sponsorship of sport may be particularly harmful to vulnerable groups.

Aim: To assess the extent and nature of unhealthy food, alcohol and gambling marketing during the highest rating sporting event in Australia in 2017—the AFL Grand Final.

Method: Using an existing coding framework, a content analysis of a digital recording of the 2017 AFL Grand Final television broadcast will be undertaken to identify episodes of unhealthy food, alcohol and gambling marketing. Episodes will be coded if clearly visible for at least one second, and the time each episode remains visible will be recorded to the nearest second. The brand, product type, and nature (e.g. fixed, dynamic, commercial break or integrated advertising) of each episode will also be coded. The broadcast will be double-coded by two of the researchers and any discrepancies in coding reviewed together until consensus is reached.

Results: Data collection is in progress and results will be available for presentation at the conference. Descriptive statistics will be used to present the frequency and nature of unhealthy food, alcohol and gambling marketing during the game and the total proportion of game time the marketing was present.

Conclusion: Findings from this study will provide important data on the volume of marketing for 'risky' products that viewers are exposed to while watching popular sporting events, and the types of marketing strategies that are most commonly used in this setting, to help inform public policy advocacy efforts.

https://doi.org/10.1016/j.orcp.2018.11.233

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Cardiac rehabilitation improves body composition in non-smokers but not smokers

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Background: Patients who participate in cardiac rehabilitation (CR) following myocardial infarction experience more effective overall secondary prevention compared to those who do not participate. However we know little of the effects of CR on major risk factors such as body composition. Moreover, while cardiac patients are encouraged to stop smoking, the effect of this change on body composition during CR is unknown. This study aimed to examine the changes in body composition following completion of a Sydney hospital-based CR program and 6-month follow-up.

Methods: Participants entering a hospital-based CR program underwent a treadmill exercise stress test (Bruce protocol) and body composition assessment (waist circumference; weight, body fat, visceral fat (VAT) assessed via bioelectrical impedance analysis). Measurements were repeated at CR-completion and 6-month follow-up. Smoking status was assessed at each time point, and confirmed by measurement of exhaled carbon monoxide. One-way ANOVA was used to examine differences across time for those reporting smoking at baseline who successfully quit smoking by 6-months, and non-smokers.

Results: Of 159 patients with complete data, $n = 27$ reported smoking at baseline, all but four of whom quit smoking by 6-months. Smokers were younger than non-smokers (56.1 ± 11.4 vs. 62.4 ± 11.8years, $p < 0.001$), with less body fat ($27.9 \pm 6.6\%$ vs. $31.3 \pm 8.7\%$, $p = 0.006$) and more skeletal muscle ($33.6 \pm 2.9\%$ vs. $31.1 \pm 4.7\%$, $p < 0.001$). *Group* × *time* interactions were seen for weight ($p = 0.002$), body fat ($p = 0.037$), VAT ($p = 0.004$), muscle mass ($p = 0.012$) and waist circumference ($p = 0.010$), with non-smokers showing favourable changes at CR-completion and 6-months compared to ex-smokers. Fitness improvements were similar between groups.

Conclusions: Quitting smoking is of utmost importance for reducing cardiovascular risk. However, while CR improves body composition outcomes in non-smokers, those who quit smoking may experience adverse changes to body composition even in the face of successful CR completion. These patients may need increased support to minimise negative changes to body composition.

https://doi.org/10.1016/j.orcp.2018.11.234

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Children's sport sponsorship: Parent's reactions to unhealthy food vs. pro-health sponsorship options

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Background: Unhealthy food marketing in sports settings contradicts public health efforts to promote healthy eating. While there is much evidence regarding the impacts of food marketing on children, less is known about its direct effects on parents. Parents are important role models and gate-keepers for their children's diets and activities, and (like children) are susceptible to influence by food marketing.

Aim: To explore parents' responses to sponsorship of children's sporting activities by (A) non-food brands (control), (B) unhealthy food brands, (C) healthier food brands, or (D) an obesity prevention public health campaign.

Methods: Using an online survey experimental design, 1,200 Australian parents of children aged 6 to 9 years will be randomly assigned to one of four sponsorship conditions (A-D). To control for potential product type and brand effects, participants will be further randomised within condition to one of three product categories (breakfast cereal, take-away food, or non-alcoholic beverage) and then one of two brands. Participants will be shown a short video and a promotional flyer for a fictional junior sports program, with sponsor content representing their assigned brand. Following exposure to the intervention, participants will be asked a series of questions assessing their brand awareness, brand attitudes, and preference for food sponsors' products.

Results: Data collection for this study is in progress and results will be available for presentation at the conference. A combination of linear (for continuous variables), logistic (for binary variables), and Poisson (for count variables) regression analyses will be used to test for effects of sponsorship condition on each outcome measure.

Conclusion: This study will yield practical evidence on the utility of alternative, pro-health sport sponsorship options for children's sporting activities that will be immediately useful for health promotion policy and practice.

https://doi.org/10.1016/j.orcp.2018.11.235