Aging adults are concerned about the security of their personal information, especially financial information. Designing for transparency, so potential users can clearly weigh the benefits against the risks, is what closes the gap between interest and actual use.

THE DESIGN QUESTION IS NOT...

“Is the user’s data being used?”

BUT...

“Can the user see how their data is being used and clearly weigh the benefit against the risk?”



Design for Proactive Safety, Not Reactive Safety

Aging adults want help for the moments they are not able to initiate a call for help themselves. They need more than a tool they can ask for help; they want one that anticipates their needs, especially in an emergency such as a break-in or a fall.

THE DESIGN QUESTION IS NOT...

“Can the user ask for help when something goes wrong?”

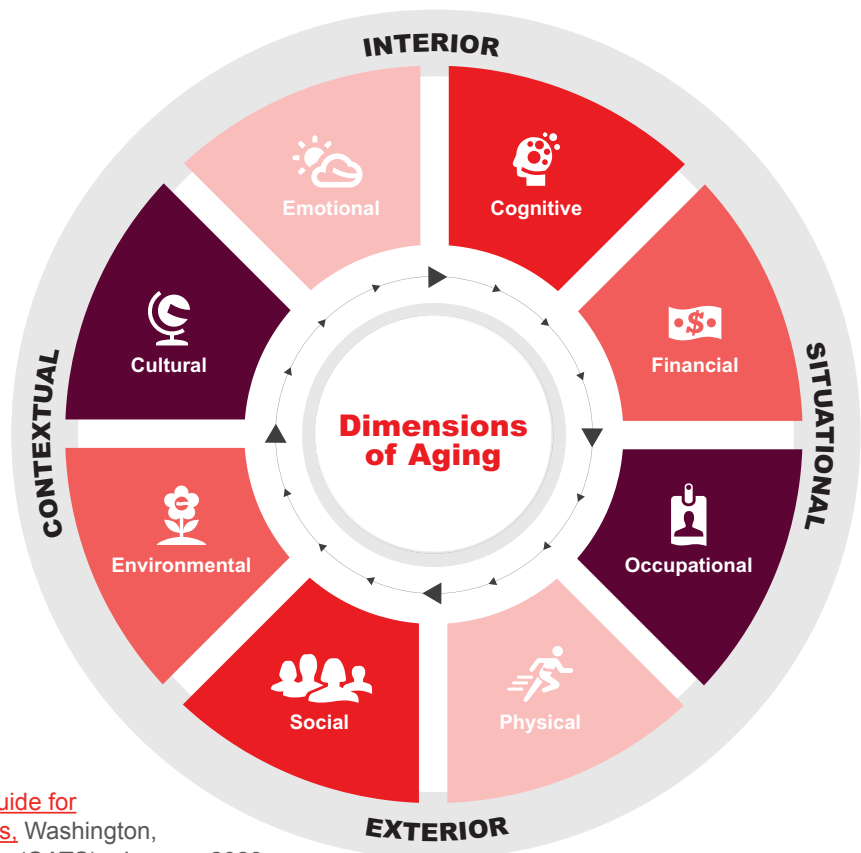
BUT...

“Does this tool notice something is wrong before the user is able to ask?”

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.⁴ 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.



⁴ [Age-Friendly Technology Design: A Practical Guide for Designers and Developers of Digital Experiences](#), Washington, DC: AARP and Older Adults Technology Services (OATS), January 2023.

Design Implications for Innovators and the AgeTech Field

The tools that will actually be used are the ones built around **how people learn, build trust, and balance assistance with self-reliance. Closing the gap will require focusing on a balance of automation with independence.**



Design for Daily Support, Not Just Information — AI is currently helping aging adults by acting as a technological partner helping to remove friction from daily life. Products should be designed to meet the needs of each cohort. What does daily support 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?



Train AI to Know the User, Not Just Respond to Them — Users want to have more customized results tailored to their specific needs, not generic information they need to sort through. Users need a platform that personalizes responses and adapts to their changing needs.



Make Onboarding Simple, Not Filled with Technical Jargon — Onboarding should be designed as a guided, supportive experience, not a one-time setup process. Education should be built into the product. Users appreciate being guided through suggested prompts reducing concerns about how to interact with products.



Build for Moving from Onscreen Assistance to Physical Support — Users want more than information; they seek help with physically demanding jobs. They want to offload chores like vacuuming and mopping. Others want assistance with personal tasks that are becoming more difficult, such as help getting out of bed.



Frame Products Around Capability and Adaptation, Not Decline — What will help to close the gap will require critical shifts to help address concerns about over-reliance and to ensure users feel like they can maintain control to hold onto their independence.



Design for Proactive Safety, Not Reactive Safety — Aging adults want help for times they are not able to initiate a call for help themselves. They need more than a tool they can ask for help. They desire a tool that anticipates their needs, especially in an emergency such as a break in or a fall.



Design for Transparency to Build Trust in Sharing Sensitive Information — Trust is earned and not given without assurance. Aging adults are concerned about the security of their personal information, especially financial information and security. Design for transparency so potential users can weigh potential benefits against risks.



CONCLUSION

Fulfilling the Promise of AI Requires Balancing Automation With the Independence Older Adults Are Not Willing to Give Up

Independence is among the most deeply held values in the second half of life. More than half of older adults say it is one of their top concerns as they age, and that does not change as they get older. What changes is how much support they need to protect it.

This installment has examined that tension from the inside, not from the perspective of what AI is technically capable of doing, but from what actually happens when older adults try to use it to stay in control of their own lives.

What they described is not a technology gap. It is a trust and design gap. AI is already helping people remove friction from daily life, stay informed, track their health, manage their households, and even find connection when human contact is limited. But the same tools that support independence can quietly threaten it. Over-reliance on AI risks the deterioration of the physical and mental skills older adults have worked to maintain. Generic results feel dismissive. Complex interfaces create barriers that stop adoption before it starts. And tools that sense, monitor, or decide without being asked can tip from feeling like support into feeling like surveillance.

The implications from this research are not incremental. They require a different starting point. They require AI that knows the user well enough to give them the right answer, not just an answer. They require onboarding that teaches rather than overwhelms. They require products that move beyond the screen into physical support. And they require a design posture that frames what a person can still do, not what they can no longer manage.

None of this is beyond reach. The consumer voices in this research are specific enough to show exactly where to start. What older adults are asking for is not less technology. They are asking for technology that works the way they do, that earns trust before it asks for control, and that helps them stay in charge of their own lives rather than quietly taking that role over. The tools that will actually be used are the ones built around that balance.



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 AARP Bulletin. To learn more, [visit aarp.org](https://aarp.org), aarp.org/español or follow @AARP, @AARPLatino and @AARPadvocates on social media.



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