destinations in the area). Based on their characteristics, destination areas were hierarchically categorized to area types.

In mixed model, active transportation (vs. passive) was regressed for area type and adjusted for distance, car use possibility, walking difficulty in 2km, age, sex, and MMSE score.

Results

Of reported destinations within 2km from home (1278 destinations for 642 participants), 81% clustered spatially in 23 destination areas and 19% remained separate. Hierarchical clustering resulted in three area types: 1) city centre (versatile activities and nature), 2) less serviced areas (versatile activities and less nature), 3) shopping areas (shopping/service activities and less nature). The proportion of destinations visited using active transportation was 63% in city centre, 68% in less serviced areas, 69% in shopping areas, and 56% for separate destinations outside the areas. Based on mixed model results, the odds for active transport use were higher when destinations located in city centre (OR = 4.8, 95%CI 1.3-17.0) or in shopping areas (OR = 11.9, 95%CI 2.6-55.6) compared to visiting locations outside spatially clustered destination areas.

Conclusion

Majority of older adults' activity destinations locate as spatially...
prevention of mobility disability in older adults with frailty and sarcopenia in 11 European countries, under the coordina-
tion of the Università Cattolica del Sacro Cuore, Italy. Altogether 1566 candidates were recruited to the SPRiNT RCT, and 142 of them in Finland.

Methods
The participants (n = 70) completed at least two years of physical activity training. The training was performed at moderate intensity and consisted of walking, strength, balance and flexibility exercises. The participants attended training two times a week at the center with the addition of home-based exercises. The training intensity increased gradually. The primary outcome of mobility disability was operationalized as an inability to complete the 400-m walk test. Secondary outcomes of physical performance were the short physical performance battery (SPPB) and handgrip strength.

Results
The results of the intervention will be revealed in spring 2020. Participants experienced that their physical performance improved during the follow-up. The physical activity program and the home-based exercises can be performed without any equipment and could, therefore, be easily implemented for practice.

Conclusions
The physical activity intervention was feasible and could be further recommended for older people with sarcopenia and physical frailty if the final results support these experiences.

Keywords: Older adults, frailty, disability, physical exercise