AgeTech Collaborative™ FROM AARP®



APPLIED AGETECH IN REAL LIFE:

# CAREGIVERS AND THE CAREGIVING ECOSYSTEM

November 2026

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AARP RESEARCH

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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 solutions span 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 explores the complex caregiving ecosystem involving adults 40 and over, where care often spans multiple stakeholders and generations. It looks at how people give and receive care within these interconnected networks.

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 based on 26 participants age 40-plus who completed a two-day online diary about providing or receiving care. In-depth follow-up interviews were conducted with 20 caregiver ecosystems (each comprising a care recipient plus the primary and secondary caregivers who support them), and in-home interviews were conducted with four caregiver ecosystems (four primary caregivers, four care recipients, and two secondary caregivers). Diaries, online interviews, and in-home interviews were conducted in August and September 2026.

Participants were a mix of Active (45–64), Supported (65–79), and Assisted (80-plus) cohorts. Within each segment, participants were primary caregivers (the unpaid caregiver providing the most care), secondary caregivers (additional unpaid caregiver providing care but not as much as the primary caregiver), and care recipients. Participants were de-identified; caregiver numbers are participant identifiers and do not indicate caregiver ecosystem.

[1,2] Brittne Kakulla, The State of AgeTech: Insights in Brief, Washington, DC: AgeTech Collaborative, July 2024.



# DEFINING CAREGIVING

# Caregiving is often shared, but for many it is still a one-person job. When care is shared, primary and secondary caregivers each play a role in a wider caregiving ecosystem.

Family caregivers are a large and growing group. According to "Caregiving in the US 2025," from AARP and the National Alliance for Caregiving, **63 million Americans, about 1 in 4 adults, provide ongoing unpaid care** to an adult or child with a health condition or disability. That is a 45% increase since 2015.[3] Caregivers in this study define caregiving as providing physical, emotional, administrative, and psychological support for someone who can no longer fully manage daily life on their own.

Caregiving is often shared, but not always. The primary caregiver is the main unpaid caregiver who provides the most care. Secondary caregivers are additional unpaid caregivers who help out but provide less care. Primary caregivers typically carry the day-to-day load, while secondary caregivers fill gaps, cover handoffs, and give the primary caregiver time to rest. Professional, paid caregivers sometimes round out the team, but that is not the norm. National data show that shared care is common but far from universal: **About half of all family caregivers (53%) have unpaid helpers in their support network,** which means nearly as many provide care without that help.[4]

Adult children who have become caregivers frequently describe the role as a parent-child reversal — they step in to oversee medical care, nutrition, and finances while acting as a fierce advocate in managing time-consuming health care appointments and navigating complex medical care and insurance systems. They see caregiving as a true act of love, ensuring their beloved family member receives the care they need with empathy and patience.

Caregivers emphasize that caregiving requires understanding the care recipient's perspective, respecting their personal boundaries, maintaining their dignity, and working together to make decisions and find solutions. When care is shared, it also depends on clear, consistent communication among everyone involved: primary and secondary caregivers (typically family members and friends) and sometimes professional caregivers.



## Why this matters for innovators:

Caregiving tools are rarely used by just one person. Products that let everyone in the care network see the same information and hand off tasks smoothly meet a core need of shared care.

[3,4] *AARP and National Alliance for Caregiving, "Caregiving in the US 2025," Washington, DC: AARP, July 2025,* https://doi.org/10.26419/ppi.00373.001.

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"I define myself as a passionate, caring caregiver. I think more care is given to our loved ones when we administer it ourselves. **Being a caregiver is a meaningful act of love, in my opinion."**

*— Female Primary Caregiver 1, Active*

"My definition of my caregiving lifestyle is rooted in love and consideration. I recognize that it's a privilege to be in a position to care for an aging family member. For me, seeing her enjoy her golden age with calm and ease means the world. **Some days are better than others — it all teaches me patience and compassion."** *— Female Primary Caregiver 2, Active*

"I feel like the role of a caregiver is kind of reversed. **I feel like I'm the parent at this point.** As a caregiver, you have to be able to step in and oversee everything. You're just taking on a role of every single thing."

*— Female Primary Caregiver 3, Active*

"It's trying to understand what their boundaries are, what our roles are (as secondary caregivers), and **how we can be of better assistance to them."**

*— Female Secondary Caregiver 4, Active*



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# OLDER ADULTS ARE NOT A SINGLE AUDIENCE

# Caregiving technology and tools need to meet older adults and their caregivers where they are, across every stage of the aging journey.

AgeTech presents an opportunity to better support care needs as they evolve with age, equipping caregivers and their broader support ecosystem with tools and technologies to respond more effectively. Caregivers seek solutions that streamline day-to-day caregiving activities and handoffs to the next caregiver, enabling them to deliver more effective care while reclaiming time for their own well-being.

The three cohorts describe older adults at different stages of the aging journey. An older adult in any cohort may need care, and many caregivers are older adults themselves, so each cohort page examines both sides of the care relationship.

Technology adoption can vary dramatically by cohort. Active older adults are more likely to embrace solutions that help them maintain their independence, while Supported older adults are more selective, balancing interest in innovation with concerns about usability and value. Assisted older adults, most often the care recipients in this study, generally favor familiar (and often older) tools and technologies, preferring solutions they know and trust over newer alternatives.



**ACTIVE** | 50–64

**Active consumers are tech-savvy and forward-thinking. They are aware of aging and focused on prevention, wellness, and planning.**



**SUPPORTED** | 65–79

**Supported older adults recognize changes in health and mobility and are seeking ways to maintain their independence and social connections.**



**ASSISTED** | 80+

**As personal responsibilities lessen, assisted older consumers focus on aging in place with comfort and dignity and on minimizing the burden on loved ones.**

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## ACTIVE | 50–64

The Active cohort readily embraces technology to enhance safety, independence, and care coordination. They adopt solutions such as pressure-sensitive floor mats, monitoring cameras, biometric devices, and location tracking tools to help safeguard care recipients and provide greater peace of mind. Some have cameras installed at entries and exits and even some indoor cameras to help monitor care recipients and provide valuable video playback for analyzing a fall. Others have encouraged their recipients to wear biometric or smart devices to help track their health, such as continuous glucose monitors or even Apple Watches.

Digital platforms like WhatsApp and shared calendars are commonly used to coordinate care among family members. At the same time, tools such as AirTags help caregivers keep track of loved ones and essential mobility gear such as walkers.

While this cohort is technologically savvy overall, they are frustrated by the lack of communication and cohesion between solutions, portals, and individual devices. They want a package where hardware and calendars sync seamlessly.

Many also leverage AI along with online resources to better understand medical conditions, symptoms, and treatment options. However, while this technology may be comfortable for Active caregivers, adoption is not universal among their care recipients.

> **"The Apple Watch is mainly used for if she falls suddenly.** It can also monitor your heart, and we had that turned on… We were able to go to the health app and download a PDF that informed the fact that she needed a pacemaker, just from wearing her Apple Watch." *— Female Primary Caregiver, 7, Active*

> **"We do have an AirTag on her walker.** We also put one in her car because sometimes, when her health has declined or her sugar levels have gotten really low, we don't know where she's at." *— Female Primary Caregiver 3, Active*

> "She needs help navigating the systems, and, just, I feel like I'm something between an admin assistant as well as a health assistant. I don't make decisions for her. I just help her make her own. **It's just helping with the technology, helping with the systems,** helping with the procedures and the processes, and also just being there." *— Female Primary Caregiver 8, Active*

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## SUPPORTED | 65–79

In general, caregivers rely on a blend of generative AI, health care portals, messaging platforms, location tracking tools, and home automation solutions to research diagnoses, interpret medical information, manage appointments, and coordinate responsibilities across family networks. Caregivers with care recipients in the Supported cohort find that technology is vital for maintaining care recipient independence, streamlining medical research, and coordinating family logistics. Yet, there are significant gaps in usability, system integration, and hardware accessibility.

Caregivers in the Supported cohort encounter significant friction from fragmented systems that do not communicate with one another. Managing multiple health care portals, passwords, reports, and provider networks to help their care recipients creates substantial administrative strain and forces caregivers to serve as the central information coordinator. Authentication hurdles, siloed records, and disconnected platforms add complexity to already demanding caregiving responsibilities.

> "How do we even get help? We don't even know how because there's no tool that even pulls all this together to help people know which end is up. It's frustrating. **If there was a tool available that would meet needs on many levels;** psychologically, physically, emotionally, and spiritually, a tool that would lead you to feel like you could be in touch with people and not feel like you're on your own trying to hit every different area and feel so overwhelmed."
>
> *— Female Primary Caregiver 9, Supported*

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## ASSISTED | 80+

Assisted cohort members are often care recipients, not caregivers, and they are generally less inclined to adopt new technologies, preferring tools and routines that feel familiar, comfortable, and easy to use. Their technology is often limited to practical and enjoyable activities, such as watching videos, playing games, texting, making calls, and sharing photos with family through handed-down smartphones or tablets.

While many have incorporated some type of technology into their daily lives, comfort levels diminish when tools become more complex or feel intrusive. Some express concerns about privacy and surveillance, leading them to avoid video-calling platforms like FaceTime, indoor-monitoring cameras, and wearable safety devices. Others rely heavily on voice-assist features to compensate for age- or disease-related dexterity challenges, but become frustrated when faced with security PINs, passwords, or account lockouts.

Technology adoption within this cohort is also shaped by a strong desire to preserve independence and dignity. Many resist devices such as emergency alert pendants or monitoring wearables as they view them as symbols of dependence or declining health. They are much more likely to embrace solutions that are simple, familiar, discreet, uncomplicated, and not overtly medical.

For caregivers of Assisted older adults, the question is often less about what their loved one will learn to use and more about what the caregiver can set up around them. Caregivers in this study choose tools that ask little of the care recipient, such as entry cameras, indoor cameras, and wearable fall monitors, and they step in to manage portals, logins, and settings on their loved one's behalf. The challenge is finding tools that fit the care recipient's comfort with technology and their wish to stay independent.

> "Well, I'm old-fashioned. I like to use the landline. **I'm not great with computers and cell phones.** People of my generation hate it because we didn't grow up with it."
> *— Female Care Recipient 1, Assisted*

> [On using voice commands instead of typing] "It's very independent for me. Sometimes my hands get cramped from arthritis. **So, it's better to do it with voice."**
> *— Female Care Recipient 2, Assisted*

> "We wanted her to have some sort of a monitor that she could wear if she falls. She's 80 years old, and **she just doesn't want to feel like she's not independent."**
> *— Female Primary Caregiver 8, Active*

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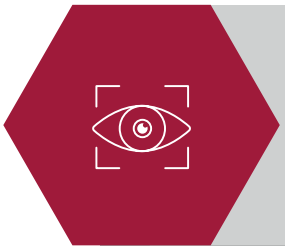
# THE SKILLS CAREGIVING DEMANDS

# Caregiving demands four core skills, and caregivers look to technology to support each one.

Caregivers often find themselves unexpectedly stepping into the caregiving role with little preparation, requiring them to quickly develop new skills, identify solutions, manage evolving responsibilities, and cope with a range of emotional challenges. As they adapt to these demands, often with other caregivers as part of this new ecosystem, caregiver needs generally center on four key areas of focus that are not solely tech-driven, but that technology can help support:



**PATIENCE: Caregiving calls for steady self-regulation as care needs change over time. Caregivers practice patience as they repeat answers, wait through medical delays, and adjust daily routines to a pace that works for the person they care for. Patience also extends to sharing information and communicating with others in the caregiving ecosystem.**



**PERSPECTIVE: Caregivers demonstrate empathy by preserving care recipients' independence, recognizing often invisible physical and emotional challenges, and respecting personal preferences for privacy, autonomy, and dignity. While technology may be beneficial for helping caregivers, recipients may not be ready to embrace it.**



**PROACTIVITY: Caregivers actively implement safeguards to prevent harm and protect care recipients' health, safety, and independence, using a combination of home modifications, medication management, safer household routines, and monitoring tools to reduce risks related to falls, medication errors, scams, and disorientation.**



**PERMISSION: Caregivers recognize that sustainable caregiving requires self-care. They try to prioritize personal time, establish healthy boundaries, and share responsibilities with secondary caregivers, or they may opt to bring in professional support to prevent burnout and maintain their well-being.**

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## Patience is not passive; caregivers described it as a skill they intentionally practice in moments of repetition, delay, and uncertainty.

"I just find that **I have a level of compassion that has grown. I was a lot less patient, prior to coming into this particular role.** I just like moving quick and getting things done and moving on. And I think with her, **she's taught me how to kind of pause and really just be in the moment** and to be patient with someone else, especially knowing that we all kind of move at a different pace. It's taught me a lot about myself, actually more than even learning about her and what she's going through."

*— Female Primary Caregiver 2, Active*

**"I'm learning patience** and that it's not me. It's her frustrations of her not being able to be fully independent like she used to be."

*— Female Primary Caregiver 10, Active*

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## Empathizing with the recipient builds perspective by honoring their independence and privacy and recognizing unspoken struggles.

"The advice that I would give them is to always consider who you're caring for and if you were in their shoes. Definitely **be mindful of that human element.** Consider yourself in that situation, and also, take your time. These people have gone through quite a bit of life ... Be empathetic to the fact that the world doesn't move at the same pace as it did when they were your age." *— Female Primary Caregiver 1, Active*

"My mother is a roadblock because she just doesn't want to talk about her medical condition. We're [Female Caregiver 4 and her brother, both secondary caregivers] trying to decide what information is worth us to track and what is not. **If an emergency happens, I'm not going to be the first one to get to her.** My dad would have that. If I started staying over there at night, then that's different. Then I would definitely need that information." *— Female Secondary Caregiver 4, Active*

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## Proactive caregiving means spotting risks early and putting safeguards in place before accidents occur.

These may be physical risks like falling, which could be addressed by a combination of bed rails and digital mats connected to an app that chimes an alert.

"We put up a rail to slow her down. Then when she puts her feet on the floor mat, it chimes. **So, we have that covered as a safeguard.** Whereas before, by the time you go to help, she's halfway down the hall. And that's when she could fall." *— Female Secondary Caregiver 6, Active*

Or virtual risks putting finances in jeopardy:

"She would be having conversations with people online, because people would DM her in her Facebook page. It's predatory to elderly people, really. But I would be like, you can't do that. She'll say, someone's in my phone. I'm like, listen. **They're trying to scam you and take all your money."**
*— Female Primary Caregiver 2, Active*

Or risks like recipients getting up in the middle of the night:

"One day, we woke up, and she was in the hallway on the floor. **She had fallen.** So, we have a doorbell monitor just in case she gets up throughout the night. She might need some assistance. The doorbell goes off in our bedroom and that means she's up and out of the room. It alerts us to get up and help her." *— Female Primary Caregiver 3, Active*



**Caregivers need to give themselves permission to rest, set boundaries, and share responsibilities before exhaustion becomes burnout.**

"I think it's really hard for you to take care of other people when you don't feel taken care of. **I can't help you if I'm not helping me.** It's like being on a flight when they say put the mask on yourself first before you try to help the four people around you." *— Female Primary Caregiver 2, Active*

"Just **make sure as much as you're giving, you're putting back into yourself.** If you're not good, how can you show up at 100% and give care for someone else?" *— Female Primary Caregiver 10, Active*

"I'm trying to work from here on the days that I do get to work from home so that [primary caregiver] can actually wake up and go do the normal walks she does with her friends and not have to worry until I leave. **We're just trying to hold hands."** *— Female Secondary Caregiver 6, Active*

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# CAREGIVING: WHERE AGETECH FALLS SHORT

# Current caregiving tools and technologies often fall short of what caregivers and care recipients need.

Caregivers turn to technology hoping it will simplify the work of managing appointments, medical records, providers, and medications. Instead, many tools add complexity. Caregivers juggle multiple apps, logins, and portals that rarely connect, and they still end up keeping records, tracking prescription changes, and passing information between providers and the rest of the care team.

Adoption is a second hurdle. Care recipients may reject tools because of complexity, privacy concerns, or a sense that technology replaces human connection, and secondary caregivers struggle with tools they did not choose or set up. As a result, care coordination still relies on human effort, often at a cost to the caregiver's own well-being.

**Caregivers are overwhelmed by the need to manage multiple health care portals for different physicians, specialists, labs, and insurance providers.**

**Features meant to make technology easier can create barriers. Voice assistants can miss accents or age-related speech changes, and security steps like passwords and two-factor authentication can lock users out, leaving older adults frustrated and ready to quit.**

**Older adults want easy-to-use solutions. Instead, many devices come loaded with endless apps, notifications, and features, along with complicated setup and software downloads, which overwhelm older adults who prefer simple, single-purpose devices.**

**While cameras bring caregivers peace of mind, recipients often reject indoor cameras due to fears of being watched in private places or distrusting who may access the footage.**

**Caregivers seek reliable, responsive emergency alert systems that provide peace of mind without adding burden. They prefer discreet, passive technologies over bulky devices to increase wear compliance and minimize false alarms, ensuring consistent adoption.**

**Technology helps, but caregivers still want human emotional support and affordable care to avoid burnout.**

**Primary caregivers juggling competing demands often face chaotic, last-minute handoffs to others.**

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## Caregiving technology should work as one integrated, turnkey package, not a patchwork of portals, apps, and subscriptions.



Caregivers are overwhelmed by the need to navigate multiple health care platforms, apps, logins/passwords, and portals, adding complexity and frustration to an already demanding role. In addition to managing numerous platforms, they must learn each system, monitor information across providers, and ensure medications are accurately documented to avoid potentially dangerous drug interactions. Secondary caregivers often face the added challenge of stepping into care responsibilities while having to learn technologies, processes, and workflows they did not select or set up themselves.

The burden extends beyond coordination, as caregivers feel forced to maintain manual records, track prescription changes, and serve as the primary conduit of information between providers in addition to other caregivers. Responsibilities may include communicating lab results, updating medication lists, or coordinating follow-up care, which can create time-consuming administrative work. These fragmented systems can make it difficult for secondary caregivers to stay informed and contribute effectively, increasing the risk that important information falls through the cracks.

> **"It seems like every doctor, every clinic has their own portal,** and there seems to be a lot of portals. And sometimes the same practice will have two different portals for some reason. She needed eye surgery. So, the eye surgeon has one portal, and then the eye doctor has another portal. And then sometimes different doctors use the same portal, but they won't communicate even though it's the same exact platform."
>
> *— Female Primary Caregiver 8, Active*

> **"I would love a package** that's like a company or something that is like a one-stop shop to assist with doing all these things. I wish everything could just sync and speak, and disseminating that information out to us would be great." *— Female Primary Caregiver 3, Active*

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## Voice assist and user interfaces should be more inclusive of older adults, especially those with slower speech, accents, or difficulty typing.

While voice controls are often positioned as an accessible alternative to screens and apps, some older adults find them unreliable in practice, particularly care recipients relying on voice technology to maintain their independence and the caregivers supporting them. Many voice assistants and smart devices struggle to recognize regional accents or age-related changes in speech, resulting in repeated errors and failed attempts to use them. These inconsistent experiences create frustration and erode trust in technology as well as the willingness to continue trying.

"Sometimes it gets frustrating because Google has voice recognition. If it's not understanding exactly the words that you are saying, even though you are saying them correctly, **that can be a little frustrating."**

*— Female Primary Caregiver 10, Active*



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## User interfaces should be simple to use and easy to navigate.



Current technologies are often developed with digitally savvy users in mind, creating barriers for older adults who prefer intuitive, low-effort solutions. Devices overloaded with features, notifications, and apps that exceed users' needs and comfort levels often lead to abandonment. Rather than more functionality, older adults prefer simple tools that are easy to understand and use.

Even for caregivers, tools and technologies to assist with caregiving sometimes have complex interfaces that require software downloads, advanced programming, and complex startup steps. Because caregiving is often shared, these tools also need interfaces and settings that work for multiple people, including secondary caregivers or others who use the technology less often and may not remember how it works.

"One thing, they need to make everything user-friendly. Make it very easy to program and reset, and even the startup should be simple. It shouldn't be a whole lot of software to download. I just think it needs to be more user-friendly. **You shouldn't have to be a software engineer to go in there to program this machine."** *— Female Primary Caregiver 7, Active*

"I would say right off the bat that when these types of things are being designed, **it's got to make it so simple that a child could understand.** Think about point-and-click, not "you need to download this app or do this or do that." Simplicity. Gotta be simple."

*— Female Primary Caregiver 11, Active*

## Older adults want to preserve their privacy and dignity while still allowing caregivers to check on them.

Many view indoor monitoring technologies, especially cameras in bedrooms or bathrooms, as intrusive and a violation of privacy. While they are generally comfortable with caregivers checking in on their well-being, they are often uneasy about who might have access to the footage. Concerns about data security, privacy breaches, location tracking, and fraudulent access undermine trust and willingness to accept monitoring solutions.

**"She's 77 and just from a different time, so she's distrustful of things and feels like it's [a Ring camera] letting people listen in or in her home.** It took quite a bit for her to get a Ring camera, but not anything inside the home, not yet. She's just not there."

*— Female Primary Caregiver 12, Active*

## Older adults want emergency alerts that combine aesthetics with reliability and compliance, resulting in less bulky wearables without false alarms.

Current solutions fall short when reliability and ease of use matter the most. Alert systems too frequently generate false alarms, leading to abandonment. Yet bulky wearables are removed, forgotten, or refused by care recipients, limiting their accessibility and effectiveness during actual emergencies.

Caregivers are frustrated by specialized medical devices that lack basic usability features and memory to save individualized settings or preferences. Connected technologies rely on power or Wi-Fi, creating vulnerabilities during outages when monitoring and communication are most needed. Caregiver ecosystems need more dependable user-centered solutions that are discreet and reliable under all conditions.

"She didn't use it [an emergency alert wearable] because she would wear jewelry. It would have to be more like something you could wear like a watch. An emergency alert and a watch at the same time. Or a bracelet. **But right now, they look like little white squares or something."** *— Female Primary Caregiver 13, Supported*

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# Older adults need a human connection that technology cannot replace.

Technology can improve safety, monitoring, and care coordination. However, it cannot replicate empathy, patience, emotional support, and human connection that recipients need during moments of distress, frustration, or grief. Caregivers bring a human presence that technology alone cannot.

There is a significant gap in access to affordable resources. Caregivers report a lack of overnight care and peer support networks, leaving them with few options for meaningful relief. Without these crucial resources, caregivers face ongoing emotional and mental strain, highlighting the need for solutions that pair technology with human support.

"When it comes to caregiving, **there has to be a level of love, care, and empathy. There needs to be a human side.** You can design tools to perform a task, but we, as human beings, do need that human element."

*— Female Primary Caregiver 1, Active*



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# DESIGN IMPLICATIONS FOR INNOVATORS AND THE AGETECH FIELD

# Caregiving tools and technologies for older adults should be cohesive, user-friendly, proactive, human-centered and respectful, and designed to make caregiving sustainable for the entire caregiver ecosystem.



## Offer Integrated Turnkey Packages, Not Fragmented Tools

**Managing separate portals, platforms, and monitoring apps creates severe administrative fatigue. Caregivers are looking for unified packages that sync and communicate across devices, platforms, and apps, eliminating manual information management across disconnected tools.**

***THE DESIGN QUESTION IS NOT...***

***"How do we build a standalone solution to solve a caregiving task?"***

***BUT...***

***"How can we aggregate into a single, cohesive system that reduces administrative friction?"***

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## Prioritize Intuitive Usability for the Entire Caregiver Ecosystem

**Both caregivers and care recipients are frequently overwhelmed by multistep navigation, complex setup, software downloads, remembering another passcode, and two-factor authentication (especially when multiple users are involved). Overly complex tools cause frustration, leading to abandonment.**

**Because care is shared, tools also need to make coordination easy, so everyone in the caregiver ecosystem can see the same information and hand off tasks smoothly. Secondary caregivers use these tools less often than primary caregivers and often did not choose or set them up, so they need to be able to pick them up quickly and step in without having to relearn the system each time.**

***THE DESIGN QUESTION IS NOT...***

***"How can we fit more advanced digital features and app controls into the solution?"***

***BUT...***

***"How can we streamline user interfaces into approachable, easy-to-use experiences that anyone can operate or set up?"***

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## Deliver Subtle, Aesthetically Pleasing Safety Technology

**Traditional emergency wearables fail due to frequent false alarms and bulky aesthetics that recipients refuse to wear. Further, they are vulnerable to power and Wi-Fi outages. Caregivers want proactive safeguards, such as floor mat sensors or discreet wearables, that detect safety risks without the stigma of dated, bulky ones.**

***THE DESIGN QUESTION IS NOT...***

***"How do we compel older adults to wear bulky emergency devices at all times?"***

***BUT...***

***"How might we transform safety devices from medical equipment into desirable wearables that older adults are comfortable wearing consistently?"***



## Sustainable Caregiving Starts with Caring for the Caregiver

**Technology has great potential to streamline coordination of care, but it cannot replicate the empathy, warmth, or emotional support essential to recipients. To maintain that level of empathetic care, sustainable caregiving must safeguard the caregiver's own well-being. Technology should help offload administrative strain, enabling caregivers to conserve energy for meaningful human connection and self-care.**

***THE DESIGN QUESTION IS NOT...***

***"How can technology automate care tasks to minimize the need for human involvement?"***

***BUT...***

***"How can technology alleviate routine administrative burdens so caregivers can reclaim time for meaningful human connection as well as essential self-care?"***

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## Ensure Respectful Privacy Safeguards, Not Invasive Surveillance

**While indoor cameras provide peace of mind for caregivers, some care recipients reject them as invasive surveillance that they feel undermines their privacy, independence, and comfort in their own homes. Solutions must balance caregiver reassurance with the recipient's fundamental need for personal boundaries and dignity.**

***THE DESIGN QUESTION IS NOT...***

***"How can caregivers monitor recipient activity throughout their home to maximize their own peace of mind?"***

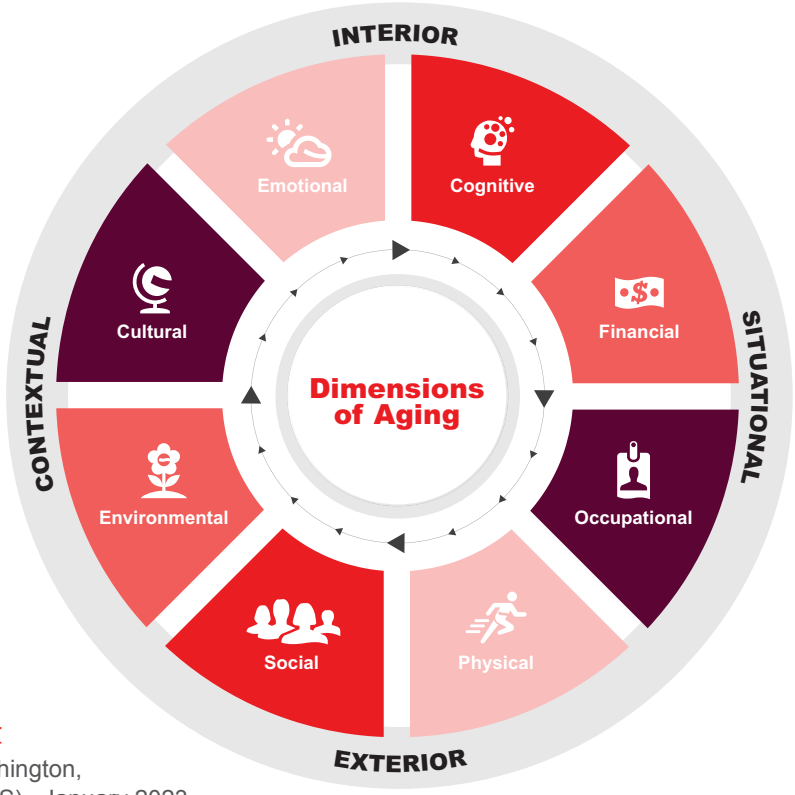
***BUT...***

***"How might we convey vital safety signals to caregivers while honoring the care recipient's privacy, independence, and dignity?"***

# 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

Caregivers are not asking for more technology; **they are asking for technology that lightens the load rather than adding to it.** These five design shifts can make caregiving more sustainable for caregivers and more respectful of the people they care for.

- **Offer Integrated Turnkey Packages, Not Fragmented Tools** — Caregivers seek a unified care management experience that consolidates health information, monitoring, and communication into a single ecosystem, minimizing the burden of managing disparate tools and platforms.

- **Prioritize Intuitive Usability for the Entire Caregiver Ecosystem, Not Feature Complexity** — Complex setup, logins, and navigation frustrate caregivers and recipients alike, driving abandonment. Tools should keep everyone focused and informed and work as well for an occasional secondary caregiver as for the primary caregiver who relies on them most.

- **Deliver Subtle, Aesthetically Pleasing Safety Solutions** — Traditional emergency alert devices suffer from false alarms, low adoption rates, and connectivity limitations. Caregivers seek reliable, discreet, and proactive safety solutions that provide continuous protection without the stigma of traditional wearables.

- **Augment Human Presence, Not Replace Empathetic Care** — Technology should reduce the burden of caregiving rather than replace human elements, freeing caregivers to focus on meaningful human connection, compassion, and their own well-being.

- **Ensure Respectful Privacy Safeguards, Not Invasive Surveillance** — Care recipients value safety solutions that provide reassurance without compromising their privacy, independence, or dignity.

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# CONCLUSION

# Caregivers need simple, connected tools that ease the paperwork, protect privacy and dignity, and free them for the human connection technology can't replace.



Caregiving is fundamentally an act of love, empathy, and deep commitment, encompassing physical, emotional, administrative, and psychological support to aging family members.To successfully support this ecosystem with tools and technology, primary caregivers, secondary caregivers, and care recipients need solutions that ease daily burdens, prevent caregiver burnout, make it easier to share the caregiving workload, and help everyone maintain meaningful human connections across every stage of the caregiving journey.

Current solutions fall short. Instead of streamlining daily caregiving tasks, fragmented tools and disparate health care portals create severe administrative strain and friction. Technology ends up feeling like an added administrative chore rather than a supportive helper.

Design gaps are compounded by products that fail to accommodate the physical and emotional realities of older adults. Complex onboarding procedures, software downloads, multifactor authentication, and voice assistants that misinterpret age-related speech changes alienate care recipients. While monitoring tools such as indoor cameras bring caregivers peace of mind, they are often met with resistance from care recipients due to privacy concerns.

Caregivers and care recipients are asking for simple, turnkey packages that aggregate currently fragmented platforms into a single, synchronized ecosystem. They want discreet, passive safeguards that reliably catch or anticipate falls or health emergencies without the stigma of bulky hardware or frequent false alarms. Older adults are asking for technology that offloads routine administrative logistics so they can focus on providing the essential warmth, patience, and dignity of human care that should be the center of the caregiving experience.

Innovation needs to pivot away from feature complexity and embrace core design requirements for simplicity, cohesion, human-centeredness, safety, and preservation of dignity. Technology needs to meet both caregivers and care recipients where they are across the Active, Supported, and Assisted cohorts, and dynamically adapt to evolving care needs and recipient capabilities. Successful solutions will be those that safeguard the caregiver's sustainability while honoring the care recipient's personal boundaries and independence.

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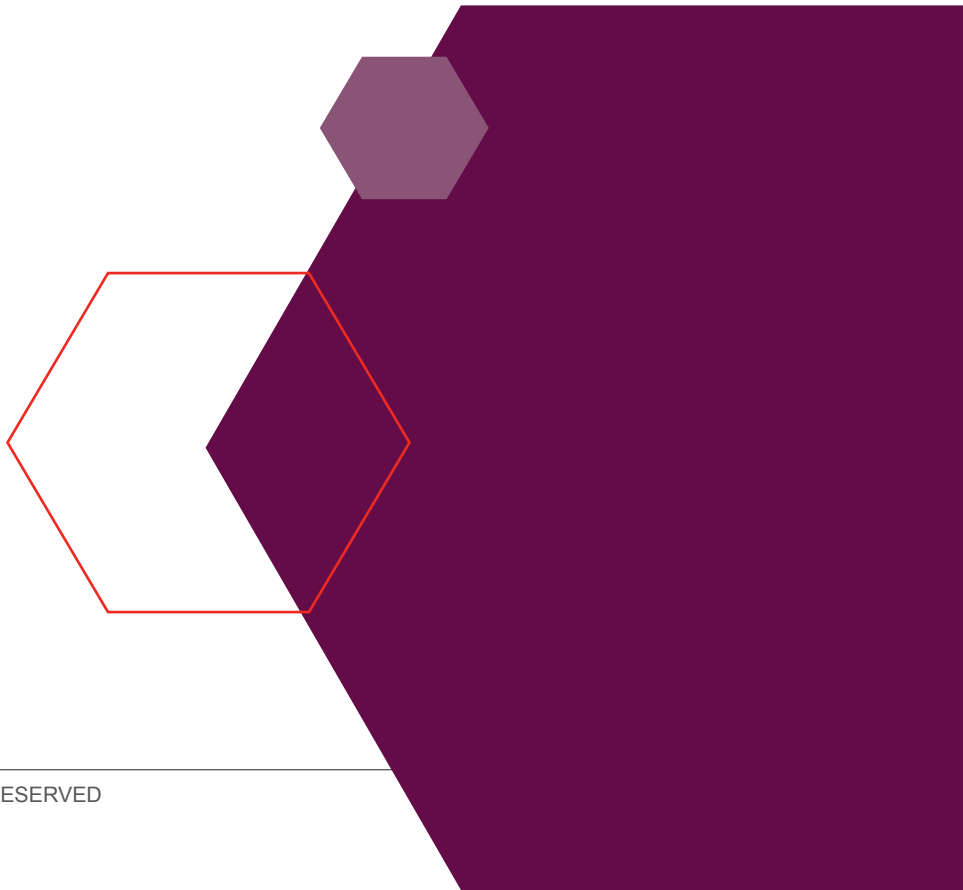
## About AgeTech Collaborative™ from AARP

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, aarp.org/español or follow @AARP, @AARPLatino and @AARPadvocates on social media.



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