nine to 14 years than less active boys. The effects of MVPA and VPA in girls tended to be protective but were not significant. These findings may reflect gender differences in choice of active pursuits and will be the subject of future analyses.

RF34 PARENT AND CHILD MISPERCEPTION OF CHILD WEIGHT STATUS: A CROSS-SECTIONAL ANALYSIS OF THE CORK CHILDREN'S LIFESTYLE STUDY (CCLAS)

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Background Despite the increased global awareness of childhood obesity, a high proportion of parents and children continue to misclassify child weight status. The aim of this study was to determine parent and child misperception of child weight and identify the determinants influencing this misperception.

Methods A cross-sectional study involving 1 075 children, aged 8–11 years, drawn from primary schools in Cork city and county in Ireland. Data were collected using child and parent self-administered questionnaires. Physical measurements were taken by trained researchers according to standard procedures. Univariate and multivariable logistic regression analysis was used to examine factors influencing parental and child perceptions regarding child weight.

Results Almost one-quarter of parents of all children misclassified their child's weight status. Forty four per cent of parents of overweight or obese children underestimated their child's weight. In all children, factors associated with parental misperception of child weight included the child being female (OR=1.95; 95% CI 1.36 to 2.81, $p<0.001$), being overweight or obese (OR=2.84; 95% CI 1.95 to 4.15, $p<0.001$), child misclassification of own weight (OR=3.28; 95% CI 2.26 to 4.78, $p<0.001$) and parent reported child computer use (OR=1.64; 95% CI 1.12 to 2.39, $p=0.01$). In overweight or obese children, accuracy in parental perception of weight improved with increasing child age (OR=0.49; 95% CI 0.27 to 0.88, $p=0.02$). Of children who were overweight/obese, 76% ($n=213$) underestimated their weight. These children had increased odds of misperceiving their own weight status if their parents misclassified their child's weight (OR=3.98; 95% CI 1.95 to 8.10, $p<0.001$).

Conclusion Findings suggest that in an obesogenic society, where overweight and obesity has become the norm, the capacity of both parents and children to correctly classify child weight status is significantly impaired. Health care professionals should be aware of the frequent misperception of weight status, especially when dealing with parents of younger children and children who are overweight or obese.

RF35 EXAMINING ASSOCIATIONS BETWEEN ETHNIC DENSITY AND PHYSICAL ACTIVITY IN ADOLESCENTS: EVIDENCE FROM THE ORIEL STUDY

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Background Most adolescents do not achieve the recommended level of physical activity (PA) in the UK. The ethnic density hypothesis suggests that living in areas with higher proportions of people of the same ethnicity may confer health benefits. We explore whether school and neighbourhood ethnic densities are associated with adolescent utilitarian and leisure physical activity behaviours and whether these effects contribute to explaining ethnic differences in these behaviours.

Methods We used longitudinal data from the Olympic Regeneration in East London (ORiEL) study. In 2012, 3088 adolescents aged 11–12 were recruited from 25 schools in four deprived and ethnically diverse boroughs of East London. Adolescents were followed-up in 2013 and 2014. Own-group ethnic density was operationalised at school- and neighbourhood-levels in 2012/14 and 2011 respectively, and calculated as the percentage of adolescents, in the relevant school or neighbourhood (defined as 'lower layer super output area' of their home-address), who were of the same ethnic group. Analyses were restricted to White UK, White Mixed, Black African and Bangladeshi groups. The outcomes were self-reported binary variables: walking to school, walking for leisure, and outdoor PA. We identified potential confounders. We estimated logistic regression models with generalised estimating equations for each outcome and included interaction terms between ethnicity and ethnic densities. Item non-response was handled using multilevel multiple imputation. Final sample size was 1160 adolescents.

Results At school-level, there was consistent evidence that ethnic density amplifies ethnic differences in walking to school. For each 10 percentage point increase in ethnic density, there was evidence of increased probability of walking to school in Bangladeshi adolescents (OR=1.20; 95% CI 1.09 to 1.31) and decreased probability of walking to school in Black African (OR=0.58; 95% CI 0.45 to 0.75) and White Mixed adolescents (OR=0.51; 95% CI 0.35 to 0.76), after adjusting for confounders. Associations with walking for leisure and outdoor PA were in expected directions but not consistently observed in all ethnic groups.

At neighbourhood-level, evidence was more restricted. Amplification of ethnic differences was found for walking to school in Bangladeshi adolescents (OR=1.31; 95% CI 1.14 to 1.51) and for outdoor PA in White UK adolescents (OR=0.85; 95% CI 0.76 to 0.94).

Conclusion These results suggest that ethnic density contributes to explaining differences in PA by amplifying ethnic differences in some forms of PA. Further research is needed to confirm these results in different populations and for different health behaviours.

RF36 A CROSS-COUNTRY COMPARISON OF SELF-REPORTED EXPOSURE TO SUGARY DRINK MARKETING AND SUGAR-SWEETENED BEVERAGE INTAKE

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Background High sugar consumption contributes to the global obesity epidemic. Sugar-sweetened beverages (SSBs) constitute a significant proportion of sugar consumption and are independently associated with non-communicable diseases. Some

equivocal evidence indicates the influence of marketing on sugary food and drink sales and consumption. However, little research has explored this relationship for SSBs, among adult samples, or using diverse marketing exposures. There are no cross-country comparisons of this relationship.

Aim We aim to answer:

- Does SSB consumption vary according to self-reported exposure to sugary drink marketing?
- Does the relationship between SSB consumption and self-reported exposure to sugary drink marketing vary by country?

Methods We analysed data from the 2017 International Food Policy Study (IFPS), a cross-sectional, online survey that sampled adults aged 18 to 64 years in Australia (n=3,767), UK (n=4,047), Mexico (n=4,057), USA (n=4,868), and Canada (n=2,139; aged 31 to 64 years). Surveys covered eating patterns, food environments, purchasing, knowledge of and attitudes to a range of policy measures. This included a seven-day Beverage Frequency Questionnaire. Dependent (SSB consumption) and independent variables (amount of self-reported sugary drinks marketing exposure) were computed, and potential confounders identified. A multinomial logistic regression model examined relative odds of non-, low- or high- weekly SSB consumption by marketing exposure, country, sex, age, and work status. The same model was reconstructed with interaction between marketing exposure and country, and a log likelihood test was used to compare the models.

Results SSB consumption varied according to self-reported exposure to sugary drinks marketing. 57% of respondents consumed SSBs, and 72% self-reported exposure to sugary drinks marketing. Compared to those reporting no sugary drinks marketing exposure, those reporting greater exposure were more likely to have low- than no-SSB consumption and more likely to have high- than no-SSB consumption (ps<0.05). Respondents in Mexico (relative to Canada) and men (vs women) also reported higher sugary drinks consumption, whereas those from the UK, USA (relative to Canada), and older respondents reported lower consumption (ps<0.05). The relationship between self-reported sugary drinks marketing exposure and SSB consumption varied by country (p=0.0286).

Discussion SSB consumption was positively associated self-reported exposure to sugary drinks marketing in all countries, but this relationship varied by country. These analyses are cross-sectional, but the IFPS panel will be re-contacted annually enabling future longitudinal analyses. Improving understanding of the influence of marketing on SSB consumption could help policymakers to augment current strategies to reduce SSB consumption.

RF37 PREDICTORS OF LONELINESS AMONG OLDER MEN AND WOMEN IN ENGLAND

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Background Loneliness has been considered as a serious social and public health problem among older people. Understanding factors that affect loneliness among older adults is particularly important. However, Loneliness is a complex and multidimensional construct, which is associated with a wide variety of

factors. A consideration of multiple dimensions is essential to gain a complete picture of an individual's state of loneliness.

Objective The objective of this study is to investigate the prospective impact of a wide range of factors on loneliness with a focus on: (a) which factors are closely related to the feelings of loneliness, and whether they perform consistently as people age, and (b) whether men and women differ in loneliness experiences.

Methods Data used in the study were from a population-based sample of 3838 core members who participated in all the waves of the English Longitudinal Study of Aging (ELSA) (2002–2015). Binary logistic regression analyses were conducted to understand the relationship of loneliness and associated factors on two sets of experiments: (a) four different wave points with a 4-year measure span were selected to examine the effect of different groups of factors on loneliness prediction and potential prediction changes when ageing. (b) The predictive models were built on separate gender datasets to investigate whether the risk factors for men and women were different. Statistical software SPSS (version 23) was used in the analyses.

Results Variables in the models included: gender, age, marital status, closeness to spouse, contact with children and friends, money shortage, health problem, and depression. The results on four wave points showed that widowhood, emotionally distant to spouse, and depression displayed consistently significant association with loneliness. But contact with friends, money shortage and health problem only showed significance on one or two waves. It suggested there might be changes in risk factors for loneliness as people age. The results on separate gender data confirmed that being widowhood or not close to partner led to a higher risk of being loneliness for women, while health problem and infrequent contact with friends increased the feelings of loneliness in men.

Conclusions This study identified important risk factors influencing loneliness experience. The findings from the study showed some evidence that the impact of risk factors might change when ageing or in different gender. Knowledge about such difference will be helpful in the development of targeted interventions to fight against loneliness in later life.

RF38

'I'VE ALWAYS DONE WHAT I WAS TOLD BY THE MEDICAL PEOPLE' – A MIXED METHODS STUDY OF OLDER PEOPLE'S REASONS FOR ATTENDANCE AT A NEW FALL PREVENTION CLINIC

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Background Falls are one of the most serious and common threats facing older adults. Multifactorial falls risk assessment can reduce the rate of falls among community dwelling older adults and is recommended as a first step in the early detection and management of risk factors. It is used as a gateway for older people to access evidence-based interventions targeting their individual risk factors. However, effective interventions will only reduce the rate and risk of falls if there is a high level of uptake in the population and suboptimal uptake