

EXECUTIVE SUMMARY

AI is entering the mainstream of society, with perception and utilization mixed. The oldest baby boomer turns 80 in January 2026. Seeing a market opportunity, this 2023 report, [The Future of AI and Older Adults](#), predicted a positive future benefit for older adults from the use of AI tools, which then were quite early in their life cycle. Conversational AI was particularly appealing. Since then other surveys about AI assert that [66% of people \(all ages\) use AI regularly](#). The [2025 Michigan poll](#) showed that more than 50% of older adults (aged 50+) are using AI today.

The hype still outpaces adoption. According to the [Wall Street Journal in August](#), companies are slowing their rate of AI adoption amidst some stumbles among innovators. As in the 2023 report, there is still trepidation, and Pew Research April 2025 study shows that [experts are more optimistic than the general public](#) about AI’s potential. Are older adults lagging today’s pace of adoption of AI?

Adoption of AI by older adults will depend on their trust of the results. According to the Edelman [2026 Trust Barometer](#), the most powerful drivers of AI enthusiasm are trust and information, with hesitation rooted more in unfamiliarity than negative experiences. As older [people use AI more](#) and “experience its ability to help them learn, work, and solve problems, their confidence rises sharply.”

AI technology is on the radar of the labor-challenged home care industry. The home care industry is facing a labor crisis. The care worker shortage (including doctors, nurses and nursing assistants) [is severe and well-documented](#). Driven by demographic shifts, longer life expectancy, and rising rates of chronic illness and cognitive decline, the demand for in-home personal care and home health care is surging. The [2025 Future of Home Care Study](#) surveyed that industry’s executives about the shortage of workers. That shortage underpins the growing adoption of hybrid care models – an increasingly likely combination of in-person care and use of AI.

AI is increasingly top of mind in senior living and nursing homes. In this [October 2024 report](#), senior living and nursing home executives weighed in on the role that AI may currently offer and will likely play in the future. They see the potential to optimize their workforce and obtain better insights into their residents' needs. Within a few years, AI may no longer be described as a separate category -- but its features of machine learning, customized vocabulary and conversational responses will be expected and provided.

...AI in healthcare today – excited, planning, and...almost adopting. Nowhere is the hype greater, and the optimism more tempered by caution than in healthcare. PwC for example in July 2025: “in the age of AI, six months can be a leap forward. AI success hinges more on bold ambition than on early adoption. As AI agents gain traction, AI investment is rising even faster.” Initiatives involve transforming documentation with AI listening, use of AI agents, and adoption of new buzzwords like ‘Responsible AI’ to help overcome enterprise anxiety.

WHO SHOULD READ THIS REPORT?

- Investors and funds that focus on older adults
- Senior living organizations
- Professional home and health care companies
- Technology firms with AI offerings for older adults
- Technology platform providers and resellers
- Telecommunication carriers and network service providers
- Social services and non-profits with focus on older adults
- Healthcare professionals
- Pharma and med tech companies

ACKNOWLEDGEMENTS

This report is based on interviews held with 20 experts across multiple domains, all of them engaged in one or more aspects of AI technology. Many thanks to Amy Stapleton and Jane Sarasohn-Kahn for reviewing the document and offering helpful comments.

“AI will allow us to live at home – even alone. Actionable and motivational advice – even making a menu with ingredients in your fridge. From a business perspective, AI will allow you to onboard business partners more easily.” – Ginna Baik, AOL

2023 PREDICTIONS – USE OF AI FOR OLDER ADULTS

A look back at a 2023 view of AI potential. Optimism about the use of AI for older adults was just ramping up – tools were already entering the market that leveraged widely available data about older adult behavior. AI was beginning to utilize data specific to an organization and machine learning was of interest. Multiple tools were already entering the market that leveraged widely available data about older adult behavior. Machine learning was of interest to care-focused organizations. What was the status across multiple dimensions in 2023 – and did AI deliver on the promise?

- ***AI for professionals:*** *More sensor apps are beginning to enable delivery of more effective care – capability is there:*
 - *Noting changes in behavior, health issues before they reach a crisis (available)*
 - *Macro trends from machine learning offer communities and hospitals insights about behavior – available, use is not yet significant*
 - *Insights about staff performance – available, not widely deployed*
 - *Improve care and reward workers who spend more time with residents (not deployed)*
- ***AI across multiple needs of older adults aging at home or in a community:***
 - *Engagement, combat social isolation (ElliQ, Addison Care)*
 - *Healthy, self-admin of medications (reminders, not dispensing)*
 - *Remote patient monitoring (widely used and effective during off-hours in senior living)*
 - *Hearing assistance – separating speech from noise (widely adopted)*
 - *Technology training and learning about new tech (available)*
 - *Tech concierge in senior living– (available)*
- ***The future as viewed in 2023 – most available or underway***
 - *Analytics about senior community performance, particularly useful for chains*
 - *AI as a service, coordinating care teams for home health or clinicians*
 - *AI in home and home health care, including chatbots (today) and care management (future)*
 - *AI in dementia care – environmental information as well as care recipients status from smartwatches or sleep monitoring*
 - *AI in the home's wellbeing infrastructure (surprisingly low deployment)*
 - *AI to help record life stories*
 - *AI in caregiving robots*
 - *AI in mitigating social isolation via conversation*
 - *Health management -- consumers to use AI to focus on individuals and self-care*
- ***The negatives remain:***
 - *Ethical dilemmas – permission requirements and inherent bias*
 - *Lack of interfaces to senior and health care systems*
 - *Absence of responders to AI-generated alerts and trends*
 - *Escalating risk of older adult scams*

WHY AI MATTERS MORE TODAY

The Pending Crisis – Population versus Care Capacity

The stage is set for a crisis in care delivery. Seventy-three million people were born between 1946 and 1964, with [65 million alive today](#). These baby boomers may prefer to remain in their own homes versus [moving to senior living communities](#). But due to [growing life expectancy](#), a larger percentage will [experience some type disability than in the previous generation](#). The move to assisted living, memory care or nursing homes is not typically an option of choice, but of necessity (see **Figure 1**).

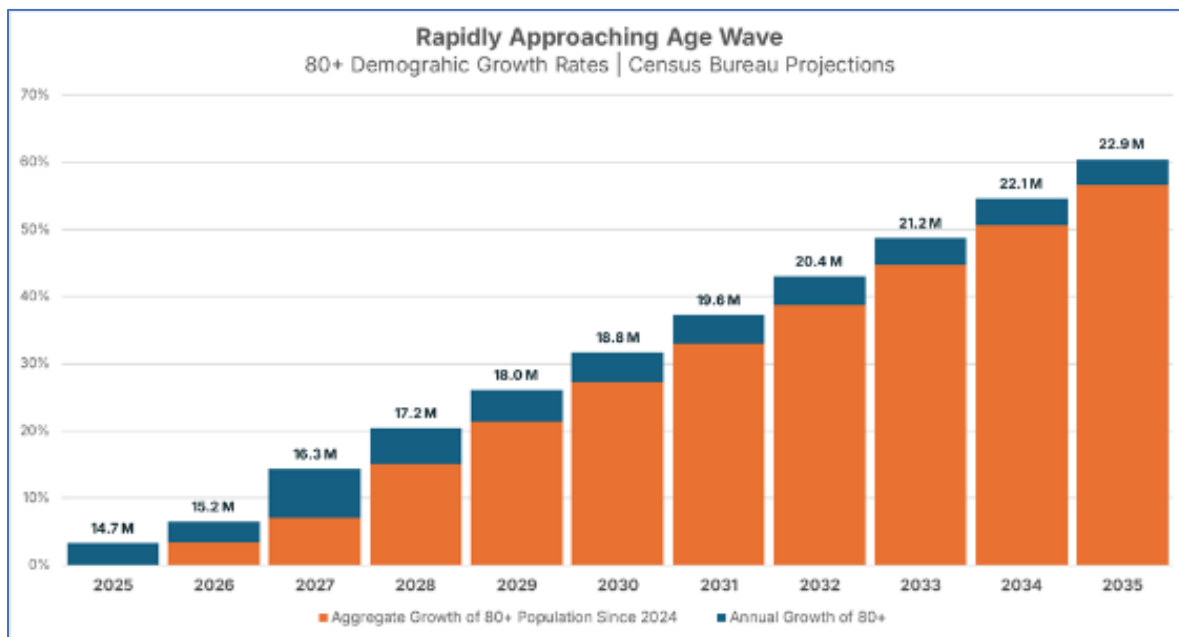


Figure 1 Rapidly approaching Age Wave

Source: [NIC Map Blog 2025](#)

The ratio of direct care workers to care recipients will continue to worsen. The shortage of senior care workers is visible across categories, including home care, assisted living and nursing homes. Over the next 10 years, [9.7 million direct care jobs will need to be filled](#) (see **Figure 2**). In addition, post-Covid there was a significant strengthening of older adult preference to age in their own homes (see **Figure 3**).

AI and Older Adults – What’s Now and Next in 2026

Direct Care Worker Employment, 2014 to 2024				
Industry	2014	2024	Growth	% Growth
Home Care	1,353,340	3,160,500	1,807,160	134%
Residential Care Homes	607,880	687,370	79,490	13%
Nursing Homes	616,550	492,050	-124,500	-20%
Other Industries	906,050	1,036,650	130,600	14%
All Industries	3,483,820	5,376,570	1,892,750	54%

Figure 2 Direct Care Worker Employment

Source: [PHI National.org](https://www.phinational.org)

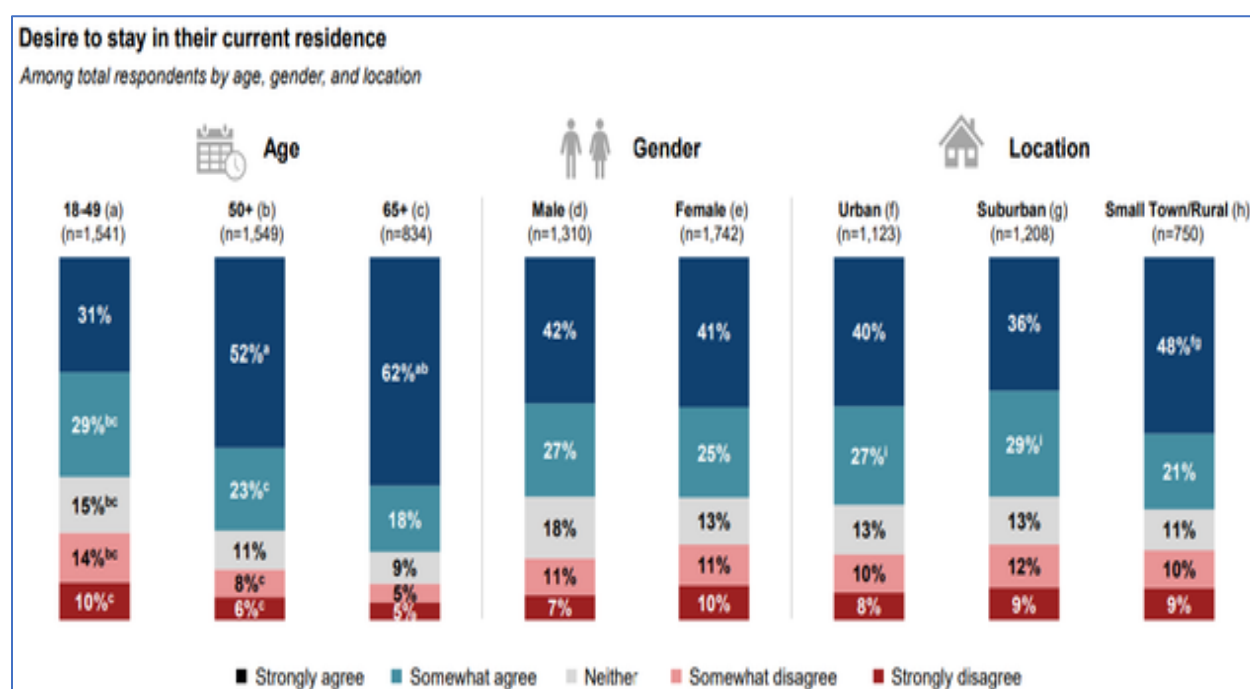


Figure 3 Desire to remain in their current residence

Source: [AARP Housing 2024](https://www.aarp.org/housing)

Baby boomer population growth plus preference worsens the care crisis. Senior living investment and growth stalled in the post-Covid era – at least partly due to the insistence of older adults to age at home versus move into senior living communities. The [average move-in age of mid-80’s confirms that intent](#), even if the move would be an improvement over living at home. [70% of assisted living residents are women and 50% are aged 85+.](#)

The care demand is vastly different for at-home care versus assisted living. The ratio of worker-to-care recipients is the key variable, one-to-one in-home care, versus the more efficient ratio of 1:8 in assisted living. Pay averages are somewhat higher for assisted living as well – \$20/hour versus \$17 in home care – but both vary significantly across regions.

Senior living organizations are ‘optimistic’ about the use of AI as surveyed in 2024.

Although they admit that the impact on resident care has been ‘limited so far’, they are hopeful for future benefit (see **Figure 4**). According to a 2025 Argentum report, they are deploying chatbots (see the largest senior living operator, [Brookdale Senior Living website](#)) and looking at AI-powered content tools. Predictive analytics is stated as a priority, though according to the report, data definitions and terminology need more work.

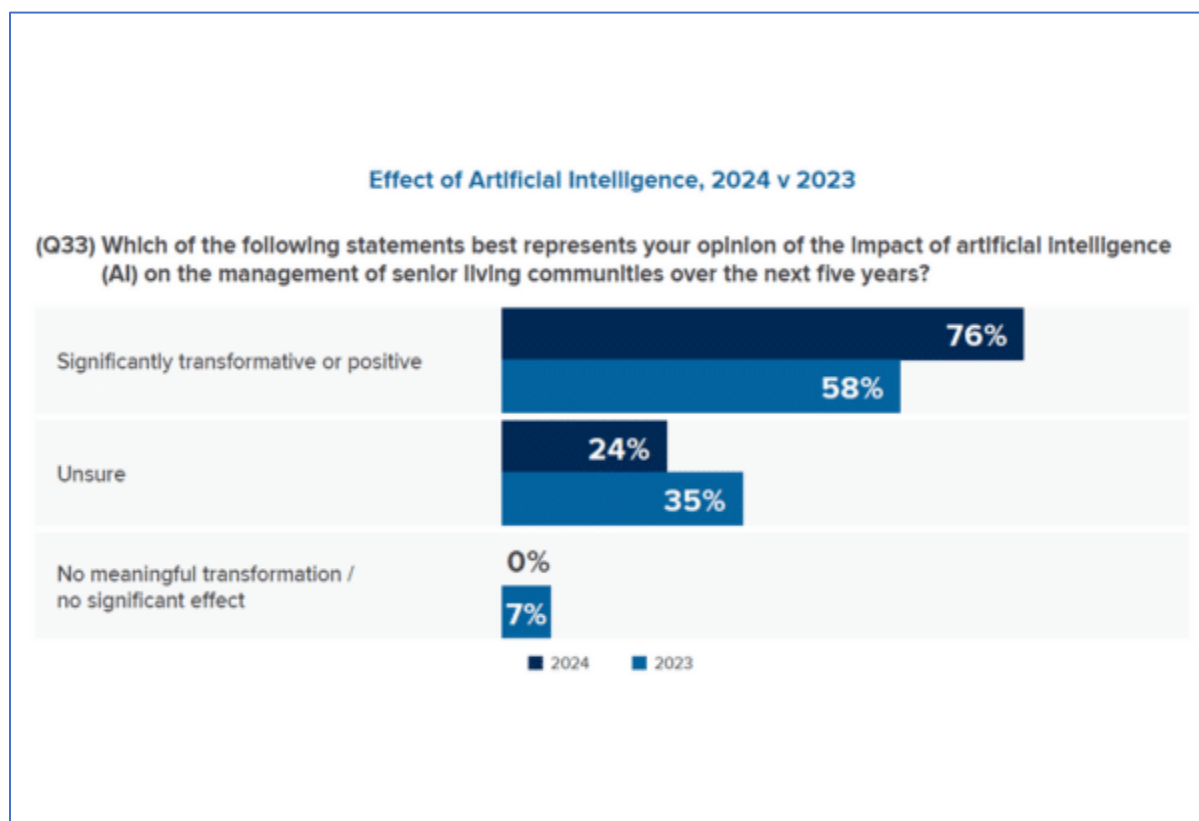


Figure 4 Senior living organizations are optimistic about AI Source: [Argentum 2025](#)

Senior living, home care, nursing homes are part of the slower-moving healthcare sector.

The usage of AI in the sector to date is behind other major sectors for various reasons, particularly in the senior care sub-sectors (see **Figure 5**). Barriers include fragmented sources of data and lack of common terminology, slow or little investment in technology in general.

AI and Older Adults – What's Now and Next in 2026

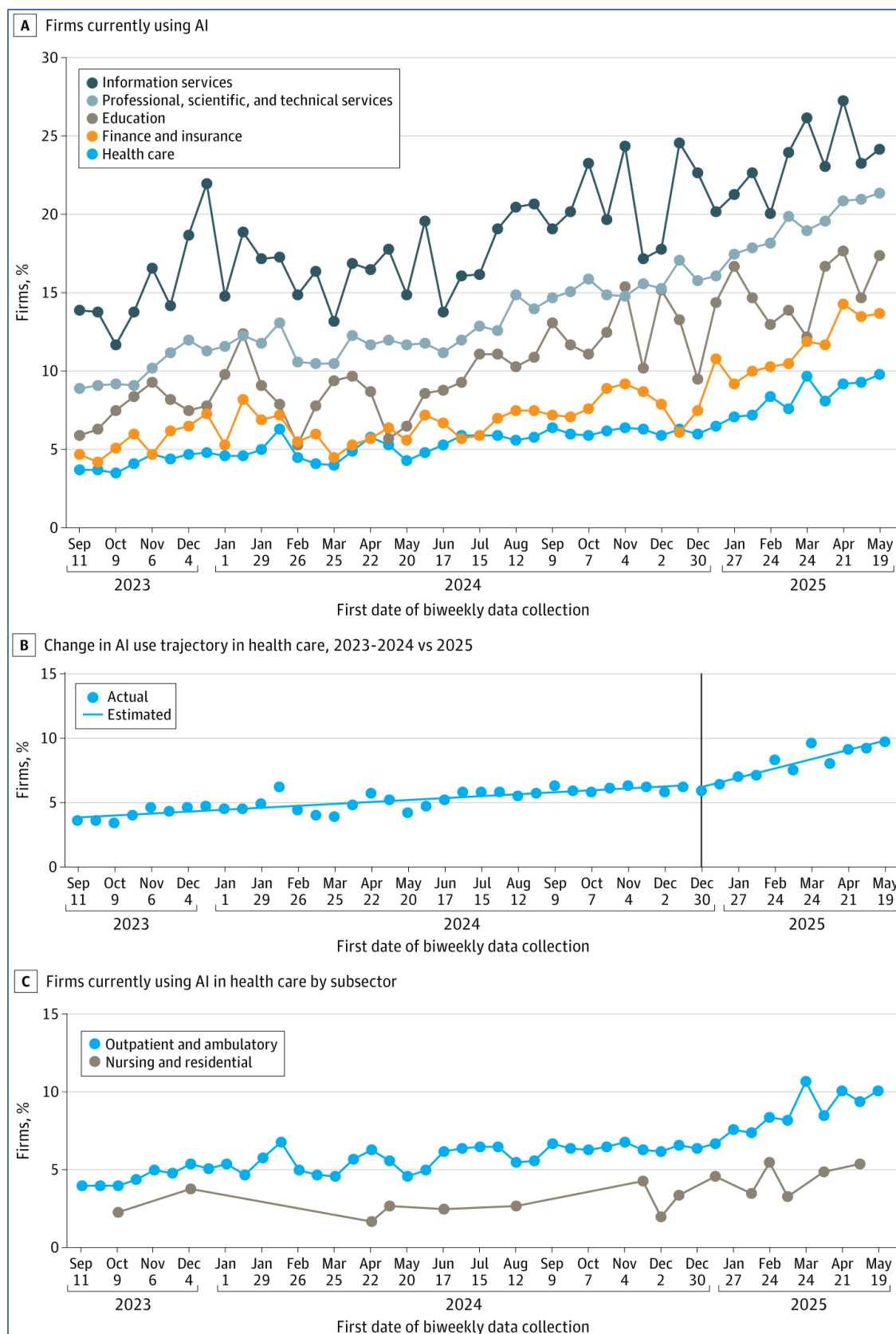


Figure 5 Adoption of Artificial Intelligence in the Healthcare Sector Source: [JAMA](#)

The care industries will need AI and hybrid care to cope

Despite slower progress than other sectors, shortages of workers will increasingly drive adoption of AI to streamline workflow and optimize existing staff or eliminate dependence on roles that are no longer needed. For example, firms are now using AI to match incoming requests from hospitals to admit a new resident to a nursing home, combining the request with their existing capacity, capabilities and openings – making a decision in seconds versus depending on a hospital discharge planner conversation. Other trends for the use of AI are coming into focus:

Hybrid care emerges out of need – combining tech oversight and in-person.

The home care industry is facing a labor crisis. Driven by demographic shifts, care shortages, longer life expectancy, and rising rates of chronic illness and cognitive decline, the demand for in-home personal care and home health care is surging. This [June, 2025 research report](#) shows how AI tech is playing a role in care oversight and enabling the creation of **hybrid care** models – a combination of in-person care supplemented with AI and other technologies. The possibilities for the use of AI in home and home health care are just beginning to be uncovered and will help the industries benefit from this new and useful technology.

AI in healthcare today – excited, planning, and almost adopting. Nowhere is the hype greater, and the optimism tempered more by caution. PwC for example in July 2025: “in the age of AI, six months can be a leap forward — and most of our [2025 AI Business Predictions](#) are playing out as expected. One belief continues to guide us: AI success hinges more on bold ambition than on early adoption. For companies that share this mindset, AI is reshaping how work gets done. It’s accelerating revenue growth and redrawing the lines between people and technology. And as AI agents gain traction, AI investment is rising even faster.” Initiatives involve transforming documentation with AI listening, use of AI agents, and adoption of new buzzwords like ‘Responsible AI’ to help overcome enterprise anxiety.

...But the growth of AI is received today with a mix of optimism and caution. Surveys about overall adoption of AI shows that [66% of people \(all ages\) use AI regularly](#). AARP’s most recent tech survey in December of 2025 shows that [usage has nearly doubled again among older adults age 50-plus](#), up from 9% in 2023, 18% in 2024, to 30% in 2025. Two in five adults in their 50s have used AI, while employed adults are twice as likely as those not in the workforce to have engaged with generative AI, there is still trepidation, and Pew Research April 2025 study shows that [experts are more optimistic than the general public](#) about AI’s potential.

HOW ORGANIZATIONS MOVE FORWARD ON AI

Are older adults AI laggards? AARP’s AgeTech Collaborative, which hosts many startups using AI, interviewed older adults in 2025 and found concerns about regulation, AI’s impact on human interactions, and protecting private information while using these tools. But as 2026 begins, we will see a whole new AI ballgame – both functionality and usage that will drive adoption. As voice tech demonstrated five years ago, CES in 2026 finds AI well publicized as integral to nearly every tech offering. Both providers and developers see the urgency and need to accelerate the pace to accommodate the baby boomer population trends. What benefits and improvements have emerged or are in process by early 2026?

The State of AI and Older Adults Today

For this report, twenty executives were interviewed about their view of the present and future uses of AI and older adults – services for them and usage by them. Some common uses today for AI technology for older adults include: Today there is some deployment underway – though not well-quantified – in medication management, health and safety monitoring and tracking, cognitive support, mitigating isolation, care planning and documentation, to name a few well-documented categories.

These offerings are beginning to demonstrate AI-enabled features and show that they are:

- **Profile-driven – information collected and stored locally (versus sent up to Internet).** Profiles will enable personalization of answers to questions of residents.

Consider: The senior living organization in a particular geography will soon have AI tools that track with permission residents’ personal information to make recommendations to them, or alert families about changes in behavior or health.

- **Scaled down and local models, with automatic model training.**

Consider: A local health-care facility could track the visits of older patients that visit regularly, making it capable of following up a visit with appropriate materials specific to the patient’s condition. Or it suggests menus that are appropriate. For example, Botco’s AI platform supports a continuous learning Agent Cloud that learns the outcome of a visit, generating recommendations to staff, external physical therapy organizations, or families.

“Agents are replacing chatbots. They can autonomously make decisions integrated into workflow. Not basic agents, but ahead will be orchestration of multiple, independent ones. Think AI + Chatbot + logic, enabling autonomous workflow an power. We use AI to generate training videos, for example. Small videos to give help can be done cheaply and enable educating the care provider.” – Anu Shukla, **Botco.ai**

- **Ambient -- enabling continuous summarization of health conversations.** Ambient (sensing, hearing) technologies are transforming the in-person healthcare experience. Rather than employ a scribe to take the dictate notes and upload them, AI software listens to the clinician, immediately transcribes and enables the physician to read and approve versus deal with typed notes (See **Figure 6**).

Consider: Today it is not uncommon to visit a specialist whose phone app is summarizing the conversation, documenting any advice to be entered into the electronic medical record (EMR) and noting any follow-up prescriptions or visits.

“This new breed of ambient AI, powered by large language models, is far more capable than older dictation systems so prevalent in a doctor’s office.” – Amy Stapleton, **Opus Research**

- Documentation of billing codes, medical charts or visits notes: 21%, up from 13%.
- Creation of discharge instructions care plans and/or progress notes: 20%, up from 14%.
- Translation services: 14%, up from 11%.
- Summaries of medical research and standards of care: 13%, up from 6%.
- Assistive diagnosis: 12%, up from 11%.
- Generation of chart summaries: 12%, up from 8%.
- Patient-facing chatbot for customer service functions: 10%, up from 8%.

Figure 6 How Physicians Used AI as surveyed in 2024

Source: [AMA](#)

“Once a physician tries it, they never go back. This now is becoming part of the system – which will write your notes and document everything, including conversations, potentially cutting work by 80%.” – Peter Abadir, **Johns Hopkins**

“AI supports summary notes – collecting data about families that are looking right now, and what guidance and education do we need to provide. We can also help our advisors stay more in tune with shifting demand.” – Margaret Cabell, **A Place for Mom**

- **Delivering hybrid care, in-person, remote monitoring and automated follow-up.** This type of care will be increasingly prevalent for home care organizations whose demand exceeds the supply of available workers. Hybrid care could utilize an automated AI assistant that calls people to follow up after surgery, making sure they are okay or sending alert if not.

Consider: For home care businesses, with permission, a caregiver’s initial visit can be prepped by AI tools with the care recipient profile and concerns (including whether the person owns a dog). This visit can be followed with remote check-ins after visits or on weekends, with notifications to families of any issues or concerns.

“We need to reverse the order. The pace needs to be picked up – care is too expensive and there are not enough people to take care of the silver tsunami. We have the building blocks in process. People who orchestrate care delivery need to put their knowledge into structured information. Agentic workflows built on structured information will be the next wave of capability.” – Preeti Kaur, **Home Instead**

- **Offering 24x7 remote monitoring – and fall prediction, not just detection.** Senior living organizations see the opportunity to increase length-of-stay by using cameras and sensing. **Inspiren** recently received \$100 million in funding to expand its [AI-enabled remote monitoring](#). A recent article by BMC Geriatrics validated the promise [of remote monitoring of older adults at risk of health complications](#). The market size for this technology in the [US alone is projected to reach \\$29 billion by 2030](#).

Consider: A senior living organization averts falls of at-risk older adults with a camera-based monitoring tool to detect gait changes before the fall can occur. Previous technologies have offered fall detection and alerting. The next wave of innovation will offer data-driven prediction.

"At work, AI can summarize online meetings. In the home, AI can summarize daily activities continuously, knowing when something changes and who to share it with. Large AI models represent population averages, which is why they hallucinate. The key is to train a full menu of hyper-personalized models every day, for every person." – **David Moss, Care Daily**

- **Social engagement robots and avatars for home-bound seniors.** With a shortage of in-person care workers and the challenge to pay them appropriately, named avatars are becoming more available and useful. What are avatars? According to [Ernst and Young](#): Historically, AI avatars were limited to simple chatbots that could answer basic queries. Today, they have evolved into sophisticated, tailored entities capable of providing personalized experiences. This transformation has been fueled by the increasing availability of data, improvements in computational power and breakthroughs in AI algorithms.

Consider: ElliQ, a tabletop robot targeting isolated older adults, now has more than a few thousand participants, primarily Medicaid, who can initiate an interaction and speak with the device as many as 40 times per day. Increasingly these robots and avatars will be personalized (as with ElliQ) based on an opt-in profile of the user. Today they also include Helen from **GetSetUp** and Addison from **Electronic Caregiver Group**.

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“ElliQ uses a personalized profile, quality of relationship is deep with more than 40 interactions per day. Care at home – loneliness is a driver. This is a glimpse into the future – assume that most older adults will be living with some electronic companion.” – Dor Skuler, **Intuition Robotics**

“Helen says – what can we help you with, find a class, learn about NY State programs, check eligibility, understand Medicare Advantage. Users are not daunted by the UI, which is less of an issue. AI has already learned and improved by next week!” – Lawrence Kosick, Founder, **GetSetUp**

- **Special purpose AI agents will be autonomous helpers for staff and families.** Agents that perform specific tasks are beginning to replace or supplement chatbots. The goal – help optimize workflow.

“We have AI agents that are focused on the ‘First Mile of Care’ – Intake and staff. Agents help families coming in – about the nature of care requirements. And AI agents screen job applicants for licensing credentials – AI can qualify 100 people at the same exact time. – Matt Rosa, **Alita Health**

THE FUTURE OF AI AND OLDER ADULTS

The care shortage is an opportunity for AI technologies to really help older adults. But in order to really deliver on the promise of AI, significant changes need to get underway, expand or make demonstrable progress. These include:

Scaling down models to improve care based on actual data, not from the Internet. The large models used to answer questions about the older adult market are useful but insufficient. For example, AI could help train individuals and families about what they need to do going from hospital to home. Moving forward, entrepreneurs, tech innovators and senior care organizations need to find ways to consolidate data for analysis of current and future trends. These may include incorporating physical and occupational therapy resources available in a specific geography.

“In the future, smaller models will be mainstream – every house will have their own local-processing AI, running on my own computer, giving permission to connect with the Internet. AI will train individuals moving from hospital to home, answering questions, even after they have lost all clinical support.” Dan Ding, **University of Pittsburgh**

Tackling the data fragmentation across care sources. Industry players understand that data fragmentation is hurting them – preventing smarter strategy development and improving operations and care. In the future, organizations will first standardize the most important data elements across their apps. Standardization will enable optimization of workflows – the right part of the organization involved in care delivery or inquiries. At CES 2026, tech firms like **K4Connect** are promoting ‘Edge AI’, processing [data locally on a device to provide the most immediate and relevant response](#).

From human-first, tech-enabled to tech-first, human-enabled. Adding AI tech to existing home care applications will be a slow and fragmented initiative. Instead, combining tech like sensors with known data about the care recipient, supplied by home care workers, can boost the quality and fit of home care. AI agents can be applied to specific care scenarios based on information provided by a family member or worker. Avatars will be better utilized and robots may be offered in specific situations initially such [as housework](#).

“Within the next decade, every home in the developed world will have an AI-enabled primary care interface. This will be in the form of a virtual caregiver such as ECG's Addison or a humanoid robot such as Tesla's Optimus. Social isolation and loneliness will no longer be an issue. However, to fully capitalize on the potential to transform clinical and aging care, fragmented and siloed systems must be overcome.” Mark Francis, **Electronic Caregiver, Inc.**

Planning ahead for future needs. By using data across a distributed organization – like home care franchises or multiple assisted living locations, it is feasible to detect which way the wind is blowing, whether for home care or senior living. The autonomous management of many of these organizations is a barrier to achieving the level of predictive analytics to meet the needs of a groundswell of older baby boomers.

“We could help people find culturally appropriate care or offer financial advice, like methods like reverse mortgages to pay for care. We could also take the data that we have about communities and use predictive analytics to identify what senior living needs will be in the next 5 years.” – Margaret Cabell, **A Place for Mom**

Augmenting the work of professionals. Rather than replace skilled workers, AI can be used to augment the work of professionals, for example, like occupational therapists, to help with their jobs. For example, there is a stark need today to help workers and families who care for those with dementia who typically have no training on how to deal with difficult situations.

“There are over 100 types of dementia and broad variability of stages within the most common types – there is not enough research matching tech to dementia need. It is possible to use AI thoughtfully, taking broad categories to help family members and consumers, narrowing problems with more precision. For people living at home who want to remain independent dressing themselves, bathing, making oatmeal – remind them about stove or water temperature. Pair tech with an occupational therapist to help people be more independent – meal prep for example, delaying the need for assisted living or meals on wheels.” – Pam Toto, **University of Pittsburgh**

Scaling care delivery. The dominant view of AI today as a vehicle to save or eliminate labor – proven for example, in manufacturing and call centers. But its role in care delivery is evolving, and it can help scale delivery by streamlining processes such as note-taking and documentation, on-boarding new workers, communicating with families, and assisting individuals with personal care issues.

“AI is not a product -- it is a technology for labor saving and supporting clinical decision making. AI can help scale care. Helping people with chronic conditions, social touch points with family members. AI in health care can enable the convergence of healthcare with wearables – for heart care, prevention of AFib, gait analysis and fall detection, as practical examples. With wearables, it is feasible to marry the algorithm to devices and, incorporating user-centered design, make them appealing to us.” – Jane Sarasohn-Kahn, **THINK-Health**

AI agents may be preferred forms of interaction for many people. As with ChatGPT or Grok, the user can endlessly repeat the question. A specific agent – such as one for travel – enables a deeper dive for more detailed answers. Individuals with dementia can have an unconstrained conversation about the topic – but so could care workers and professionals.

“I like talking to an AI agent. I might feel embarrassed to nag a caregiver, but there is no stigma to asking the agent again and again. Conversational agents – supporting independence of people to help them find information – how to fix the remote, get back into the phone when they are locked out.” – Sonia Chernova, **Georgia Tech**

Synthesize complex information for consumers. AI technologies can combine information from multiple vendors into a coherent answer for a specific problem. But it is critical that the quality of [AI-delivered information be vetted and improved or corrected](#). Soon incorporation of permission-based personal health information will be standard for health-related questions.

“AI can help enable a unifying dashboard for adult children, caregivers, or care coordinators, to help monitor steps, sleep quality, nutrition, and medicine. Coupled with personal health information -- including gait assessment and fall prediction, or perhaps even providing a virtual scan of the house, recommending modifications -- it can improve care coordination and simplify health care experiences.” – Ken Honeycutt, **Samsung Electronics America**

AI helps older adults aged 50+ find what they need. In 2025, AI was already playing a significant role for information seekers – the University of Michigan poll noted that 55% use AI today to find information and connect with other people. Responders also believe that AI-enabled technologies like Voice Assistants and Home Security devices are enablers for continuing to live independently (see **Figure 7a and b**).

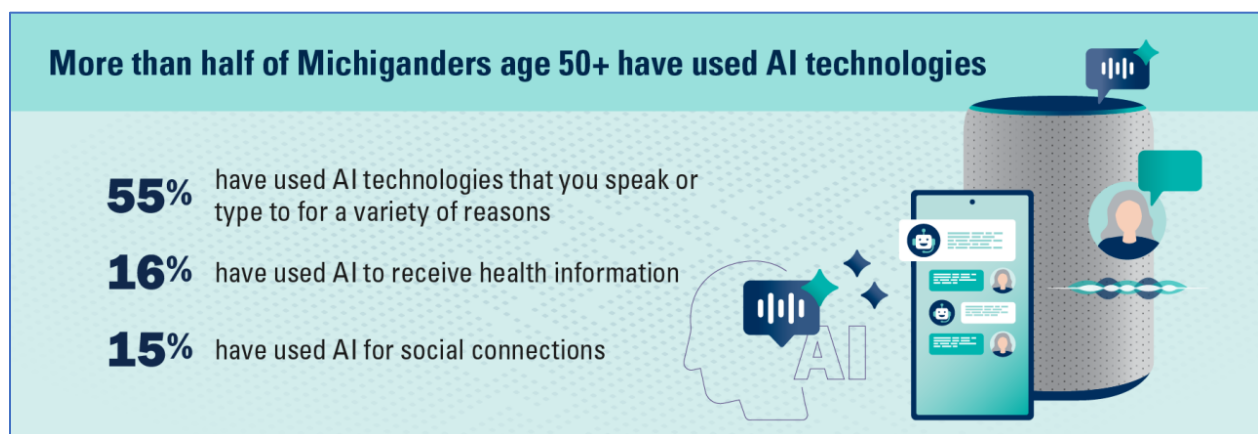


Figure 7-a University of Michigan National Poll on Healthy Aging

Source: [U Michigan](#)

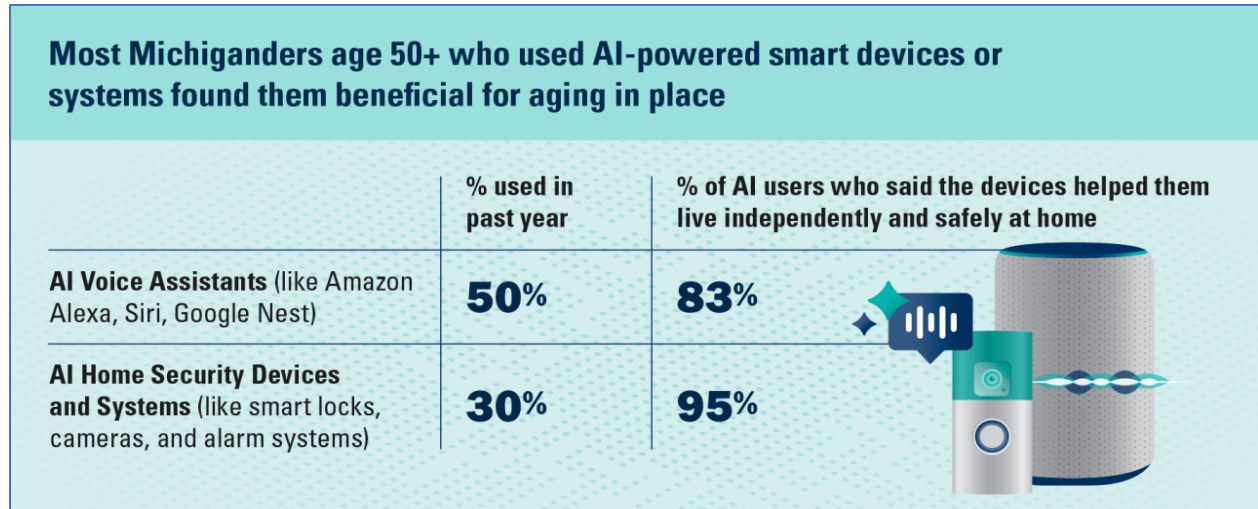


Figure 7-b University of Michigan National Poll on Healthy Aging

Source: [U Michigan](https://umichigan.edu)

AARP: Older Adult Views of ‘Jobs to Be Done’ With AI

AARP published a 2026 survey incorporating responders’ ideas about what AI should do. Responders expressed interest in seeing AI technologies focus on health support, financial security, social connection, task and information management, and entertainment.

Here is the full AARP list of these [18 jobs that could be done by AI](#) (see **Figure 8-1**).

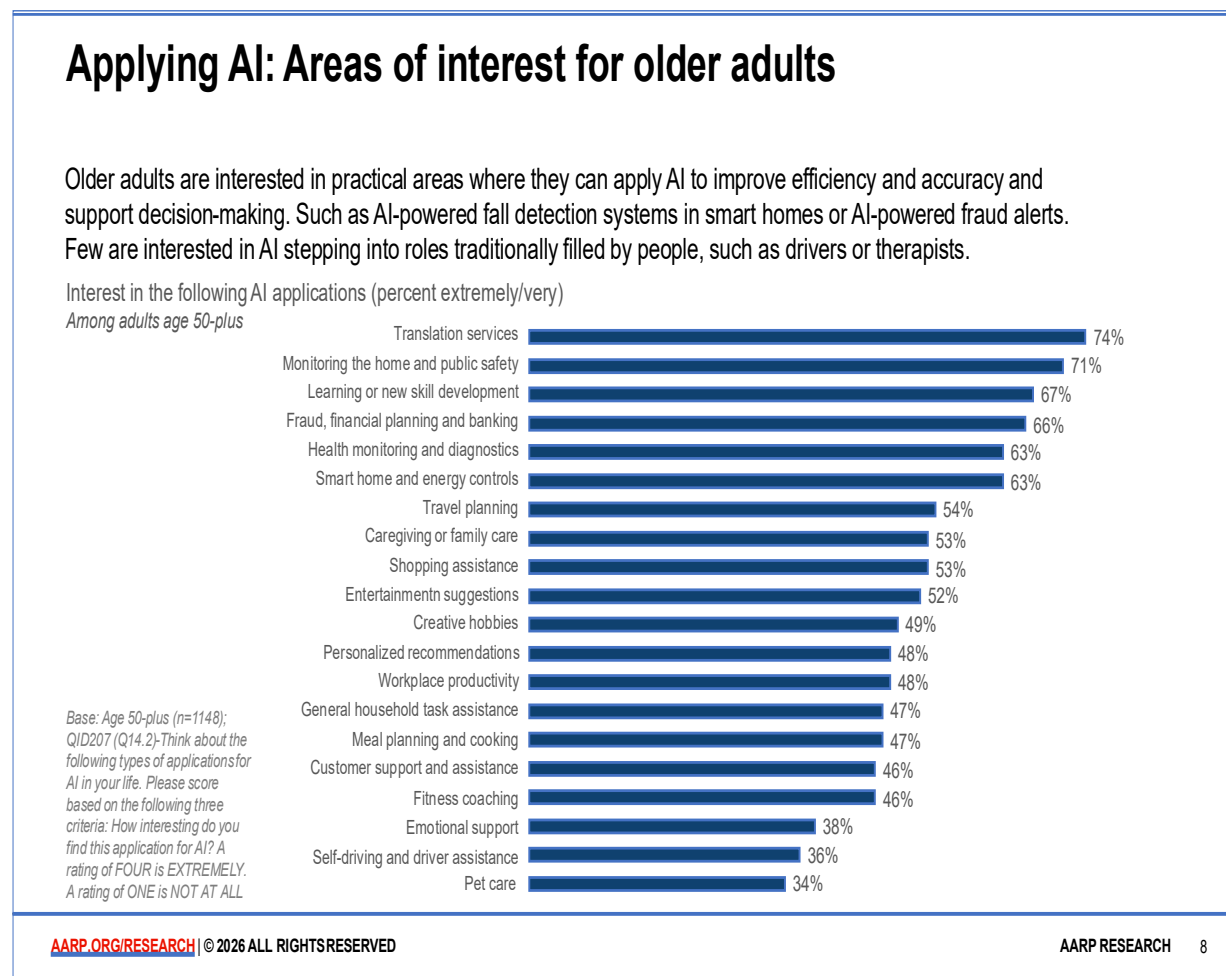


Figure 8-1 Jobs to be Done With AI

Source: [AARP AI Opportunities Survey](#)

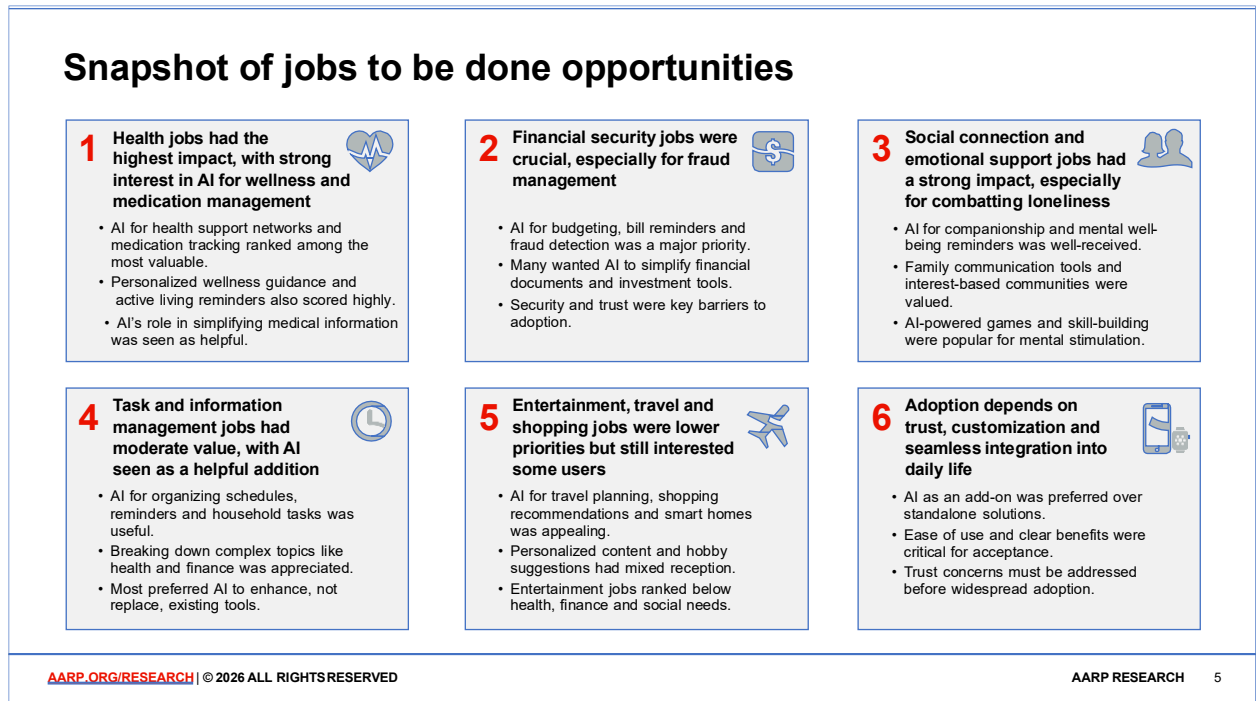


Figure 8-2 Snapshot of Jobs to be Done With AI Source: [AARP AI Opportunities Survey](https://aarp.org/research)

“In the future, there should be seamless use of AI technologies in everyday experiences, including wearables, along with real-time monitoring and predictive care – all integrated in ways that are helpful and trustworthy.” – Michael Phillips, AARP

Risks and concerns about AI in 2026

A quick search about AI risks is instructive – there’s no shortage of research. MIT has published and is regularly updating a ‘[Risk Repository](#)’ for AI. This is a good input for consulting firms seeking business in risk mitigation and [has even resulted in discussion on Reddit](#). The consulting firms like [Gartner](#), [Accenture](#), and [Ernst and Young](#) all have guidance on helping companies reduce the stress from AI deployments. Not surprisingly, the reports are all free as marketing material for the firms’ consulting guidance. Law firms also see an opportunity in offering guidance about the [risks associated with AI companions](#). And even insurance companies see an opportunity to help senior living providers benefit from AI [while managing risk](#). What else slows down adoption and/or benefits of AI for older adults?

Barriers remain that hamper the benefits from AI in senior care. McKnight’s [Senior Living](#) publication refers to AI as ‘[seeping into senior living](#)’. The JAMA Health Forum’s note (see **Figure 6**) indicates that nursing homes and residential facilities have the lowest adoption of AI of other healthcare organizations. One might also note that their funding for tech innovation is likely lower than other healthcare organizations. And concerns about privacy persist.

“One of the things we are doing in AI Caring Institute, we are putting privacy preserving sensors (motion detectors, door open-closed) and doing real time analysis of the data to see how reminders could be made more useful. Looking at changes in people’s health over time.” – Reid Simmons, **Carnegie Mellon University**

Data quality has hampered senior care – now is the time to fix it. For organizations to share status or health data between hospitals and nursing homes among senior living organizations, poor data quality is a major constraint. But when quality data is shared, particularly [EHR data from a hospital to a nursing home with open beds](#), discharge planning can be transformed from lengthy conversations to a split-second opportunity and automated placement.

Trust in results or the lack of it. As business adoption of AI grows, firms will need to focus on building their older adult constituents’ trust in AI results. According to the Edelman [2026 Trust Barometer](#), the most powerful drivers of AI enthusiasm are trust and [high quality information](#), with hesitation rooted more in unfamiliarity. As [people use AI more](#), their confidence rises sharply.” But for healthcare information, should it? As [one expert noted after ChatGPT Health was announced](#): “Popularity does not equal safety. Connecting deep personal health data to a probabilistic language model, rather than a regulated medical device, creates a new class of risk.

As the baby boomers move into their 80s – will the senior care industries keep up? With little coordination among providers, staff shortages in all care categories and pressure on families to cope with a family member’s decline, the situation looks bleak. But as in [other healthcare segments](#), the building blocks are there to shore up care gaps with technology assistance, including remote monitoring, personalized predictive analytics and tools to find care.

What's likely for AI in senior living and home care?

AI is beginning to see investment in senior living. In turn, investment in AI is beginning to be [one of the criteria for investing in particular senior living organizations](#). In addition, senior living organizations see the [opportunity in AI-enabled lead generation](#) and follow-up as is done with **Alitahealth.AI**. AI is an enabler to help senior living organizations do a [rapid job of screening admissions](#) to match availability to appropriateness of fit. What else is likely?

AI will be used as a feature to advertise to prospects. In the future, senior living organizations will likely advertise benefits of their AI tech, such as monitoring and fall prevention capabilities (like **Inspiren**). While home care organizations are beginning evaluation of AI as part of hybrid care, senior living organizations increasingly see AI use as a differentiator and a way to provide higher quality care.

There will be an AI agent per job category. Attaching an AI agent to specific job categories will become standard, including AI being the initial responder to inquiries for a senior living facility and [first line of interaction as with call centers](#). For example, **Znest.ai** can be used as an initial [onboarding tool for prospective employees](#).

Organizations will utilize AI agents to help with specific tasks. These could include marketing or onboarding new workers, updating documentation, alerting management to changes or contacting families about health changes.

AI will help bridge language barriers. AI translation will be automatically invoked, especially in healthcare settings, where patients may not speak English as their primary language.

Remote monitoring will become standard in senior living and home care. AI-enabled remote monitoring technology will note issues not seen by caregiver or worker – including debriefing across shifts.

Home profiles will be utilized by insurers and care providers. AI cameras can collect visual information about a home and note hazards that can be addressed by workers or families.

The AI-enabled Tech Concierge becomes a reality. Technology has become too useful AND far too complicated. Moving forward, all senior-focused organizations and home care franchises will deploy a tech concierge to answer questions for care recipients, residents, and families.

Organizations that provided insights for report

Margaret Cabell	A Place for Mom
Jane Sarasohn-Kahn	THINK-Health
David Moss	Care Daily
Ginna Baik	AOL/Yahoo
Matt Rosa	Alitahealth.ai
Ken Honeycutt	Samsung Health
Christina Keny	Samsung Partnerships
	Leading Home Care
Stephen Tweed	Home Care CEO Forum
Dor Skuler	Intuition Robotics
Preeti Kaur	Honor/Home Instead
Sonia Chernova	Georgia Tech
Reid Simmons	Carnegie Mellon University
Pam Toto	University of Pittsburgh
Dan Ding	University of Pittsburgh
Michael Philips	AARP
Anu Shukla	Botco.ai
Amy Stapleton	Opus Research
Mark Francis	Electronic Caregiver Group
Peter Abadir	Johns Hopkins University
Lawence Kosick	GetSetUp