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THE AI QUAGMIRE:

Benefits, Risks, and Aspirations Through a Disability Lens

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AFB American Foundation® for the Blind

LANGUAGE NOTE

In this report, we have used both person-first language ("people with disabilities") and identity-first language ("disabled people") when describing disability. This is an intentional choice meant to honor differing preferences within the broader disability community, an approach supported in research literature (e.g., Dunn & Andrews, 2015). In addition, we have used identity-first terms when specifically describing three disabilities: "BLV people" meaning blind and low-vision people; "D/HH people" meaning deaf/Deaf and hard-of-hearing people; and "autistic people." This choice reflects the strong preference for identity-first language voiced by many members of these particular communities.

ACKNOWLEDGMENTS

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SUGGESTED CITATION

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Executive Summary

For many Americans, artificial intelligence (AI) tools have become part of daily life. Like their counterparts without disabilities, Americans with disabilities can benefit from the support of AI tools. AI tools may be especially helpful for converting information from one form to another, such as turning pictures or audio into text or text to speech, promoting access and communication ease for people with disabilities. However, AI is new technology, and its risks related to bias, accessibility barriers, accuracy limitations, and privacy issues have not yet been fully explored.

In this study, researchers from the American Foundation for the Blind (AFB) surveyed 1,070 U.S. AI users with disabilities, along with 665 AI users without disabilities. The survey participants answered questions about how they learned to use AI and the types of AI they use, what they use it for, how helpful or unhelpful AI is in their lives, and what ideas they have to make the AI better. The participants also shared their experiences using autonomous vehicles (AVs) and beliefs about the privacy of AI versus humans in processing sensitive information. Other questions asked about experiences taking automated job screening assessments and encountering healthcare denials, which are increasingly driven by AI.

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KEY FINDINGS

- Almost all participants learned to use AI on their own. Although only 9% of the participants learned through their employer or through an online course, 26% of the participants wished they could learn through their employer, and 37% said they would prefer to learn through an online course. More women than other genders learned AI through a friend or coworker showing them how to use it, whereas more men than other genders learned to use AI through videos.

- Regardless of disability status, gender, age, and race, most participants used voice-activated AI assistants like Siri or Alexa. Two-thirds of working participants used AI in the workplace, and 53% of student participants used AI to support their learning. A larger share of younger participants used AI for notetaking and writing compared to older participants.

- Almost half (44%) of disabled participants used AI for visual descriptions compared to just 26% of nondisabled participants. Men were likelier than other genders to use AI for visual descriptions. Additionally, 43% of disabled participants used AI captions, compared to 39% of nondisabled participants.

- Participants with disabilities, especially blind and low-vision (BLV) participants, tended to use voice-activated AI for a wider range of tasks than participants without disabilities. For example, they used voice-activated AI to play games or music, check the news, and dictate text messages.

- Working participants used AI for writing, notetaking, and research at equal rates across disability status, age, race, and gender. Disabled participants also used AI to make information more accessible, both at work and at school.

- About 8% of participants used AI as a psychotherapy or mental health support. They appreciated the constant availability, anonymity, and perceived safety of AI psychotherapy, but also noted weaknesses such as overly "canned" responses and responses that could harm those with more complex mental health conditions.

- More disabled than nondisabled participants reported accessibility barriers when learning to use AI. The most common barriers were inaccessible videos, material that was difficult to understand, and trainings that required use of a mouse.

- While applying for jobs, 42% of job seekers had to take an automated test or interview. More disabled than nondisabled job seekers reported difficulties taking the automated test or interview, such as having to turn off assistive technology on their computer, needing to process inaccessible information, or being evaluated against neurotypical standards.

- Disabled participants were almost three times as likely as nondisabled participants to report a healthcare denial in the past two years.

- Among participants who rode in autonomous vehicles, only 49% of BLV riders said the ride was fully accessible, compared to 75% of sighted riders.

- AI visual description users with disabilities thought the descriptions were more accurate than users without disabilities did, but AI caption users with disabilities thought AI captions were less accurate than users without disabilities did.

- In a tech support scenario where participants would have to share private information like an account number, 73% of participants preferred a human over a chatbot, regardless of race or disability. In a tech support scenario without sensitive information shared, 60% of White and 52% of non-White participants would rather work with a human.

- Participants tended to believe humans are more private than AI overall, especially White participants. Regardless of race, participants tended to value privacy over the independence and efficiency offered by AI. Specifically, 36% of disabled and 43% of nondisabled participants prioritized privacy protection over the benefits of using AI.

- Participants expressed cautious optimism for AI's potential to improve experiences for pedestrians and public transit users.

SUMMARY OF RECOMMENDATIONS

- Ensure that all platforms that integrate AI are fully accessible to and usable by people with disabilities.
- Improve privacy and data security practices to increase trust in AI products and enable the use of AI with sensitive information.
- Improve the accuracy of AI outputs and provide users with clear expectations about the accuracy of these outputs.
- Ensure that AI used in high-impact areas is adequately trained, validated, and monitored to avoid inappropriate decision-making and outputs affecting people with disabilities and other groups.
- Create more robust opportunities for users to develop skills using and deploying AI and to understand the limitations of AI.
- Maximize AI development to meet the specific access needs of people with disabilities.
- Establish governmental guardrails and policies that promote fairness in high-impact use cases, mandate data privacy and security, and ensure accessibility for people with disabilities.

Disabled participants **were almost three times as likely** as nondisabled participants to report a healthcare denial in the past two years.

Introduction

Artificial intelligence (AI) is becoming ubiquitous in the lives of many tech-savvy people. A December 2025 YouGov survey showed that 70% of U.S. adults had used generative AI at least once in the past year, with half of those adults using it at least weekly. Despite this widespread use, however, most Americans in this YouGov survey expressed low trust in AI; 41% stated they did not trust AI much or at all to provide information or make recommendations, and 53% did not trust AI much or at all to take actions or make decisions (YouGov, 2025).

Like their nondisabled counterparts, some people with disabilities are using AI to make daily tasks easier. New AI applications may also help people with disabilities access information; for example, AI-powered visual descriptions and captions can convert information from inaccessible to accessible modalities, helping overcome information access barriers. At the same time, though, Americans with disabilities likely share many of the reservations that nondisabled Americans feel about AI's trustworthiness and safety.

In 2025, the American Foundation for the Blind (AFB) published a white paper detailing the consensus predictions of 32 experts on AI and disability. While the expert panel generally believed AI offers benefits for disabled people, they also expressed a variety of concerns. For example, the panel strongly agreed that automated job applicant screening and hiring systems could unwittingly screen out applicants with disabilities and that AI-driven health insurance decisions could disproportionately harm disabled people whose healthcare needs are not typical. The experts predicted that AI which describes pictures, in particular, could make mistakes that are not obvious to its users. There were also notable points of disagreement amongst the experts; for example, there was deep disagreement regarding the benefits and costs of autonomous vehicle (AV) development for people with disabilities, as well as AI's potential to boost the productivity and integration of disabled workers (Silverman et al., 2025).

In the present investigation, AFB researchers surveyed a nationwide U.S. sample of adults with various disabilities who used AI at least occasionally, along with a comparison sample of American adults without disabilities. The survey was developed in collaboration with more than 15 disability advocacy organizations, and it was offered in plain language. Participants could choose to take the survey online, via phone, or via American Sign Language. The following research questions guided this study:

1. How do people with and without disabilities differ in their use of mainstream AI tools, including use cases, frequency of use, and perceived helpfulness of the tools?

2. Do disabled people experience access barriers when learning to use AI?

3. How are job seekers with disabilities impacted by automated job screening assessments?

4. How do disabled and nondisabled people feel about the privacy impacts of using AI?

5. What suggestions do disabled and nondisabled AI users have for AI developers to improve AI systems?

In addition to these central research questions, the survey also examined experiences of those who had used AVs, those who used AI for psychotherapy or mental health support, and those who had experienced a healthcare denial. These questions were designed to address the fact that AI is playing a growing role in making healthcare decisions, including those surrounding treatment selection and insurance coverage (Hurley et al., 2024; Mello & Rose, 2024; Silverman et al., 2025).

In the survey, the term “AI” was defined broadly as “technology that can think, learn, and make decisions on its own.” This definition covered older automated systems for voice command recognition and word prediction, called “voice-activated AI” in the survey (e.g., Siri, Alexa) and automated captioning, as well as generative AI tools, automated tools that can read text or describe pictures (“visual description” tools), AVs, and automated job screening tools.

Description of Participants

A total of 1,735 adults in the U.S. completed the survey between July 1 and October 15, 2025. This sample included 1,070 participants who self-reported having a disability or health condition, and 665 who self-reported having no disabilities or health conditions. The most frequently represented disability types included chronic health conditions (30.2%), mental health conditions (26.5%), blindness/low vision (21.2%), ADHD (13.1%), and physical disabilities (9.2%), and smaller participant numbers identifying as autistic, D/HH, and as having learning and speech disabilities. Many participants selected more than one disability type. Individuals from all 50 U.S. states, the District of Columbia, and Puerto Rico participated.

Table 1 shows a full demographic breakdown of the sample. For selected comparisons between race groups, race was collapsed into two categories: White participants (those indicating they were only White non-Hispanic) and non-White participants (those indicating any other race). For selected comparisons between age groups, age was collapsed into four categories approximating well-known generational cohorts: ages 18-25 (“Gen Z”), ages 26-45 (“Millennials”), ages 46-65 (“Gen X”), and ages 66 and older (“older adults”, combining members of the Baby Boomer, Silent, and Greatest generations).

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PARTICIPANTS DEMOGRAPHICS

Demographic	Count	Percent
Disabled	1070	61.7
Nondisabled	665	38.3

Disability Type	Count	Percent
Chronic Health Condition	524	30.2
Mental Health	460	26.5
Blind	368	21.2
ADHD	228	13.1
Physical Disability	159	9.2
Autistic	128	7.4
Deaf	88	5.1
Neurological Disorder	82	4.7
Learning Disability	58	3.3
Speech Disability	31	1.8
Intellectual Disability	9	0.5

Age Range	Count	Percent
18–25 years	126	7.3
26–35 years	440	25.4
36–45 years	431	24.8
46–55 years	338	19.5
56–65 Years	213	12.3
66–75 years	150	8.6
76–85 years	27	1.6
Over 85 years	3	0.2
I would rather not share this information.	7	0.4

PARTICIPANTS DEMOGRAPHICS

Gender	Count	Percent
Woman	1096	63.2
Man	554	31.9
Undisclosed	49	2.8
Nonbinary/Other	36	2.1

Race	Count	Percent
White non-Hispanic	1378	79.4
Asian/Asian American	122	7.0
Hispanic/Latino/a	108	6.2
Black/African American	106	6.1
Multiracial	37	2.1
Native American/Pacific Islander	32	1.8
I would rather not share this information.	30	1.7
Middle Eastern/North African (ME/NA)	23	1.3
Other	15	0.9
Afro-Latino(a)	1	0.1

PARTICIPANTS DEMOGRAPHICS

Educational Attainment	Count	Percent
Some high school	18	1.0
High school graduate	243	14.0
Technical training after high school (for example, trade school)	40	2.3
Associate's degree	123	7.1
Bachelor's degree	560	32.3
Master's degree	538	31.0
Doctoral degree	156	9.0
Other, please describe:	47	2.7
I would rather not share this information	10	0.6

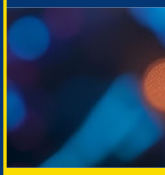
Employment Status	Count	Percent
Employed	1462	84.2
Not Employed	273	15.7

Driver Status	Count	Percent
Driver	1441	83.1
Nondriver	269	15.4

AI Learning Methods

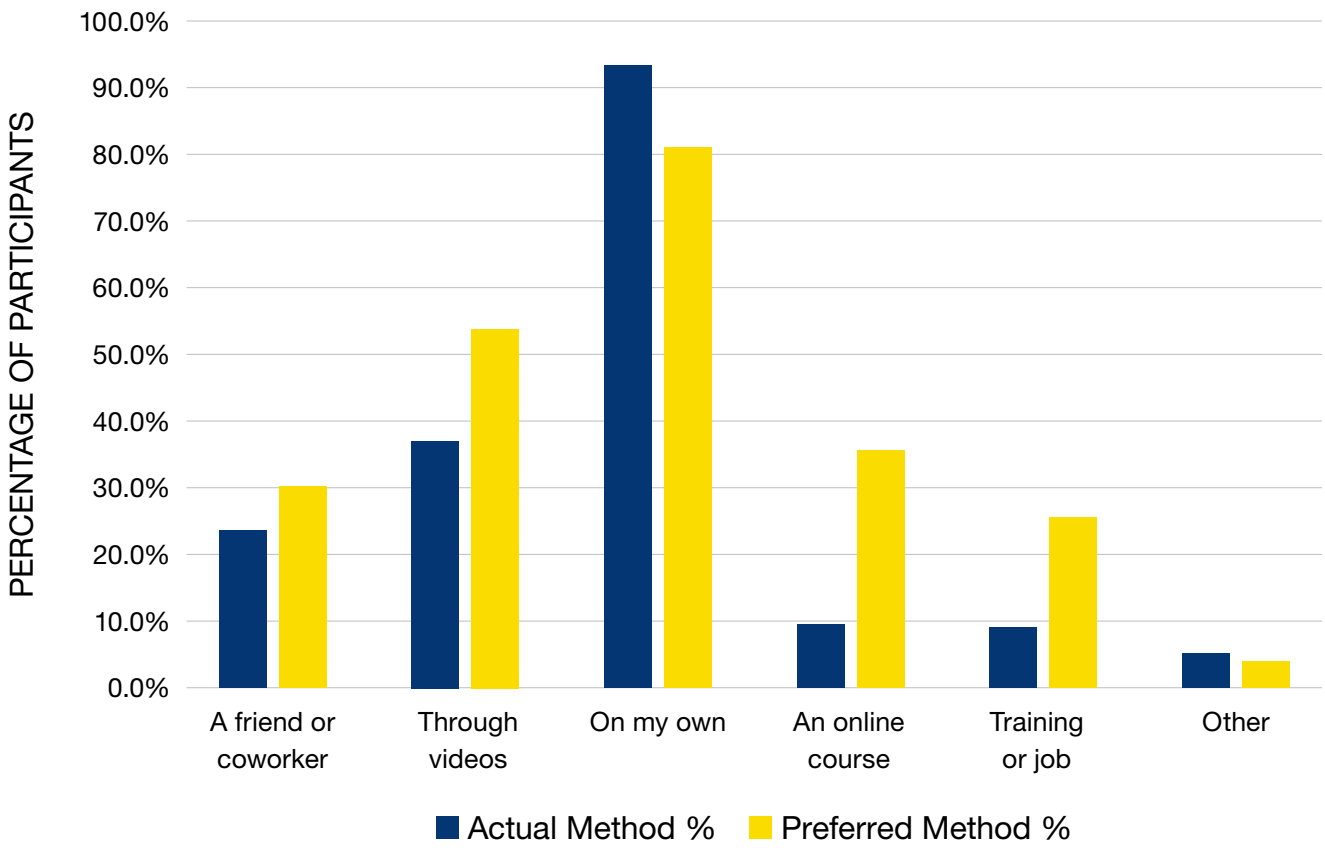
Participants were asked which methods they used to learn about AI tools and could select more than one option. Regardless of disability status, most participants (92%) said they learned to use AI by playing with it on their own. While 36% learned through videos and 24% learned by having a friend or coworker show them, only 9% learned on the job or by taking an online course. Women were more likely to learn AI through a friend or coworker (27%) than men (17.5%) or other genders (14%). Conversely, men were more likely to learn AI by watching videos (47%) compared to women (30%) and other genders (36%).

Regardless of disability status, **most participants (92%) said they learned** to use AI by playing with it on their own.



The participants also indicated which learning methods they would ideally prefer to use when learning new AI tools. The chart compares the percentages of participants who used versus wanted to use each learning method. While only 9% of the participants learned AI on the job, 26% would like to receive AI training from their employer. Similarly, only 9% of the participants took online courses to learn AI, but 37% said they would prefer to do so. Again, more women wanted to learn through friends or coworkers showing them (34%) compared to men (26%) and other genders (21%). Disability status was unrelated to preferred AI learning method.

Actual vs. Preferred Method to Learn AI



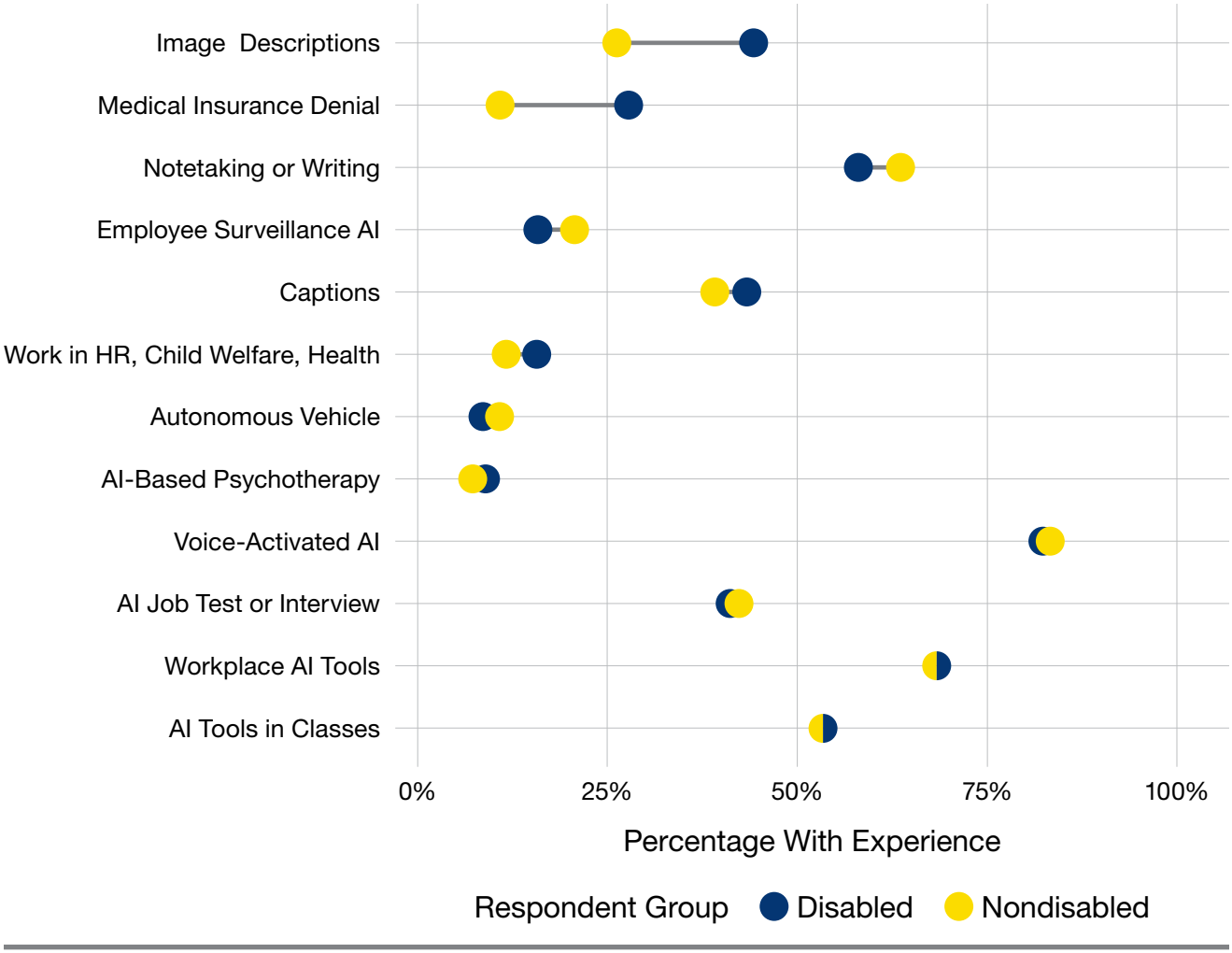
Select Uses and Benefits of AI

AI USAGE PATTERNS

At the beginning of the survey, participants were shown a series of yes/no questions about whether they had used AI for various purposes. The following graph illustrates similarities and differences in usage patterns between participants with and without disabilities. As expected, greater percentages of disabled than nondisabled participants reported using AI for visual

AI Experience: Users by Disability Status

Sorted by largest percentage-point difference in usage



descriptions and captions. High percentages of both participant groups used voice-activated AI, AI for notetaking and writing, and AI in the workplace. Finally, although this is not a direct indicator of AI usage, far more disabled than nondisabled participants reported a recent healthcare denial, which will be discussed later.

Some age and gender differences in AI usage frequency also emerged. Gen Z participants and Millennials were more likely to use AI for notetaking and writing (71% of Gen Z and 65% of Millennials) compared to older cohorts (61% of Gen X and 43% of older adults). More men used AI for visual descriptions (44%) compared to 36% of women and 24% of other genders. No other gender or age differences were observed.

VOICE-ACTIVATED AI

Eighty-eight percent of participants reported using voice-activated AI (VAI), making it the most frequently used form of AI in our findings. The most commonly used voice-activated systems included Siri, Alexa, and Google Assistant. Participants who reported using VAI were asked follow-up questions regarding frequency of use and the specific tasks for which they used these systems.

Overall, disabled and nondisabled participants reported using VAI at similar rates. However, disabled participants tended to use VAI for a wider range of tasks. For example, disabled participants were more likely than nondisabled participants to use VAI to access news or weather reports, play games, and start or stop routines. However, disabled participants were no more likely than nondisabled participants to use VAI for controlling appliances.

When examining disability types, significant differences were observed between BLV and sighted VAI users. BLV participants were substantially more likely than sighted participants to use VAI for playing audiobooks or music (74% vs. 44%), playing games (25% vs. 8%), quickly searching the web (87% vs. 74%), accessing news or weather reports (69% vs. 43%), sending messages via dictation (82% vs. 54%), and starting or stopping routines (81% vs. 59%).

AI FOR NOTETAKING AND WRITING

AI was commonly used to help with notetaking and writing; specifically, 58% of disabled and 64% of nondisabled participants endorsed these uses. Participants who reported using AI for notetaking and writing were asked follow-up questions regarding the tools they use, frequency of use, perceived time-saving benefits, and perceived helpfulness of AI.

ChatGPT, Gemini, and Grammarly were the most commonly used tools for notetaking and writing. Generally, disability was not associated with task patterns or overall frequency of use. Regarding frequency, most participants did not use AI daily, instead reporting weekly or monthly use. Regardless of disability status, non-native English speakers were more likely than native English speakers to use AI for notetaking and writing at least once per week (48% vs. 29% respectively).

Time saving and perceived helpfulness emerged as key benefits of AI for notetaking and writing. Regardless of disability status, most participants believed that AI saves them time: 45% reported AI saving them “a lot of time” and 41% reported AI saving them “a little time.”. BLV users were somewhat more likely than sighted users to report that AI was extremely helpful for notetaking and writing (55% vs. 47%), and only 10% of BLV users rated this AI as “a little helpful” compared to 20% of sighted users.

AI IN THE WORKPLACE

Our findings indicate that AI can have several benefits in the workplace. A total of 1,462 survey participants indicated that they were employed. Of these, 68% reported using AI at work, with no major differences based on disability status, age, or gender. All employed individuals who used AI at work were asked follow-up questions regarding which functions they used AI for and whether AI made their work easier or harder.

Overall, working people with and without disabilities, and working people across age and gender groups, used AI for many of the same things. The top three uses of AI at work for all participants, regardless of disability status, were writing (71%), research (63%), and note-taking (44%). 27% of participants reported using AI tools that were specific to their type of job. Participants were

also provided space to elaborate on other ways they used AI at work that were not included in the response options. A number of participants reported using AI for translating between languages or for writing computer code, and a small number reported using plagiarism detection tools.

People with disabilities also reported using AI as assistive technology in the workplace. Specifically, 32% of disabled participants reported using visual description AI at work, and 25% reported using captions at work, compared to 13% and 14% of nondisabled participants, respectively. A small number of participants with disabilities elaborated on additional accessibility-related uses of AI, such as creating accessible materials.

Regarding whether AI made work easier or harder, 56% of participants reported that AI made their job easier, while 44% reported that it made their job harder. There were no major differences based on disability status.

AI USED IN EDUCATION

The sample included 279 participants who had taken a course (either formal or informal) in the two years before taking the survey. Of these students, just over half (53%) reported using AI to assist with learning. Most of these students (77%) were taking college or university courses, while 55% were taking online courses, and 28% were using learning apps, like Coursera (students often chose multiple responses). When asked whether or not AI made their learning easier, 61% said yes, 27% were unsure, and 12% said no.

Participants who said that AI made learning easier were invited to elaborate on how AI helped them learn. Overall, participants with and without disabilities described using AI to summarize text and to better understand academic material; however, this use was more frequently reported by disabled participants. This was sometimes paired with the benefit of AI's consistent availability, allowing participants to ask questions when professors or other humans were unavailable. For some participants, using AI in this way reduced the social cost of learning, as AI was described as a nonjudgmental and patient medium that did not become frustrated. One disabled participant elaborated on this usage:

"Mostly AI has helped me when I'm having trouble focusing and breaking the steps of an assignment into small manageable bits of work. It helps to have a partner/tutor who doesn't get impatient with me, who never tires of helping explain something to me, or never thinks I'm stupid when I need its help breaking something down into baby steps, for lack of better words. Humans all too often get frustrated with me, or seem to think I shouldn't have the focus problems that I do, and it's beyond helpful that AI doesn't do that."

For participants with disabilities, accessibility was a key benefit of AI in learning contexts. Participants described using AI to make learning materials accessible, including making visual information accessible for BLV users, using closed captioning, and supporting focus or organization for neurodivergent users, sometimes described as an "executive functioning" or focus aid. As another disabled participant explained: "The most important use of AI in education for me is using it to make materials more accessible, especially in regards to screen reader compatibility and image descriptions. I also use a screen reader all the time, and misspell a lot, so having it to fix formatting and spelling/ grammar is important."

AI USED AS PSYCHOTHERAPY

Based on the development of chatbots for mental health therapy, our study also explored how people are using AI in this domain. All survey participants were asked whether they had used AI for therapy purposes within the past two years. Millennials were most likely to use AI for therapy, while older adults were least likely to do so. Though some participants reported using specialized services, our findings also reflect users who have incorporated general-purpose chatbots into their mental-health-related practices. Participants who used

chatbots as therapists were asked how they learned about AI therapy, what led them to use AI in this way, and whether they had previously worked with a human therapist. Participants were also given space to describe their experiences, from which several perceived benefits emerged.

Use of AI psychotherapy was relatively uncommon; 8.8% of disabled participants and 7.2% of nondisabled participants reported having tried AI psychotherapy. The most common way participants learned about AI therapy was through advertisements. After becoming aware of these tools, the most frequently cited reasons for using them were constant availability (32%), anonymity (21%), and lower cost (17%). While most participants who used AI psychotherapy had prior experience with human therapy, 27% reported that they had never previously seen a human therapist.

Reported benefits of AI therapy included help organizing thoughts and feelings, practicing CBT-based skills through interactive exercises, availability for venting, gaining alternative perspectives on emotional situations, and use as a supplement rather than a replacement for human therapy. Five participants also cited perceived safety-related benefits, including a lack of prejudice, anonymity, and neutrality. One participant, who has physical and mental health disabilities, wrote: “I felt less judged by a bot. Less biases, fewer prejudices, more intelligence; it was liberating.”

“The most important use of AI in education for me is using it to make materials more accessible, especially in regards to screen reader compatibility and image descriptions. I also use a screen reader all the time, and misspell a lot, so having it to fix formatting and spelling/grammar is important.”

Harms of AI in Various Contexts

AI LEARNING BARRIERS

Although most of the participants reported that the process of learning to use AI was fully accessible, 10% of the disabled participants said they encountered an accessibility barrier while learning to use AI, compared to just 4% of the nondisabled participants. Another 10.5% of the disabled participants were unsure if they had had an accessibility barrier compared to 6.2% of the nondisabled participants. When asked to indicate the types of accessibility barriers encountered, the most common types included inaccessible videos, training being too difficult to understand, and training that required use of a mouse instead of a keyboard. One BLV participant wrote: "my school held a professional development, and everything was done on a screen at the front of the room, and the training was confusing since I was unable to view the screen." Another participant, who is autistic and has ADHD, added: "often, learning [AI] takes the form of just reading technical documentation, which is a wall of text, with not very user friendly grammar, basically not good for autistics, people with ADHD, or otherwise have low executive function." Finally, some participants from both the disabled and the nondisabled groups cited the high price of AI courses as a barrier to learning.

AUTOMATED JOB-SEEKING BARRIERS

Automated job interviews and tests administered by computers or AI, without a human present, introduced significant accessibility barriers for disabled job seekers in our sample. All participants were asked whether they had applied for jobs in the past two years, and those who had were asked whether they had completed any automated interview or assessment, including both AI-based and non-AI-based tests. Participants who reported completing such automated steps on their applications were asked follow-up questions about the type of task required, whether they had sufficient time to complete it, whether they had to change how they used their devices, and whether any accessibility barriers arose during the process.

Among job-seeking participants, 42% reported completing an automated test or interview, with no differences by disability status, representing 197 individuals in total. Computer-based multiple-choice assessments were the most common format, followed by video interviews in which a computer asked questions aloud. Although most participants reported having sufficient time to complete these tasks, 10.4% of disabled participants (n=14) and 4.9% of nondisabled participants (n=3) reported not having enough time to complete the automated test. Furthermore, 7.4% of disabled participants (n=10) had to make a change to their computer in order to take the test or interview, compared to just 1.7% of the nondisabled participants (n=1). While some required changes were minor and expected, such as turning on a camera or microphone, others substantially disrupted workflows, particularly for disabled users. These included requiring BLV participants to turn off screen readers and instead obtain sighted assistance, turn off other accessibility plug-ins, or make visual adjustments that rendered the screen unusable. In one notable quote, one BLV participant explained: "One of the companies I work with had an English speaking test. The computer had stern warnings about having any other applications open on the screen. Therefore, I opted to close my screen reader, and hired a friend to click the necessary buttons with the mouse, so that I could proceed to the next stage of getting a contract."

Beyond device changes, when asked if they had "any other trouble" completing the job test or interview, 15.4% of the disabled participants (n=21) said yes, compared to just 4.9% of the nondisabled participants (n=3). Across multiple types of disabilities, participants reported significant and diverse accessibility barriers to interviews and tests. Some BLV participants found tasks to be inaccessible, resulting in mistakes during interviews or requiring attempts to access information through alternative means. One physically disabled participant explained: "Before I even got to the interview, I had to submit a video showing a 270° view of my face. Because I cannot hold my cell phone, nor turn my head to the right, I had to get help from a caregiver to complete that step of the application." An Autistic participant expressed concern that the questions appeared "designed to weed out anyone who isn't neurotypical." Finally, a BLV participant shared: "The first time I took the test, it asked me to reason and make decisions based off of images it provided. I had to use ChatGPT via Siri to learn what the images on the screen were, but for some reason that kept changing. This could have contributed to my inability to get

the job I was using that test to apply for." Collectively, these findings demonstrate that automated interviews and tests can function as significant barriers to employment for people with disabilities. Without human support, disabled participants may be unable to complete automated job screenings effectively, or at all, resulting in fewer and lost job opportunities.

HEALTHCARE BARRIERS

Because AI is increasingly being used to help make healthcare treatment and coverage decisions, this survey examined the nature of recent healthcare denials encountered by participants. Survey participants with disabilities were almost three times as likely to report a healthcare denial within the past two years as participants without disabilities (27.7% vs. 10.8%).

The most commonly reported type of healthcare denial was insurance refusing to pay for a medication or medical procedure at all (55.5%). Others reported that their doctor would not approve the procedure or prescribe the medication they needed (22.7%), or that their health insurance would only pay for part of the medication or procedure (19.7%). When asked whether or not they suspected that AI was involved in the healthcare denial, 47% of disabled and 35% of nondisabled participants stated either that "I think they might have used AI" or "I am very sure they used AI." Although it is impossible to determine which of these denial cases were prompted by AI, these data suggest that a substantial portion of patients receiving healthcare denials, especially those with disabilities, perceive that AI contributes to their unwanted healthcare outcomes.

AUTONOMOUS VEHICLE BARRIERS

Many disabled participants, especially BLV participants, value AV development, but those who have actually ridden in AVs mentioned some important concerns. In the full sample, 50% of disabled and 42% of nondisabled participants stated that AV development was somewhat or extremely important, and this number rose dramatically to 74% for BLV participants. There were 165 participants who had ridden in an AV (94 disabled), most of whom reported riding in a Waymo (56%) or a self-driving Tesla (41%). Of these, 114 people said the experience was fully accessible, 38 said it was not, and 13 were unsure.

While the difference between disabled and non-disabled riders' accessibility experience was not statistically significant (65% of disabled riders and 75% of nondisabled riders said the experience was fully accessible), there was a statistically significant effect for BLV AV riders. Of the 35 BLV participants who had ridden in an AV, only 49% said the experience was fully accessible, compared with 75% of the sighted riders. Specifically, BLV participants described accessibility as both (a) a reason AVs could be transformative and (b) a reason AVs can fail in practice. The most recurring accessibility challenges included difficulty finding the vehicle, lack of auditory cues, and the need for safe pick-up/drop-off, including safe places to exit. One BLV participant explained: "It used a map pin feature in the app to locate my destination. If I couldn't use the pin, the car would drop me somewhere that may or may not be near my actual destination. It also had a few hardware onboard screens that I couldn't access. The turn by turn directions worked sometimes and sometimes not." Another participant, who uses a power wheelchair, explained that "The big part for me is being able to get my wheelchair on and off in and out of the vehicle and if I have to be able to do that on my own, most [autonomous] cars are not designed for that."

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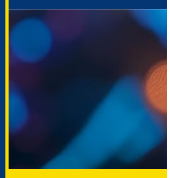

Other concerns, raised by both disabled and nondisabled participants, included availability, cost, and safety. Several participants said they tried an AV while traveling, but that AVs are not available where they live. Regardless of disability status, only 36.2% of AV riders said they could afford to pay for an AV whenever they wanted or needed one. Another 45.4% of riders said they could afford an AV "every so often." The remaining 18.4% of riders said they could not afford to pay for an AV again.

Finally, in their open-ended comments, 9 of the AV riders (7 disabled) raised safety concerns. They perceived the vehicles as less safe than those driven by humans, especially on roads populated by human drivers. One participant explained: "Pretty cool technology. It just seems a bit dangerous unless it is in a thoroughly mapped area."

INACCURACIES AND HALLUCINATIONS

Participants were asked whether or not voice-activated AI (VAI), visual description AI, and AI captions had ever made a mistake that hurt them or made their life harder. Among VAI users, 121 disabled and 76 nondisabled users described harms from mistakes. General frustration due to the AI misunderstanding voice inputs, not completing tasks correctly or at all, not hearing prompts, or providing inaccurate information was common. This frustration was often linked to the need to repeat or rephrase prompts in order for the voice-activated AI to understand them. Although both disabled and nondisabled participants had this issue, it was especially acute for some disabled participants, particularly D/HH participants and those with speech disabilities, and for participants with accents. Participants described being repeatedly misunderstood, needing to change how they spoke, faking an accent, or repeating themselves continuously.

In addition to frustrations and time burdens, some VAI mistakes were more harmful. VAI was frequently used for texting and making phone calls. Regarding texting, one user explained: "[The VAI] misunderstood my text and sent profanity to a professional colleague." Others reported that VAI placed calls to ex-partners or other unintended contacts, including emergency services. Finally, for BLV users, some VAI did not speak aloud the result of a voice command or had accessibility issues during updates. One participant stated, "[Screen reader and VAI] once changed how it worked during an

update," which was described as "extremely stressful and involved an emergency." For many users, particularly disabled users, features such as voice dictation for text messaging are essential accessibility supports. Failures or changes in these systems can result in concrete, disruptive, and sometimes harmful consequences.

Furthermore, 72 disabled and 15 nondisabled AI caption users described mistakes that harmed them, while 91 disabled and 15 nondisabled AI visual description users reported harms from mistakes. One caption user noted that AI captions showed them the wrong date for their citizenship naturalization ceremony. Another participant wrote about a socially harmful mistake, "AI captions misunderstood [a] coworker and incorrectly showed her as saying the N word when she was definitely not saying it, which was distressing to me." The harms caused by AI visual image description tools ranged from legally harmful to medically dangerous. One participant used an AI tool to assist with reading and completing tax forms which were not screen reader accessible. They wrote that the AI "provided some very incorrect information that would have caused serious tax filing mistakes if I had not checked the information with a human." Another participant recounted their experience using visual image description to read their medication label:

"Using AI to read package instructions on a tube of topical medication and when I asked what the directions for use were specifically, AI told me to 'chew 4 tablets 2 times per day.' Luckily this was an obvious error, but for now I will NOT be using AI for these tasks [and] will always confirm with a human."

In addition to describing specific AI mistakes, participants shared their perceptions of AI's accuracy when describing images or captioning audio. Overall, 7.5% of visual description AI users thought the descriptions were extremely accurate, 53.5% thought they were mostly accurate, and 27.6% thought they were somewhat accurate. Regarding captions, 4% of AI caption users rated them as extremely accurate, 53.4% rated them as mostly accurate, and 41.8% rated them as somewhat accurate.

Interesting patterns emerged between disability status and the perceived accuracy of AI-based visual descriptions and captions. Specifically, visual description users with disabilities (including BLV users) were likelier than

their nondisabled counterparts to rate the descriptions as "mostly accurate" (56.3% vs. 46.4%), while nondisabled visual description users expressed more hesitancy, rating the AI-generated descriptions as "somewhat accurate" more often (32%) than disabled users (25.9%). However, the opposite pattern emerged with regard to AI captions. Disabled caption users (including D/HH users) were more likely than their nondisabled counterparts to rate the captions as being somewhat accurate (44.5% vs. 37%), while the nondisabled caption users rated the captions as mostly accurate more often (58.5%) than disabled users (50.5%). This pattern suggests that disabled people are better able to detect captioning errors than visual description errors.

AI PSYCHOTHERAPY HARMS

As discussed earlier, AI has demonstrated benefits in some mental health or psychotherapy-adjacent contexts (see Benefits section). However, our findings also indicate that AI can cause harm in this area, some of which are serious. The least severe harms reported involved responses that participants perceived as overly "canned" or mismatched to their needs, such as offering solutions when empathy was desired, or providing empathic responses when practical guidance was sought. More concerning, four participants reported safety-related harms. These included inappropriate advice (e.g., suggesting dieting to an individual with an eating disorder), support or validation of psychotic delusions or suicidal thinking, and concerns that AI-based therapy could exacerbate higher-acuity or crisis situations.

One participant with multiple disabilities described the following experience: "[The bot] asked me if I had heard of the death positivity movement after I vented about my chronic health problems and disabilities. That was shocking, actually. We need real human connection through therapy that we can't afford. This was [an] insult to injury." This example reflects a lack of disability-aware contextual understanding. A number of participants expressed general concern that AI-based therapy could be dangerous if not used appropriately, or cautioned against its use altogether, indicating a perception of potential harm. Reflecting this concern, among participants who had experience with both human and AI-based therapy, 29% reported AI therapy to be more helpful, 14% found the two approaches equally helpful, and 43% reported AI therapy to be less helpful than human therapy.

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Privacy Concerns

QUANTITATIVE FINDINGS

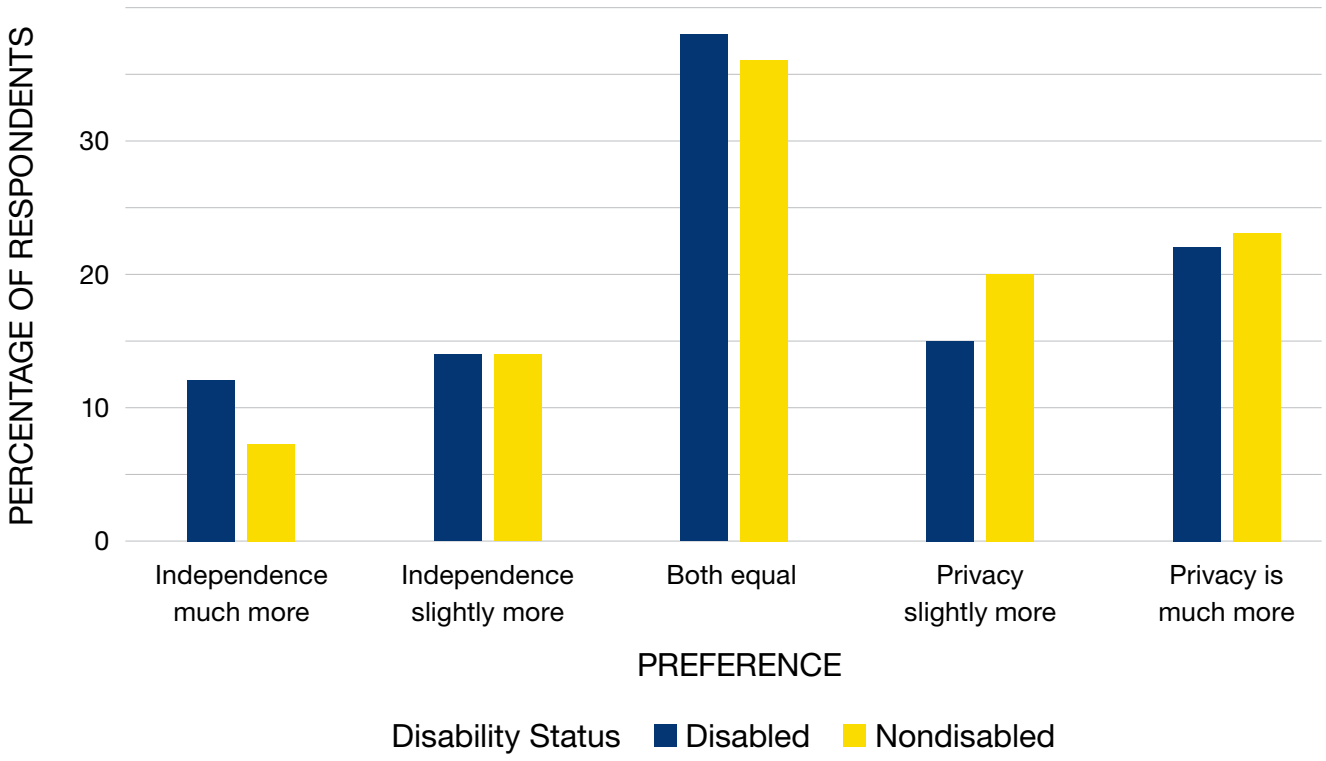
In the privacy section of the survey, participants answered questions about their willingness to use AI with or without sensitive information. For general tech support without sensitive information shared, 55% of the participants would prefer to work with a human, 38% would prefer a chatbot, and the remaining 7% wrote in other responses. However, if the tech support involved sensitive information like an account number, 75% of disabled and 69% of nondisabled participants would prefer human support.

A similar pattern emerged when visual description AI users were asked about using AI to read sensitive information. First, these participants indicated their willingness to read sensitive information with an AI tool that did not save or share the images. In this scenario, 55% of sighted and 60% of BLV users stated they would prefer to use AI over a human reader. However, when the AI tool would share images with a tech company, only 21% of sighted and 16% of BLV users said they would prefer the AI, with the rest preferring a human reader. Thus, participants would consider using AI for private information if the AI kept the information "on device" or deleted it immediately. Participants were concerned about the privacy of sensitive information, and many reported reluctance to use AI tools for reading or processing this information if the tool were likely to share their information with others.

All participants were asked whether they believed using AI was more or less private than working with humans. Overall, regardless of disability status, the participants thought AI was slightly less private than working with humans: 18% stated that AI is much less private than humans, and 37% stated that AI is slightly less private than humans. Another 29% stated that AI and humans are equally private. Only 16% stated that AI is somewhat or much more private than humans.

Then, all participants indicated how they prioritized trade-offs between the benefits of AI (efficiency and independence) and the cost of less privacy. As the below graph shows, many participants were more concerned about privacy costs than about AI benefits, but this pattern was slightly weaker for the disabled participants.

Importance of Independence and Efficiency vs. Privacy



Two associations were found between participants' race and their feelings about using AI versus using humans for assistance. First, when asked what tool they would prefer to use for general tech support without any sensitive information involved, 60% of White participants, but only 52% of non-White participants, preferred to work with a human. If sensitive information would be shared during the tech support chat, though, White and non-White participants preferred humans at equal rates. Secondly, when asked whether AI was more or less private than humans, 56% of White participants felt that AI was somewhat or much less private than humans, but only 49% of non-White participants did. This suggests that non-White Americans may be slightly more trusting of AI (or less trusting of humans) than White Americans, but this finding is preliminary, and more study is needed to identify the specific racial groups and cultural expectations that might drive this effect.

QUALITATIVE FINDINGS

Several general themes emerged in response to an open-ended question about participants' feelings toward AI and privacy. Broadly, participants discussed concerns related to privacy and data practices, AI benefits balanced against privacy concerns, and perceptions of AI surveillance. Most participants who expressed concerns within this theme were disabled; however, a substantial number of nondisabled participants also raised similar issues. AI's handling of personal information was the most frequently discussed aspect of privacy. Participants described concerns about what information was collected (e.g., identity, location, financial, or health information), as well as how that information was used and where it ultimately went.

Participants also raised concerns or questions about how AI companies were using their information, including uncertainty about whether data was being shared with third-party or "unknown" entities. Several participants wondered where their information was going and whether it was being used for purposes such as profiling or targeted advertising. Participants additionally raised concerns about how large language models were trained on their data, including questions about how their personal information is used in model training. For instance, participants expressed a concern that their data was being used without their knowledge or consent. One participant explained, "I think there are tiers to sharing information. For sensitive information, more needs to be done to [assure] users their data is safe. For day to day tasks, I believe that big companies are already collecting this information in other ways(...)I am not convinced that most tasks are giving information to AI companies that we are not already sharing."

Another prominent area of concern related to data leaking or breaches. Participants expressed concrete fears regarding hacking, breaches, and data leaks, often paired with the sentiment that once personal information is released, there is no way to reverse it. As one participant explained, "Although it appears more safeguards are being put into place, hacking information is a major concern with AI." Finally, some participants expressed general privacy concerns without elaborating in sufficient detail to support a more specific theme, or their concerns did not clearly fit into one of the above categories.

Aspirations for Future AI

SUGGESTED IMPROVEMENTS TO VAI

Across responses, frustration regarding the shortfalls of voice-activated AI tools appeared frequently and often was combined with specific hopes about how to improve voice-activated assistants. For instance, about 45.5% of all participants voiced at least one explicit aspiration for how these tools should improve. That aspirational tone was especially common among BLV participants at 56.9% compared with 35.4% among sighted participants.

The most consistent aspiration was for more natural, competent communication (28.5% of all responses). Participants described wanting assistants to wait, listen, and respond in a way that fits typical human speech rather than forcing rigid command phrasing. One participant captured that conversational boundary goal clearly: “More options in defining a wake word. Better intuition in knowing when we humans have completed a question or request.” Alongside that, fixing speech recognition problems was a particular priority. One participant framed the ideal simply as improved listening behavior: “[h]elp it learn to distinguish similar-sounding words and help it learn to listen to the entire message before trying to respond.” Nondisabled participants also leaned into accent-related hopes, and one participant wrote, “Accent training for [AI]. Maybe I’m misheard because of my thick accent because I’m from around Pittsburgh.”

A second theme was reliability and personal control. About 11.4% of all responses called for reliability improvements. These hopes tended to focus on assistants behaving predictably, honoring user intent, and giving the user control over when and how the assistant responds. A participant put the personalization goal in concrete terms: “Is there a way to ensure that it only responds to my voice? […] I would like it to respond only to my voice.” Another participant emphasized that trust depends on clear repair and feedback when things fail, such as after the assistant mishears a command or executes the wrong command: “AI needs to give feedback when I want to for an action that did not work.” Accessibility-specific hopes were less frequent but still present, appearing in 2.4% of responses. One participant with a speech disability stated, “Voice activated systems should allow people with speech impairments like my stutter to take more time to speak if necessary. I get stuck on certain sounds, and I find if I pause too long, the system thinks I’m done and doesn’t correctly execute the command I want.”

Finally, a smaller but meaningful slice of participants imagined improvements through better fit with real-world situations and routines (5.7% of responses). These hopes were often about assistants anticipating needs and performing well outside ideal environments. A participant described an "assistant that understands context" as the end goal: "I imagine a future where AI is aware of my personal circumstances […and] requests and anticipates the natural next steps of my requests." Others emphasized performance in noisy settings and broader voice inclusivity, including one participant with physical and neurological disabilities who wrote, "Better background-noise cancellation when driving. Better recognition of women's speech." Vocabulary and cultural fluency also appeared as a quality-of-life aspiration, with one nondisabled participant noting, "[t]he AI should have a better vocabulary that includes modern slang words."

AI'S FUTURE IN TRANSPORTATION

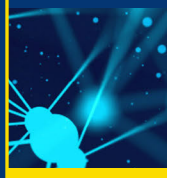
Regarding AI's future in transportation, responses discussed broader hopes about AI in relation to transportation access for individuals and communities alike, safety through the removal of human error, and a possible rise in efficiency that could come from the objective perspective of an AI decision-maker. Integration of AI into transportation sectors and technology, such as through AI traffic analysis along public transportation routes or adding AI accessibility features in all manner of transportation vehicles, was a strong trend amongst all participants. Many responses focused on AI as a way to make transportation more reachable and usable, especially through affordability, availability, and reduced friction (n=211; Disabled 52.1%; BLV 6%). Discussions centered around the opportunities for better routing, better service matching, and easier trip planning, with specific examples discussed by participants that integrate ease and access.

Disabled participants and a vast majority of BLV participants more often framed AI in the context of improving basic mobility through wayfinding, independence, and safer navigation, rather than as a novelty. Disabled participants emphasized AI's potential to expand access by making navigation more usable and environments more interpretable through better AI descriptions of surroundings and better navigational directions. For example, one nondisabled participant suggested: "[...]future AI may help vision impaired citizens by providing them with audio messages at crosswalks."

Many disabled participants also framed AI in transportation as promoting independence. Responses indicated a hope that AI could reduce reliance on others, enable spontaneous movement, and expand participation in social activities and appointments. As one BLV participant notes, "... all of these advances could mean much greater independence in traveling, which is very exciting." Lastly, disabled participants shared hopes for AI to improve accessibility in transportation. They indicated that AI powered technologies, especially AVs, could reduce existing barriers like minimizing ride denials for guide dog users. They felt that AI could expand transportation availability if cost and accessibility are addressed.

However, participants across all demographics expressed concerns with the unknowns that AI presents, especially in an industry as important to daily life as transportation. Hopeful sentiment that discussed the desire for autonomy through AI-enabled transportation was often paralleled with the fear that human instinct and decision making could not be eliminated entirely, especially when it came to actual driving. Similar to other sectors of AI discussed, participants expressed a desire for guardrails and safety nets to be put in place. As one participant put it:

"I feel that as AI becomes more conversational and incorporates more aspects of a user's situation, navigation-based cognitive load will decrease and more barriers to access can be circumvented. AI vehicles could offer safer experiences, both to those using them and to other drivers on the road, because they don't suffer from the same perceptual biases that human drivers do. On the other hand, AI is new and there is no crucible like the real world. I'm not confident that we understand all the pitfalls of deeply incorporating AI into existing transit systems."



SUGGESTIONS FOR IMPROVING PRIVACY OF AI

Several themes related to improving AI privacy emerged across participant responses. Broadly, participants' aspirations and fears centered on transparency, control of data, consent, and a desire for stronger guardrails to protect privacy. More disabled than nondisabled participants discussed privacy-related aspirations, suggesting that while privacy is important to all users, people with disabilities may spend more time thinking about its implications.

Participants consistently expressed a desire for transparency regarding what happens to the data they provide to AI systems. Specifically, they wanted clear disclosure about what data is collected, how it is used, and whether it is used to train models. Participants also emphasized the importance of having meaningful control over their data, including the ability to opt out of data use and to delete previously collected information. One participant summarized this theme succinctly: "AI should be transparent about what information is collected and give users an option to delete their information." Some participants went further, expressing a preference for data collection and use to be turned off by default. Participants also highlighted the importance of knowing where to locate this information and these controls, emphasizing that privacy details and settings should not be "buried" in documents such as terms of service.

Participants further noted that limited privacy protections may have downstream effects. When asked about AI policies in their workplaces, some participants reported that their jobs disallowed the use of AI tools due to privacy concerns. At the same time, these participants asserted that if such tools were permitted, they would meaningfully increase work functioning. This finding begins to illustrate why privacy discourse is not only a matter of individual concern but also a critical factor in access, participation, and employment outcomes.

FINAL PARTICIPANT COMMENTS

Participants' hopes for improving AI systems were largely forward-looking and pragmatic, emphasizing better fit with real human needs rather than entirely new or speculative capabilities. Across responses, many participants expressed a desire for AI that adapts more effectively to individual users, particularly in how it recognizes different communication styles, languages, and accents, and how smoothly it works across everyday contexts and devices. This aspiration appeared broadly across the sample, but it was especially pronounced among BLV participants, who more often framed adaptability and customization as foundational to usability rather than as optional enhancements. One participant articulated this vision succinctly, explaining that AI would work best if it could "adapt more to individual users, such as learning my preferences, understanding different languages or accents better, and working smoothly across devices," while also being faster, more accurate, easier to customize, and more transparent about data use.

Alongside these usability aspirations, participants repeatedly emphasized the importance of trust, particularly through transparency and human oversight. While many saw AI as a powerful and helpful tool, there was a consistent call for clearer boundaries around where AI should be relied upon and where human review should remain central. This concern surfaced across disabled and nondisabled respondents, often grounded in lived experiences of harm or near-harm when AI systems were treated as final decision-makers. One participant described contesting a healthcare claim that had initially been denied by an automated system and noted that a human reviewer ultimately approved it, reflecting a broader sentiment that AI should support, not replace, human judgment in high-stakes contexts. As they put it, relying on AI "far too much, way too soon" can have significant consequences for individuals, especially when decisions affect access to essential services.

Participants also framed improvement as a matter of balance rather than rejection. Many described meaningful ways AI already fits into their lives, particularly as a starting point, organizational aid, or emotional outlet, while still recognizing its limitations. This framing was common across groups and often carried a tone of cautious appreciation rather than enthusiasm or fear. One participant explained that they find value in AI summarizing information, helping them vent without straining personal relationships, and outlining travel plans, while also recognizing that it "lacks a human element" and should not be relied on completely. In this view, AI is most useful when it helps people get oriented, think through options, or release pressure, not when it replaces human relationships or judgment.

Differences between disabled and nondisabled participants were most visible in how aspirations were framed. Nondisabled participants more often focused on convenience, efficiency, and smoother interactions, while disabled participants were more likely to connect improvement directly to access, independence, and control. For disabled participants, reliability, customization, and clarity were not simply quality improvements but prerequisites for meaningful use. Requests for better speech understanding, clearer feedback when something goes wrong, and stronger control over how and when AI responds reflect a desire to reduce friction and uncertainty in tools they may rely on more heavily.

Taken together, participants' aspirations point toward an AI future that is less about novelty and more about refinement. The improvements people want are grounded in everyday realities: systems that listen better, adapt to diverse users, explain themselves clearly, respect boundaries, and remain accountable when the stakes are high. Rather than calling for AI to do everything, participants repeatedly emphasized the value of AI that knows its role and performs it well.

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Discussion

The above findings show that participants with and without disabilities have found great use for AI tools. In many cases, frequency of AI tool use did not vary based on disability status. However, in some cases participants with disabilities used AI tools for a greater variety of tasks in comparison to their nondisabled counterparts, such as VAI and AI in the workplace. Some disabled participants have also utilized mainstream AI tools to act as assistive technology; for example, by converting images or audio into text, or using AI as an executive functioning or writing aid.

In some instances, such as learning or therapy contexts, some participants felt that the AI did not discriminate against them and was more patient or accommodating than a human supporter. However, in other cases such as automated job tests and interviews, several participants with disabilities experienced accessibility barriers that they had to work around with other AI tools or through human support. Such systems risk excluding or disadvantaging job seekers who do not have this human support readily available. Furthermore, AI tools used for mental health support can make recommendations that are not disability-informed and can be harmful. Though participants praised AI for increasing efficiency and independence, they still relied on humans to double check AI's interpretations, such as BLV participants asking sighted people to verify image description. Finally, one of AI's greatest challenges is trust and privacy. Though participants with disabilities enjoyed the independence AI provided, both participants with and without disabilities expressed concerns about data breaches and the use of their personal information.

Artificial Intelligence has the potential to help increase efficiency and independence for both people with and without disabilities. However, it needs further development to mitigate some of its greatest harms. Developers of AI tools should respect their users' boundaries, wants, and needs. It is important to include diverse populations in testing and understanding new technologies to prevent marginalized groups from being left behind or harmed.

Recommendations

The following recommendations outline actions that AI developers, deployers, and policymakers should consider implementing to address the opportunities and concerns raised in this research.

Ensure that all platforms that integrate AI are fully accessible to and usable by people with disabilities.

- Design and develop web pages and applications that conform to the latest Web Content Accessibility Guidelines or similar accessibility standards. Ensure that updates are accessible at the time of launch.

- Design AI-based systems with input from diverse people with disabilities both to ensure access directly to these technologies and to fully develop use-cases that may present outsized opportunities for people with disabilities.

- Allow users to customize AI-enabled voice conversations for response time, speaking speed, and other factors like stuttering and the need to correct an input.

- Integrate customization and fine-tuning for users through machine learning and user settings to improve the user experience while preserving control over data privacy and security. Clearly communicate to users the trade-offs between greater customization and data privacy.

- Ensure that employment- and education-based AI and automation, including for hiring or testing, are fully accessible to people with disabilities and do not interfere with the use of assistive technology.

- Build autonomous vehicles to be accessible to people with disabilities by ensuring that the human-machine interface, including communications, navigation, and physical buttons or kiosks, are fully accessible. In addition, users of mobility devices must be able to access the vehicle while wheelchair users must be able to secure their chair and use the restraint system.

- Fully test innovative AI-based software (e.g. health apps) and hardware systems (e.g. delivery robots) with diverse users with disabilities to maximize access to information and environments and to minimize creating unintended barriers.

- When appropriate, use AI for making documents and digital technologies accessible during the design, development, and deployment phases rather than relying on end users to make materials accessible with their own AI tools. However, AI may complement but should not replace human accessibility experts and usability testers.

Improve privacy and data security practices to increase trust in AI products and enable the use of AI with sensitive information.

- Clearly communicate to users how their data is used by the AI developer, in model training, and by third parties without requiring users to understand complicated terms of service or privacy policies. For example, communicate in the chatbot interface how data is used and any changes to privacy policies.

- Provide users with transparent, easy-to-find controls that allow users to meaningfully decide how their data inputs may be used.

- Provide users with control over how their data is used to train or validate AI models.

- Develop and deploy on-device AI products that allow users to benefit from AI while preserving their data and information on their own device. Allow users to easily switch between cloud and on-device processing or to permanently opt-into on-device data processing.

- When handling sensitive information in a customer service or high-impact use-case (such as hiring portals), allow users to easily switch to a human agent.

- Ensure data security in high-impact use cases by not integrating sensitive information or conversations into training data by default.

Improve the accuracy of AI outputs and provide users with clear expectations about the accuracy of these outputs.

- Set appropriate user expectations of model capability to avoid overreliance on AI in highly sensitive contexts, such as transportation safety and visual interpretation of medical information.

- Provide users with easy access to data sources and improve the explainability of model outputs to increase user trust and to facilitate an appropriate assessment of the degree to which users can rely on a given output.

- Create tools that allow developers and deployers of AI to assess fairness for people with a variety of characteristics, including disabilities, and provide human users with a better understanding of why a model made a certain decision, for example in sorting job applications.

- Actively train models that detect human speech to detect, understand, and respond to voices with greater diversity, including voice differences related to disability, regional dialects, and accents.

- Provide users with ways to confirm AI model outputs, especially in contexts where it may be difficult to know whether an output is accurate, such as for blind users accessing AI-generated visual descriptions or using AI to improve document accessibility.

Ensure that AI used in high-impact areas is adequately trained, validated, and monitored to avoid inappropriate decision-making and outputs affecting people with disabilities and other groups.

- Clearly disclose the use of AI in any high-impact setting, such as hiring portals, health insurance determinations, educational testing, and other contexts that affect users' real-life opportunities. Identify to users whether decisions are made by an algorithm or by a human evaluator.

- Integrate better disability awareness into therapy and health chatbots. AI therapy tools must be trained specifically to support the needs of people with disabilities and to minimize ableist language or language that may encourage self-harm.

- Set limitations on chatbot outputs, and communicate the limits of the AI model, including by conveying uncertainty when appropriate.

- Provide referrals to and information about human providers or organizations when the chatbot is unable to provide accurate information, especially in a medical context or when a user is seeking support for a disability.

- Provide transparent safety data and clearly communicate responses and improvements needed when AI is used in risky contexts, such as autonomous vehicles.

Create more robust opportunities for users to develop skills using and deploying AI and to understand the limitations of AI.

- Create more opportunities for individuals to expand their AI literacy skills through both traditional means (e.g. online courses and videos) and innovative methods of course delivery, such as directly in a chatbot interface.

- Assist users in assessing the accuracy of AI outputs, including during setup of visual interpretation tools.

- Complement the deployment of user control and privacy settings with information about where to find and how use these settings.

- Employers should provide accessible training to use AI effectively on the job.

- Ensure that unemployed individuals have equal access to affordable, high quality AI training.

- Make AI training opportunities, including videos and interactive apps, fully accessible to people with disabilities.

- Provide more widespread training on how to appropriately use AI to provide meaningful and accurate accessibility of documents and materials used in the workplace, educational settings, and other environments where people with disabilities often fall behind nondisabled peers due to inaccessible environments.

Maximize AI development to meet the specific access needs of people with disabilities.

- Prioritize research and development to create tools that specifically benefit people with disabilities or that incorporate the access needs that people with disabilities have.

- Invest in data collection and analysis as well as AI model development to improve pedestrian navigation and wayfinding, especially for users who are dependent on the accessibility of the pedestrian environment.

- AV companies should work with AI navigation developers to improve and integrate tools that facilitate safe, accessible navigation to the vehicle and from the vehicle to final destination.

- Improve the accuracy of accessibility-related AI uses, such as automated captions and visual descriptions.

- Allow students to use AI for educational purposes and discrete access tasks while supporting students in understanding the difference between using AI tools for learning assistance and for cheating.

- Allow employees to use AI for discrete access tasks while helping employees understand the privacy, data security, and business implications of using AI in the workplace.

Create more robust opportunities for **users to develop skills using and deploying AI** and to understand the limitations of AI.

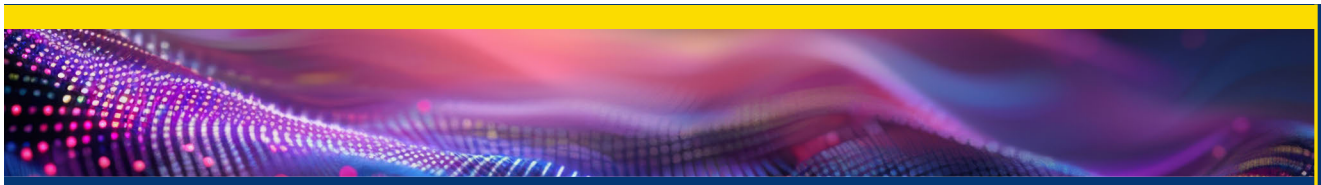
Establish governmental guardrails and policies that promote fairness in high-impact use cases, mandate data privacy and security, and ensure accessibility for people with disabilities.

- Provide guidance and issue enforceable guardrails that minimize the risk of discrimination in automated job testing, algorithmic hiring tools, algorithmic health benefits decision tools, and other AI models and algorithms that affect access to high-impact areas of life.

- Invest in AI research that promotes accessibility and use-cases unique to people with disabilities, with the understanding that designing for people with disabilities sometimes leads to a “curb-cut” effect for people without disabilities.

- Develop and implement standards that help developers produce safer, more inclusive, and fairer algorithms, automation, and AI models.

- Require developers and deployers of AI to maximize data security, privacy, and transparency about how user data is handled, and require developers and deployers to provide clear user controls and disclosures about AI usage to affected individuals, especially in high-impact decision making.



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