Designing for Caregivers: Tech and AI Use for Caregiving



New Insights from the UAS-CLEAR Study

About half of informal caregivers of adults aged 50 and older use technology to support their caregiving, according to a UAS-CLEAR survey. The survey asked caregivers about the technologies they use now and those they are interested in trying.

Key Takeaways:

- Many caregivers are interested in using technology, despite relatively low current use.
- Caregivers' technology use differs based on their care recipients' health conditions and disabilities.
- Caregivers of Medicaid recipients are more likely to use technology to support their caregiving.
- Rural caregivers are less likely to use AI applications for caregiving.
- Caregivers have mixed attitudes toward using AI for caregiving.

Why Caregivers' Technology Use Matters

Informal caregivers for adults aged 50 years and older are increasingly incorporating technology into their caregiving routines.[1] These caregivers, who provide care for relatives or friends, play a central role in care delivery in the United States, with an estimated 42 million Americans providing care for an adult aged 50 years or older.[2]

Technology use can significantly reduce caregiver burden,[3] and caregivers are more likely than their care recipients to use technology,[4] such as AI-based applications, remote monitoring systems, and daily health trackers—making them an important target population for developers.

In 2025, the **a2 Collective Coordinating Center** and the University of Southern California initiated a collaboration to assess caregivers' use of technology, including AI, in the Understanding America Study – Caregiving Lifecourse Experiences Assessed in Real-time (UAS-CLEAR) study.

This collaboration contributes to a broader innovative stakeholder engagement strategy by generating longitudinal, real-world evidence on caregivers' technology adoption and preferences. Insights from the study can provide innovators with actionable market intelligence to guide user-centered design, identify promising applications, and improve the likelihood of successful adoption and commercialization of AI-enabled and other assistive technologies.

UAS-CLEAR and a2 Collective Collaboration: Insights

The UAS-CLEAR study is longitudinally tracking the health and activities of caregivers recruited from the Understanding America Study (UAS), a probability-based internet panel representative of the U.S. population. In 2026, all respondents were providing informal care for adults aged 50 years and older.

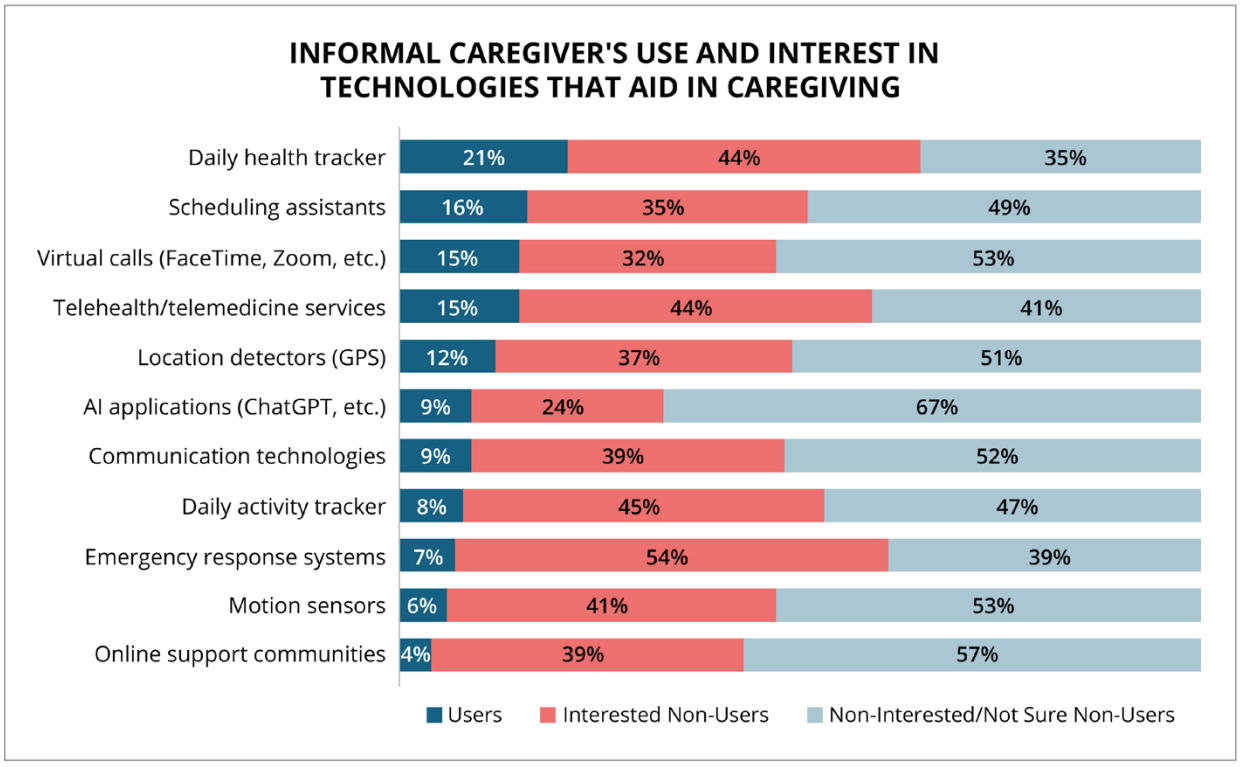
Informal Caregivers of Older Adults Sample Size=1,445	
Sample Characteristics*	
66% Female	**63%** aged 50+
79% attended college or earned an associate degree or higher	**26%** care for someone with memory issues**
50% with household income under $60,000	**68%** White, **15%** Black, **8%** Hispanic/Latino, **6%** Asian

* Sample characteristics as of April 20, 2026; full sample characteristics are available in this Table.

** Includes Alzheimer's disease, other dementia or cognitive impairment, mild cognitive impairment (MCI) or other memory problems.

Caregivers' interest in technology exceeds current use

A majority of informal caregivers included in the survey (52%) reported using at least one type of technology to support their care of older adults; however, adoption rates for most technologies were low. The technologies most often used for caregiving were daily health trackers (21%), scheduling assistants (16%), virtual calls (15%), and telehealth/telemedicine services (15%).

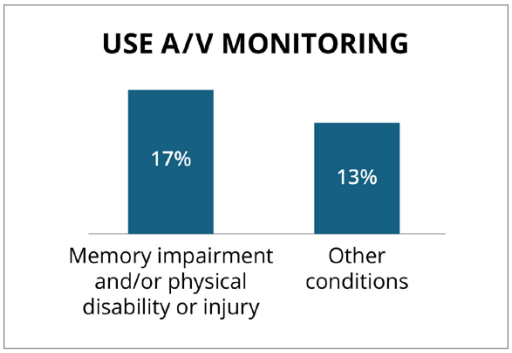


Supplemental Material: Methods | Complete Sample Characteristics

Notably, many caregivers who reported not using specific technologies ("non-users") expressed interest in using them: 54% for emergency response systems; 45% for daily activity trackers; 44% for daily health trackers; and 44% for telehealth/ telemedicine services. Interest was lowest for AI applications: 67% of caregivers were either uninterested or not sure about their use for caregiving.

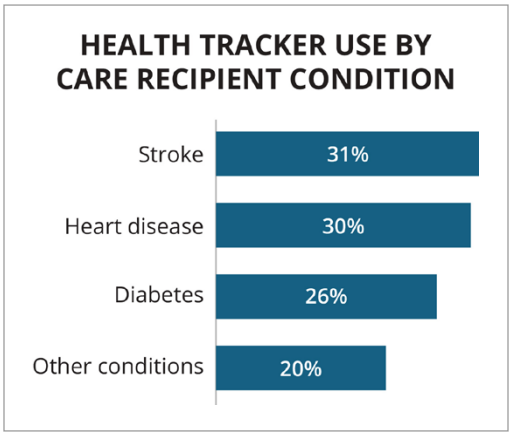


Caregiver technology use varies by care recipients' health



Audio or video (A/V) monitoring technologies

Caregivers of older adults with memory impairment and/or physical disabilities or injuries were significantly more likely to use audio or video monitoring technologies for caregiving (17%) than other caregivers (13%). Caregivers may be especially inclined to use audio or video monitoring for care recipients with mobility limitations or cognitive impairment to ensure their safety and well-being when they cannot be present.

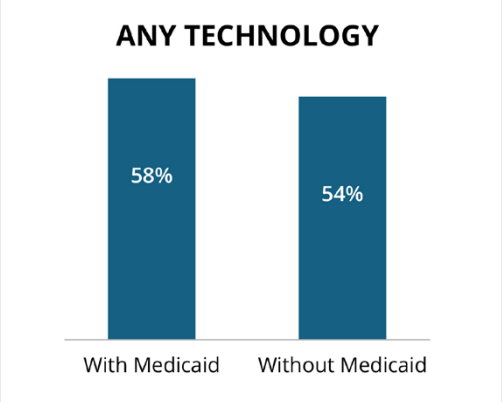


Health trackers

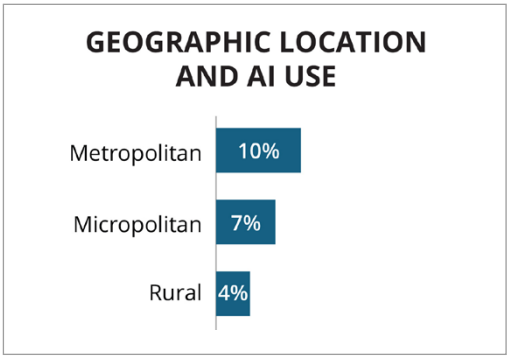
Caregivers providing care for older adults with a history of stroke (31%), heart disease (30%), or diabetes (26%) were significantly more likely to use health trackers than caregivers of care recipients without these conditions (20%). Health trackers can help caregivers monitor physical activity for heart disease management, track rehabilitation progress after stroke, and monitor care recipients' blood glucose levels.

Caregivers of Medicaid recipients are more likely to use technology

Caregivers of older adults enrolled in Medicaid (58%) were significantly more likely than those caring for those without Medicaid coverage (54%) to use technology to support their caregiving. Medicaid home- and community-based services often include coverage for certain assistive technologies, which may explain the slightly higher rates of technology use among caregivers of Medicaid enrollees.[5]



Rural caregivers are less likely to use AI applications for caregiving



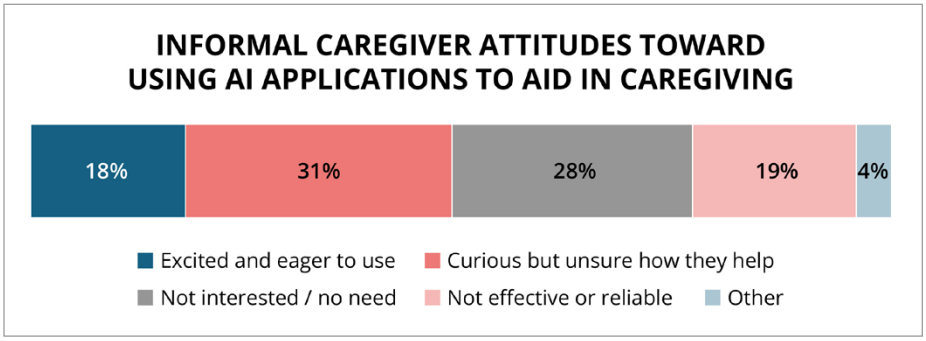
Use of consumer-facing AI applications (e.g., ChatGPT, Gemini, Claude) has increased steadily since 2024, with 57% of adults living in the United States reporting personal use of an AI platform or application in 2025.[6] However, only 9% of respondents reported using AI applications to support caregiving, suggesting that adoption for caregiving purposes remains limited relative to personal use.

AI adoption for caregiving was significantly lower among caregivers residing in rural areas (4%) than those in micropolitan areas (7%) and those in metropolitan areas (10%). Living in a rural area may hinder AI adoption, because many cloud-based AI applications require reliable internet access and 29% of Americans in rural areas still lack broadband.[7]

Caregivers often have mixed attitudes toward using AI

Many informal caregivers reported ambivalence about use of AI applications for caregiving. Nearly half considered AI applications to be at least "somewhat useful" for caregivers (48%); a slightly higher percentage considered AI applications to be "somewhat harmful" for caregivers (52%). Perceptions that AI is harmful, or that AI is not useful for caregiving, may hinder AI adoption.

A plurality of caregivers (31%) reported a curiosity about AI applications for caregiving support but remain unsure about how these tools can assist them, while 28% indicated that they are not interested, or have no need for, AI. Several respondents who responded "other" indicated that they were unfamiliar with AI.



Supplemental Material: Methods | Complete Sample Characteristics

The findings described in this brief rely on data from survey(s) administered by the Understanding America Study, which is maintained by the Center for Economic and Social Research (CESR) at the University of Southern California (USC), funded through NIA grant R01AG083087. The content of this brief does not necessarily represent the official views of USC or UAS.

NIA is one of 27 Institutes and Centers of the National Institutes of Health at the U.S. Department of Health and Human Services. The a2 Collective was funded by NIA grants U24AG073094 (the a2 Collective Coordinating Center), P30AG073104 (JH AITC), P30AG073105 (PennAITech), and P30AG073107 (MassAITC).

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Supplemental Material

Description of the study

In 2025, the a2 Collective Coordinating Center began collaborating with USC to add questions concerning caregivers' use of technology and AI to a survey of caregivers conducted as a part of UAS-CLEAR study. UAS-CLEAR is longitudinally tracking the health and activities of caregivers recruited from UAS, a nationally representative probability-based internet panel. The survey was fielded from January to April 2026. Data from this study can be used to inform innovators and other technology and AI researchers about barriers to caregiver adoption of technology and AI, the influence of sociodemographic factors on technology adoption, the perceived benefits and risks of AI applications, the factors that caregivers prioritize when evaluating new technologies, and the variation of technology use by caregiver and care recipient characteristics.

Methods

Sample

A total of 10,418 panelists answered a screening question about caregiving status between December 2025 and April 2026. The panelists who answered "yes" to the following question were invited to complete a survey on caregiving and technology usage, resulting in an initial sample of 1,968 caregivers:

"Are you currently helping someone (parent, grandparent, wife, husband, child, another family member, neighbor, or close friend), with basic personal activities because they are unable to handle them without help? By basic personal activities, we mean daily activities such as dressing, eating, bathing, paying bills, managing medication, food preparation, grocery shopping, doctor visits, emotional support, driving, and other personal assistance. Please DO NOT consider basic childcare for your children (for example, too young to dress themselves or unable to prepare a meal)."

Caregivers who reported employment as paid caregivers or primarily caring for someone under age 50 were removed from the sample, resulting in a final sample of 1,445 caregivers.

Statistical analyses

All data reported here were weighted using post-stratification sample weights. Post-stratification weights were generated pursuant to the procedures described in the UAS Weighting Procedure Guide, available online at https://uasdata.usc.edu/page/Weights. The weighting procedure aimed to make the survey data set representative of the U.S. population aged 18 years and older with respect to a predefined set of sociodemographic variables (race/ethnicity, age, gender, education, Census region).

Bivariate associations between caregivers' technology use and care recipient characteristics were assessed using survey-weighted Rao-Scott chi-square tests for binary technology outcomes and design-based t-tests for the total number of technologies used. Significant overall differences by geography were followed by pairwise comparisons. P-values were adjusted for multiple comparisons within each set of tests using the Benjamini-Hochberg procedure, and differences described as significant in this brief reflect these tests.

Supplemental Material

Cohort characteristics

Caregiver Cohort Characteristics (aged 18+ years caring for recipients aged 50+ years)

Age (n, %)	Under 30 years	76 (5.26%)
	30–49 years	457 (31.63%)
	50–64 years	510 (35.29%)
	65+ years	401 (27.75%)
Sex	Male	483 (33.43%)
	Female	962 (66.57%)
Race	Asian	87 (6.02%)
	Black	220 (15.22%)
	Hispanic/Latino	115 (7.96%)
	Native American	25 (1.73%)
	Pacific Islander	9 (0.62%)
	White	985 (68.17%)
Relationship	Immediate family (child, spouse, parent, sibling)	1,014 (70.17%)
	Extended family (grandparent, grandchild, in-laws, aunt/uncle, cousin	235 (16.26%)
	Friend/neighbor	133 (9.2%)
	Other	63 (4.36%)
Education level	Less than high school	63 (4.36%)
	High school	272 (18.82%)
	Some college/associate degree	573 (39.65%)
	College degree	299 (20.69%)
	Graduate or professional degree	237 (16.40%)
Household income	<$30,000	367 (25.39%)
	$30,000–59,000	361 (24.98%)
	$60,000–99,999	349 (24.15%)
	$100,000+	368 (25.47%)
Recipient memory problems	Has ADRD/memory problems	375 (25.95%)
	Does not have ADRD/memory problems	1,070 (74.05%)
Recipient insurance type Percentages may sum to more than 100% as respondents could select multiple options.	Medicare/Medicare Advantage	1,247 (86.28%)
	Medicaid	318 (22.01%)
	Medigap	36 (2.49%)
	Private/employer-sponsored	202 (13.98%)
	Veterans Affairs	112 (7.75%)
	None	36 (2.49%)
	Doesn't know	106 (7.34%)
Urbanicity	Metropolitan	1,155 (79.93%)
	Micropolitan	119 (8.24%)
	Rural	171 (11.83%)

The a2 Collective represents the Artificial Intelligence and Technology Collaboratories (AITC) for Aging Research program funded by the National Institute on Aging (NIA), part of the National Institutes of Health. The a2 Collective comprises three AITCs centered at Johns Hopkins University (JH AITC), the University of Massachusetts Amherst (MassAITC), and the University of Pennsylvania (PennAITech) and the a2 Collective Coordinating Center managed by Rose Li and Associates, Inc. (RLA).

Johns Hopkins Artificial Intelligence and Technology Collaboratory for Aging Research

Massachusetts AI & Technology Center for Connected Care In Aging & Alzheimer's Disease

Penn Artificial Intelligence and Technology Collaboratory for Healthy Aging

Artificial Intelligence and Technology Collaboratories for Aging Research Coordinating Center

The AITC Pilot Awards competition funds technology demonstration projects that use AI-based or emerging technology approaches to improve care, quality of life, and health outcomes for older adults, including those with dementia, and their caregivers. Combining nondilutive funding for early-stage technology development with guidance and resources provided by world-class academic research centers, the AITC Pilot Awards offer technologists from varied sectors and disciplines a unique environment to accelerate innovation that is grounded in scientific rigor.

This publication series aims to highlight both scientific and programmatic areas of need being addressed by members of the a2 Collective. These reports can be accessed at a2collective.ai/resources.

This issue was produced by RLA as the a2 Collective Coordinating Center with funding from NIA Grant U24AG073094.