



Pathway: Public health and health-system level intervention

TransformUs – Partnering with the education, health and sport sectors to revolutionise the Australian classroom

BUILDING
A HEALTHY
AUSTRALIA

NHMRC

Translation

Early testing of strategies to reduce sitting in classroom.¹

Randomised-controlled trial demonstrated benefits and cost effectiveness of reducing sitting and health outcomes^{2,3}

TransformUs[®] delivery adapted & tested for scale-up across Victoria⁴ and tested in the UK.

Engaging with 17 partners TransformUs[®] reached 462 primary schools in Victoria.

Adapted to secondary schools & special schools. Tested in schools in Saudi Arabia. Incorporated into Vocational Education Training. Included in Healthy Tasmania Strategic Plan 2022.

Reaching ~980 schools nationally. Embedded in undergraduate and postgraduate teaching degrees at 8 universities.⁵ Currently being embedded in Singapore teacher education. Included in OECD case study.⁶

2001-2004

2009-2013

2014-2021

2022-2024

From 2025

Stages

Discovery

1

Development and testing

2

Initial scaling

3

Horizontal scaling

4

Sustainment

5

Impact

Pathway to impact

With rising concern about low levels of physical activity and the health, wellbeing and learning outcomes of primary school children in Australia, Professor Jo Salmon led early research to determine the health benefits of primary school children moving more and sitting less in the classroom through a group randomised-controlled trial that demonstrated a promising approach to prevent excess weight gain and promote physical activity among children. This initial phase was funded by the Victoria Health Promotion Agency and included engagement with key staff across the Victorian Department of Education, the Victorian Association for Child Health Physical Education and Recreation (ACHPER) and the Victorian Curriculum Assessment Authority (VCAA).

The impact of TransformUs[®] was evaluated through a cluster randomised controlled trial, funded by a NHMRC Project Grant (2009-2013) and a Diabetes Australia grant. The 2.5 year whole school physical activity intervention included data from ~600 primary school children and 220 teachers across 20 schools in Melbourne. Compared to the control group, children in the intervention group spent 63 minutes less time sitting on school days, engaged in five minutes more physical activity and had lower BMI, waist circumference and improvements in some other health markers (e.g. vitamin D).² Teachers reported that children showed greater concentration in class and improved classroom behaviour. The program was cost effective and was estimated to result in more than \$600 million health care savings.³

In 2014-2015 the research team partnered with two local government authorities to adapt TransformUs[®] for scale up. In 2016, through a NHMRC Partnership Grant with six strategic partners TransformUs[®] was scaled to all Victorian primary schools.⁴ The number of partners grew to 17 over 5 years. Education authorities and teacher professional organisations advised on curriculum alignment, resource development, dissemination and implementation, helping to reach 462 schools across Victoria. TransformUs[®] was included in the Victorian Department of Education Active Schools toolkit, the Victorian Government's Public Health & Wellbeing Plan 2019-2023, and the Victorian Department of Health Achievement Program as a school benchmark. It was also adapted and tested in UK schools.

TransformUs[®] was adapted to meet the needs of secondary school students (funded by the Victorian Department of Education) and students with additional needs. This involved co-design and ongoing consultation with teachers, school leaders and key partners. Relationships were established with the Departments of Education from all states and territories, as well as the health sector. The testing of this phase of the research was also supported by a NHMRC Investigator Grant. As a result, TransformUs[®] was embedded in initial teacher education across five universities, tested in schools in Saudi Arabia, incorporated into Vocational Education Training and included in the Healthy Tasmania Strategic Plan 2022.

TransformUs[®] continues to reach more schools and students across Australia. The program is embedded in undergraduate and postgraduate teaching degrees at a number of Australian universities⁵ and is currently being adapted in Singapore. It was recently included as an Organisation for Economic Co-operation and Development (OECD) case study.⁶ The program assists governments to meet health and education priorities and can continue to inform health and education policies. The ongoing challenge is to secure sustainable funding to support continuation of the initiative. Professor Salmon is a current recipient of a NHMRC Investigator Grant to examine the challenges and opportunities of sustainment and equity of child health initiatives at scale.

In 2026, TransformUs[®] is reaching ~980 schools, 2,680 teachers and 67,000 students nationally. Through TransformUs[®] Higher Education, >2000 pre-service teachers have been engaged across 8 Australian universities. Over 17 years TransformUs[®] has demonstrated consistent, measurable impact, contributing to schools, communities, and policy frameworks nationwide. The program improved children's health and activity levels. Children who participated spent more than one hour less sedentary and 5 minutes more active each day. Compared with non-participants, they had a lower BMI z-score and a smaller waist circumference. TransformUs[®] received the Council of Academic Public Health Institutions 2020 Award for Excellence and Innovation in Public Health Team Research, and the Outstanding Engagement for Research Impact award at the 2025 Engagement Australia Excellence Awards.

Stakeholders

Policy maker/Government Department

Regulatory body/Statutory body

Consumers and community - including sporting organisation and not-for-profit

Funder

Tertiary institute

Researchers



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Pathway to impact

1

Problem identification and prioritisation.

2

Intervention design and efficacy testing.

3

Effectiveness and implementation trials.

4

Implementation, adaption and scaling in new settings.

5

Sustainment at scale.

Stakeholders

Policymaker/Government Department

Regulatory body/Statutory body

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1 Salmon J et al. (2008). Outcomes of a group randomised trial to prevent excess weight gain, reduce screen behaviours, and promote physical activity in 10-year-old children: Switch-Play. Int J Obes 32: 601-612. doi.org/10.1038/sj.ijo.0803805

2 Salmon J et al. (2023). The Transform-Us! cluster RCT: 18- and 30-month effects on children's physical activity, sedentary time and cardiometabolic risk markers. Br J Sports Med. 57: 311-319. doi.org/10.1136/bjsports-2022-105825

3 Brown V et al. (2024). Cost-effectiveness of reducing children's sedentary time and increasing physical activity at school: the Transform-Us intervention. Int J Behav Nutr Phys Act. 21: 15. doi.org/10.1186/s12966-024-01560-3

4 Koorts H et al. (2023). Scaling up a school-based intervention to increase physical activity and reduce sedentary behaviour in children: protocol for the TransformUs hybrid effectiveness-implementation trial. BMJ Open. 2023; 13: e078410. doi.org/10.1136/bmjopen-2023-078410

5 Lander N et al. (2023). Equipping future teachers with innovative strategies that increase physical activity in the classroom: A hybrid implementation trial across three Australian universities. Front Educ. 8: 1093234. doi.org/10.3389/feduc.2023.1093234

6 Hill, J. and C. Shewbridge (2025). "How can OECD countries empower children to be more physically active?", OECD Education Working Papers, No. 339, OECD Publishing, Paris, <https://doi.org/10.1787/f534b2d0-en>