



A 2026 product design white paper

From Data to Meaning

Why the next generation of consumer health
products will win on interpretation, not
information

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MONICO

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Overview

Executive summary

Consumer health products have moved from collecting data to making sense of it. Wearables, accessible medical records, and AI assistants now give people a more continuous view of their health, but most products still leave them to interpret the data on their own. The opportunity is no longer to show more information. It is to turn that information into meaning people can trust and act on.

This report argues that the strongest consumer health products in 2026 will do four things well:

- **Interpret, not just display.** They turn continuous data into clear, useful next steps instead of adding more dashboards and metrics.
- **Use AI as an interface, with boundaries.** Assistants can make health data more useful, but only when their limits, safety handoffs, and use of personal context are designed deliberately.
- **Make trust visible.** Privacy, consent, ownership, and transparency are now core product requirements, not legal details to hide in the background.
- **Earn retention through relevance.** Products that feel generic or make users do the int...

How to read this

This report covers one slice of health tech: the consumer products people use to track, manage, and understand their health. This includes products like wearables and smart rings, continuous glucose monitors, sleep trackers, health-data apps that pull records together, and the wider world of fitness and health apps. Areas like provider tools, payer portals, and digital therapeutics are deliberately out of scope. Different users, different design problems.

Two kinds of evidence run through every section. The first is public and cited: funding data from Rock Health, survey data from KFF, market size from Grand View Research, clinical studies, FDA clearances, and company reports. The second kind draws from our own expertise. We've defined AI assistant frameworks and design principles for presenting health-data insights in consumer health products that unify EHR data, pharmacy data, scheduling, and wearables. When we draw on that experience, we label it as our own observation.

Three shifts defining the year

From snapshots to streams

Health was once measured in snapshots: an annual physical, a lab panel, or a reading taken in a clinic. Wearables and connected devices are replacing that model with a continuous stream of data. Although the technology is not new, it is becoming more accurate and moving beyond health-conscious early adopters into the mainstream. Rock Health's 2025 consumer survey found that 46% of US adults own a wearable, rising to 57% when devices such as smart scales, blood-pressure monitors, and glucose monitors are included.

Among wearable owners, 83% use their device at least five days a week, and 59% wear it almost constantly [Rock Health, 2026]. First-time adoption, however, has leveled off. Future growth will depend less on attracting new users and more on creating greater value for those who already own a device.

Medical records are becoming more accessible at the same time. Consumer apps can now bring records from different providers together along with wearable and self-reported data, creating a more continuous picture of a person's health. This changes the product job. When data is scarce, displaying it can be enough. When it is continuous and overwhelming, products have to now interpret it. As Oura CEO Tom Hale put it, "Users want meaning and insight from their health data, not the raw data itself." [Oura, 2025]

AI became the interface

The conversational assistant went from concept to table stakes in roughly eighteen months. Oura shipped Advisor, WHOOP shipped Coach, and Google introduced Google Health Coach. General AI platforms also entered the category through products from OpenAI, Anthropic, and Microsoft [OpenAI, 2026; Anthropic, 2026; Microsoft, 2026].

Demand is already substantial. About one in three US adults have used an AI chatbot for health information, twice the size from a year earlier and roughly equal to social media as a health information source [KFF, 2026]. Every team in this space now has to decide what its AI says, how it says it, and where it draws the line.

Trust became the binding constraint

77% percent of adults worry about the privacy of medical information they give to AI. Yet 13% have already entered personal medical information, test results, or doctor's notes into an AI tool [KFF, 2026]. People are concerned about privacy, but they are sharing their data anyway. That gap is a risk waiting for a trigger.

The 2025 bankruptcy of 23andMe made that risk tangible. The company held genetic data on more than 15 million people, and HIPAA did not protect its customers because it does not cover most direct-to-consumer companies [NPR, 2025]. FTC actions against GoodRx, BetterHelp, Flo, and others have reinforced the same lesson: in consumer health, trust is a product requirement, not a soft brand value [FTC settlements, 2023 to 2024].

The market in numbers

The numbers point to a fast-growing market, but they also reveal product challenges that growth alone cannot solve.

The market is large and still growing. The global wearable technology market was estimated at \$92.9 billion in 2025 and is projected to reach roughly \$230 billion by 2033. Continuous glucose monitoring, once largely a diabetes category, was valued at \$13.4 billion in 2025 and is projected to more than triple by 2033 [Grand View Research, 2025].

Funding is concentrated at the top. US digital health startups raised \$14.2 billion in 2025, but through fewer deals than the year before. Mega-rounds over \$100 million accounted for 42% of all funding, while AI-enabled companies captured 54% of that investment [Rock Health, 2026]. Oura's \$900 million Series E, at an \$11 billion valuation, was the largest round Rock Health has recorded [CNBC, 2025; Rock Health, 2026]. The competitive bar is increasingly being set by a small group of well-funded, AI-forward companies.

Consumers are adopting AI faster than they trust it. One in three adults now use AI chatbots for health information, and 64% of those users do so at least weekly [Rock Health, 2026]. Adoption is especially high among younger adults and people underserved by the traditional health system [KFF, 2026]. For a growing group of consumers, AI is becoming a first stop for health questions.

Taken together, these figures show a category attracting enormous investment and rapid adoption while retention, trust, and supporting research struggle to keep pace.

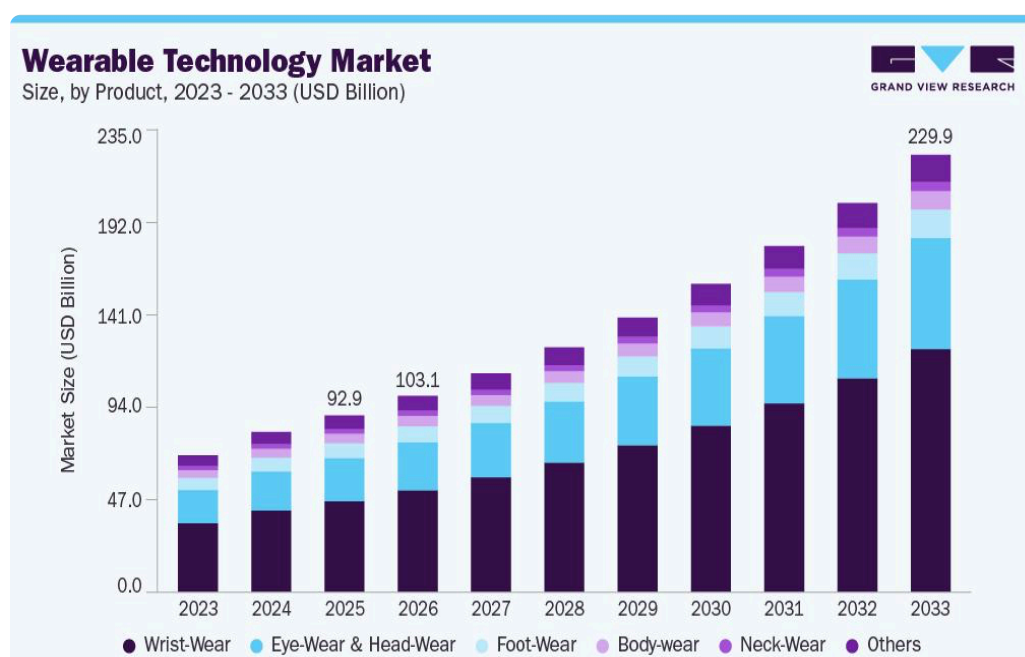


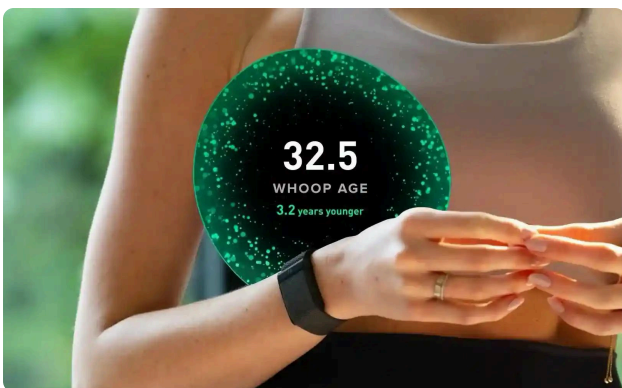
Image from Grand View Research, "Wearable Technology Market" (2025)

What leading products are doing

Raw data is the input, not the output

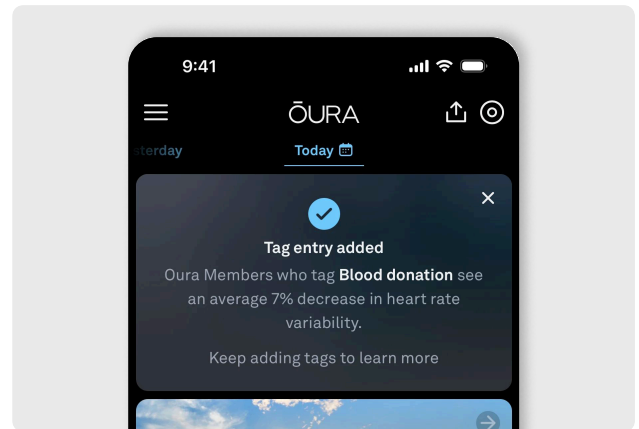
When Oura overhauled its app in October 2025, it moved away from a dense dashboard and toward one priority insight called the "One Big Thing". Others are packaging existing sensor data into new concepts people can understand and remember: WHOOP's "Healthspan" metric estimates pace of aging, and Oura's "Cumulative Stress" reads 31 days of data across five inputs to track how stress builds and clears over a month [TechCrunch, 2025; Oura, 2025].

The best products are taking multiple raw signals and turn them into clear, curated insights the user can act on, so the design work lives in the meaning, not the measurement itself.



Assistants that remembers your data

Oura's Advisor uses a member's short- and long-term data along with past conversations, moving it beyond a generic chatbot. During beta, 60% of users engaged with it at least weekly and 83% found its responses reliable [Oura, 2025]. Google Health Coach follows the same pattern by adjusting its training plan based on signals such as heart rate, variability, and recovery [Google, 2026].



Memory paired with control

Oura lets users store personal context, such as recovering from knee surgery, and factors it into future guidance. It also lets the user review and delete those memories [Oura, 2025]. That pairing matters: memory makes personalization useful, while visible controls make the data relationship understandable and reversible. As assistants begin leveraging medical records, the ability to limit or revoke access becomes critical.

Remembering sleep debt is one thing; remembering diagnoses or procedures is another. Products need to show users what data the assistant remembers and let them control what it can use.

Honesty about the limits

Disclosing that an assistant can be wrong is useful, but a disclaimer is not a safety system. Products also need clear boundaries for when an assistant should stop answering and direct someone toward professional care. We explore that boundary in page 5.

Building a product people trust

AI that interprets, not just displays

The hard part is not collecting more data. It is turning noisy signals into something a person can understand and act on. Our work from defining the rules for a consumer health assistant helped produced these three lessons.

Educate, but do not diagnose

Teams need to define when an assistant can provide general guidance, when it should recommend professional care, and when it should direct someone towards urgent care. Those boundaries cannot be left entirely to the model. They have to be designed as deliberately as the successful interactions, particularly as regulatory oversight loosens [MedTech Dive, 2026].

AI also introduces a variance problem. The same intent can produce different answers, and inconsistency erodes trust. Strong teams test a range of outputs rather than optimizing for a few ideal responses. They then use the interface to guide user inputs and constrain the system's outputs.

Make reasoning visible before asking for action.

An assistant should explain why it is surfacing something and let users inspect how it reached its answer. Transparency has to come before requests for more data, recommendations, or actions taken on a user's behalf. Products earn the next granted permission through the value and clarity they have already provided.

Design for emotional context

A "below average" reading lands differently on someone managing cancer than on someone training for a marathon. An interpretation can be numerically correct and still be a product failure if it carries the wrong emotional weight. Personal baselines may be more useful than broad population comparisons. Continuous data makes these baselines possible by establishing a reference range from a person's own data over time. This can be more informative than a single reading, but the science around individual reference ranges is still evolving [Nature Medicine, 2021; Sensors, 2025].

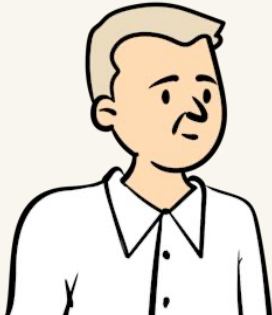
Building a product people trust

Real personalization vs. personalization theater

If two people with completely different health situations opened your product today, how different would their experiences be?

For many products, the copy and goal number may change while the underlying experience stays the same. Users can feel that gap. Loss of motivation, lack of personalization, and limited visible progress are all contributing factors to abandonment. While personalized, adaptive onboarding has been shown to improve early retention. In one controlled product study, adaptive onboarding lifted Week-1 retention by 24.1% [De Marchi, 2025].

Real personalization changes the experience itself. Someone managing high blood pressure, someone improving their sleep, and someone managing cancer all need different information views, insights, actions, and tones. A product that learns a person's goals, health history, and communication preferences can gain the proper context to surface what matters, connect patterns across data sources, and adapt over time. As AI progresses, this could mean generating a unique and dynamic user interface for a wide range of user types. That is much more valuable than a one-size-fits-all experience, and it creates a convincing and defensible reason for the user to stay.

Ray M. Manage high blood pressure Goal Keep readings in a safe range without turning daily life into a medical routine. 	Nina L. Improve sleep Goal Wake up feeling rested and build a routine that survives a busy week. 	Claire W. Manage cancer Goal Stay on top of treatment, track side effects and preserve energy for what matters. 
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Character illustrations by Pablo Stanley

Building a product people trust

Data trust: ownership, control, and permission

Most consumer health data falls outside HIPAA. The wearable on a person's wrist, the app on their phone, and the chatbot receiving their lab results may not carry the protections users assume [KFF, 2026; NPR, 2025]. A patchwork of state laws is beginning to fill the gap, with dedicated consumer health privacy laws in Washington, Connecticut, Maryland, and Nevada, but protections remain uneven. FTC enforcement should be read as a warning: in several cases, even a “HIPAA-compliant” badge was deemed deceptive [FTC, 2023 to 2024].

Ownership is becoming a product choice. When health data lives on a company's servers under that company's terms, the user is locked in and exposed. 23andMe's customers learned that the hard way. Data that is portable, encrypted, user-controlled, and stored locally where possible is harder to build but a lot easier to trust. The same principle should apply to the personal context and AI-generated connections a product creates: the company should act as a steward, not an owner.

More trust than the doctor?

People who use AI for health are often more willing to share data with technology companies while becoming less willing to share it with a doctor [Rock Health, 2026]. This means that their AI assistants may hold the fullest version of their health story. Products that receive that level of trust need visible controls, data protection, clear limits on their assistants, and the discipline to demonstrate value before asking to access more data, retain sensitive context, or act on a user's behalf.



Why consumer health products lose users

Consumer health tracking has a retention problem that funding headlines often overlook. Day-30 retention across health and fitness apps is roughly 3%, rising to about 10% among the strongest performers [Business of Apps, 2025]. A review covering more than 525,000 people found that a median of 70% abandon lifestyle and mental-health apps within the first hundred days [Kidman et al., JMIR, 2024].

Three product decisions repeatedly line up with that drop-off:

Value comes too late

Account gates and long product explanations shown before a user experiences any benefit prevents them from reaching the product's activation moment. When onboarding front-loads friction and back-loads value, day-one retention reflects it.

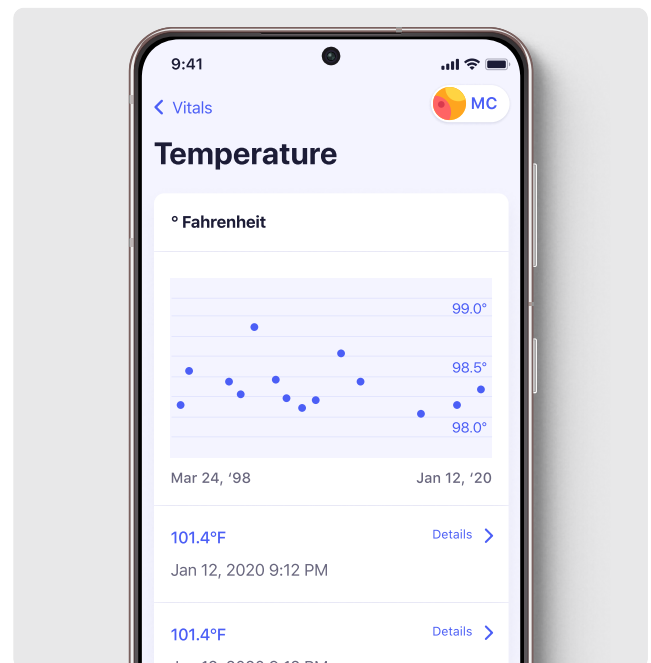
Generic experiences dressed as personal.

When the product is largely the same for everyone, motivation fades. Personalization theater does more than hurt retention. It tells users the product does not understand them, making it harder to earn their trust or a place in their daily lives.

The product displays data without interpreting it

A wall of metrics and unfamiliar medical jargon turns health data into homework. Teams need to decide what to show, explain why it matters, and give the user a clear next step.

Most teams already have the evidence needed to diagnose these problems in their analytics and user feedback. The stronger ones connect that evidence to specific design decisions before assuming the answer is another feature.



In this example you can see a collection of datapoints, but no insights or takeaways being presented.
Source: onerecord

Looking ahead: signals to watch

Sensor capability is expanding faster than the evidence

Samsung's cuffless blood-pressure feature requires recalibration against a traditional cuff every 28 days, a reminder that many consumer readings remain estimates rather than clinical measurements [Samsung, 2026]. The FDA has also warned against devices claiming to measure glucose without penetrating the skin; no non-invasive glucose wearable has cleared that bar [FDA, 2024].

Even where the measurement is sound, the evidence that it improves outcomes is mixed. A meta-analysis of continuous glucose monitoring found a modest 0.28-point reduction in HbA1c, with most evidence coming from people who already had diabetes [Int. J. Behavioral Nutrition and Physical Activity, 2024]. A review of consumer wearables for remote monitoring found only four positive randomized trials across 80 studies [PLOS Digital Health, 2025]. The companies that close this gap with credible research will have an advantage over those that continue to sell ahead of the science.

Health-record aggregation is moving from plumbing to product

The plumbing behind medical-record aggregation is nearing completion: cleaning inconsistent data, resolving duplicates, and making it understandable to non-clinical users. But most products still present that information as a static file, more like a polished digital filing cabinet than a coherent, usable picture of a person's health. In the near term, AI can turn months of records, wearable data, and self-reported inputs into a pre-visit summary that gives a clinician the few signals that matter before an appointment.

The longer-term opportunity is a living map of a person's health. Instead of retrieving isolated facts, AI could turn disconnected health events into a coherent interconnected story: the appointment that prompted a prescription, the procedure that followed, and the flare that appeared later. That is when continuous health data moves beyond tracking and begins to change care. Linking scattered events into a full picture of a person's health that can sharpen a diagnosis, inform treatment, and help clinicians better manage conditions.

Interoperability will shape the assistant race

Oura, WHOOP, Google, OpenAI, Anthropic, and Microsoft are all building health assistants. The differentiator is no longer whether a product has one. It is how much of a person's health it can understand and whether that context can move with them. Google is betting on an approach that works across hardware brands [CNN, 2026].

Trust becomes a legal battleground

With HIPAA silent on much of the consumer market, expect more state laws, FTC actions, and high-profile disputes over who controls health data. Companies that treat ownership and consent as design principles will be better prepared than those that treat them as legal copy.



About us

Monico is a product design studio that partners with funded health-tech startups. We diagnose and fix the UX issues affecting conversion, retention, and growth. We also help teams design and ship differentiated product experiences.

Our experience includes leading the product vision for how b.well's white-label app interprets and visualizes health data from records, pharmacies, scheduling, and wearables, and setting the AI rules for the health assistant built on top of it. We defined how that assistant acts on a user's behalf, what it must explain, how it earns permission, and when it should hand off to a clinician. The team also carries experience across Samsung Health, UnitedHealthCare, and Walgreens.

If any of the patterns here map to something you are seeing in your own product, the place we usually start is a Diagnosis Sprint. Over three to four weeks, we combine your product analytics, user research, and feedback with proven design principles and our experience building health products, to pinpoint the specific areas in your app that are driving the problem. We come back with a clear read on what to fix and why. To learn more, visit monicostudio.com.

Thank you for reading. At Monico, we are encouraged by the industry's push to make health data more accessible and usable, so people can make better-informed decisions about their health. We are excited to support the companies innovating to move this work forward.

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This report compiles public benchmarks and our own work embedded in health products. The patterns described here are diagnostic, not prescriptive. Every product is different, and the right read on yours comes from your own data.