home health care rather than institutional care. Also, more severe mobility limitation, outpatient care, and fall experiences were associated with higher likelihood of receiving institutional care. Utilization of institutional care was significantly associated with higher alleviation of physical burden. No significant differences between home health care and institutional care were found on emotional and financial burden alleviation. Conclusions: The findings suggest that family resources may be beneficial for older adults to pursue aging in place in later life. However, the physical toll of their family members may exist. Our findings provide evidence to inform public policy decisions on long-term care services for older adults and their family members.

Session 9040 (Poster)

Aging in Place II

GEOGRAPHIC DISTRIBUTION OF AVAILABILITY OF ADULT DAY SERVICES IN MISSOURI
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Adult day service (ADS) is an important component of long-term supportive services. Geographic availability of ADS is an essential factor for aging in place especially for people with assistance needs. This study aims to examine the geographic distribution of availability of ADS and its relationship with the disadvantaged characteristics of neighborhoods. Data from the Missouri Department of Health and Senior Services and the American Community Survey were utilized. Geographic availability of ADS was measured as capacity (number of clients served) of ADS centers per week divided by the number of people who were 65 or older and under poverty at the census tract level. To examine neighborhood disadvantaged characteristics, principal component analysis was applied to construct a socioeconomic deprivation index (SDI). Using geographic information systems, we mapped ADS centers, geographic availability of ADS, and SDI scores. Pearson correlation coefficient was calculated between geographic availability of ADS and SDI scores. In 92.3% of the census tracts in Missouri, ADS centers are not available. Further, ADS centers are less likely to locate in rural areas or census tracts with higher numbers of residents 65 or older and poor. Also, lower availability of ADS was associated with higher levels of neighborhood disadvantage at a marginal level ($r = 0.163$). Our findings suggested that strategies should be identified to provide ADS in rural areas, especially in the areas with higher levels of neighborhood disadvantage. Further investigation on the geographic distribution of ADS accessibility and its association with neighborhood characteristics is warranted.

MOTIVATIONS TO JOIN AND STAY A MEMBER OF A VILLAGE FOR OLDER ADULTS
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People join a customer-driven organization with motivations that may not be static over time, an important issue for long-term organizational viability. In this study, we examined motivations among members of ShareCare, the first Village for older adults in the U.S. Using qualitative data from a random sample of 91 members, we compared motivations for becoming a member and for continuing membership. Motivations to join and continue membership are not necessarily the same. Motivations were categorized as: instrumental, social, and altruistic motivation. We categorized length of membership as short-term: 8-years or less (51.63%) and long-term: 9-years and more (49.37%). While 36% of members joined only for instrumental motivation, 59% continued membership only for instrumental motivation. While about 52% joined with multiple motivations, only 35% of members mentioned multiple motivations when continuing their membership. Finally, 18% of short-term members mentioned altruistic motivation when continuing their membership, while 28% of long-term members mentioned altruistic motivation when continuing their membership. While people’s motivation might change over time, altruistic motivation may be the greatest motivating factor for long-term memberships. Long-term members may identify themselves as supporters rather than users of the

HOUSING, NEIGHBORHOOD FACTORS, AND COGNITIVE STATUS OF OLDER ADULTS LIVING IN HOUSES VERSUS APARTMENTS
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