

2024 Arizona School Health Profiles Data at a Glance



Prepared by

Arizona Department of Health Services (ADHS), Bureau of Assessment and Evaluation

Bin Suh, PhD, Senior Epidemiologist

Reviewed by

Erin Gonsalves, Population Survey Team Lead, Bureau of Assessment and Evaluation, ADHS

Martín F. Celaya DrPH, MPH, Bureau Chief, Bureau of Assessment and Evaluation, ADHS

Suggested Citation

Arizona Department of Health Services. (2025). *2024 Arizona School Health Profiles Data at a Glance* (B. Suh). Arizona Department of Health Services.

Intended Audience

This report is designed for Arizona school districts, school administrators, educators, and community stakeholders who support student health and wellness. It is intended for those involved in developing, implementing, or evaluating school policies, programs, and resources that promote healthy behaviors and a positive school environment for students.

We extend our sincere thanks to our ADHS partners of the Arizona School Health Profiles and Youth Risk Behavior Survey, for sharing valuable insights on the topics addressed in this report. We also gratefully acknowledge all the principals and lead health education teachers who participated in the 2024 Arizona School Health Profiles (Profiles). This report is supported by the Centers for Disease Control and Prevention's Arizona Schools Surveillance Project funds (NU87PS004299-05-01) and Proposition 207 provided by taxes on recreational marijuana sales to address public health issues in Arizona.

What is the School Health Profiles (Profiles) Survey?

Arizona School Health Profiles (Profiles) is part of the national Profiles surveys, which assess school health policies and practices. Profiles surveys are conducted every even year by education and health agencies among middle and high school principals and lead health education teachers. Profiles surveys are conducted in collaboration with the Centers for Disease Control and Prevention (CDC) and ICF, and funded by the CDC's "Improving Adolescent Health and Well-Being Through School-Based Surveillance and the What Works in Schools Program" grant.

Profiles monitors the current status of: 1. School health education requirements and content, 2. Physical education and physical activity, 3. Practices related to bullying and sexual harassment, 4. School health policies related to nutrition and tobacco-use prevention, 5. School-based health and mental health services, 6. Family engagement and community involvement, and 7. School health coordination.

Survey Design The 2024 Arizona Profiles data were collected using CDC's standardized surveys between January 2024 and June 2024. School principals and lead health education teachers from schools with at least one grade 6–12 were recruited. Upon completing the survey (online or on paper), participants received participation incentives as a token of appreciation.

Use of 2021 Arizona YRBS Data for this report To provide context on student experiences and behaviors, 2021 Arizona YRBS student-reported data were included. These data help highlight gaps between student behaviors and school-reported policies and practices, identifying areas where schools may need additional support or resources.

Survey Representativeness Profiles data are weighted to represent Arizona **schools**, while YRBS data are weighted to represent Arizona **students**.

Executive Summary

The 2024 Arizona School Health Profiles (Profiles) provides a statewide snapshot of health education, policies, programs, and supports in Arizona middle and high schools. The findings highlight meaningful progress in some areas, while revealing persistent gaps in school health infrastructure, staff training, and implementation of evidence-based practices. A total of 249 out of 421 sampled eligible schools returned one or both questionnaires, including 57% of principals and 44% of lead health education teachers. Schools included regular public, charter, vocational, and special education schools in Arizona. Private schools were not included for the survey.

According to the 2024 Arizona data, more than half of high schools (59.9% to 70.0%) offered health-promoting skills in their health education courses (e.g., health-enhancing behaviors to reduce risks, decision-making skills to support health). About six in ten high schools (64.0%) had security guards on campus, compared to 22.5% of middle schools. Most schools had designated staff to whom students could confidentially report bullying and sexual harassment (94.4% in high schools and 94.0% in middle schools).

The findings also highlight a substantial gap in support for health educators in schools. About half of lead health education teachers (47.4%) in high schools and one-third (32.6%) in middle schools were not certified, licensed, or endorsed by the state to teach health education, and they expressed a desire for more professional development in various health topics. Additionally, only 40.5% of high schools and 25.9% of middle schools had at least one group, such as a school health council or committee, to guide policy development or coordinate activities on health topics.

There are several topical areas, such as physical activity and nutrition, violence prevention, and suicide prevention, highlighted in this report. Regarding physical activity, for example, only a small fraction of schools have a written plan (15.2% of high schools and 14.4% of middle schools), and high schools were notably behind middle schools in providing students with physical activity opportunities during the school day outside of physical education (70.7% vs. 99.1%). This suggests the need for structured planning for physical activity and enhanced engagement at the high school level. There are equally clear opportunities to bolster the school food environment, particularly by increasing access to fruits and vegetables. Fewer than half actively solicited input from students, families, or staff on nutritious food preferences and healthy-food strategies. While a majority of high schools aimed to increase students' knowledge about substance-use prevention (80.4%) and tobacco-use prevention (74.1%), fewer than half of middle schools reported doing so.

Additionally, in the context of suicide prevention, key data points emphasized the need for upstream and actionable practices—such as staff professional development, written crisis protocols, universal screening, and the role of school nurses. While most schools reported referring students at risk for suicide to mental health services (83.5% of high schools and 87.2% of middle schools) and notifying parents when a student is at risk (79.8% of high schools and 90.2% of middle schools), the data also indicate that improvements could be made in health education and the broader school environment to better support mental health and safety initiatives.

In summary, the 2024 survey reveals both successes and significant gaps in support for health educators and the absence of formal health-policy structures in many schools. The aforementioned key areas require systematic action—including written plans, community engagement, and staff training—to ensure healthier and safer school environments.

2024 Participation Rate

57%

Principals

44%

Lead health
Education teachers

Of the 421 eligible schools, 249 responded to the survey. The participating schools included at least one grade from 6 through 12

Included

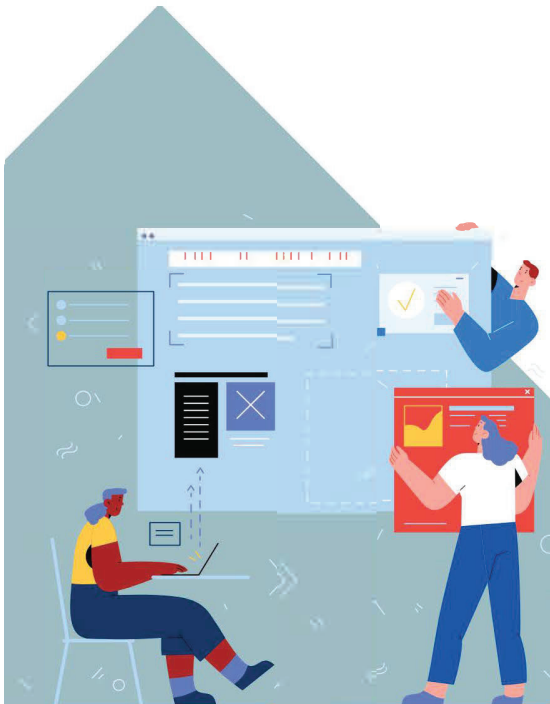
- Regular public
- Charter
- Alternative
- Vocational
- Special Education

Not included

- Private

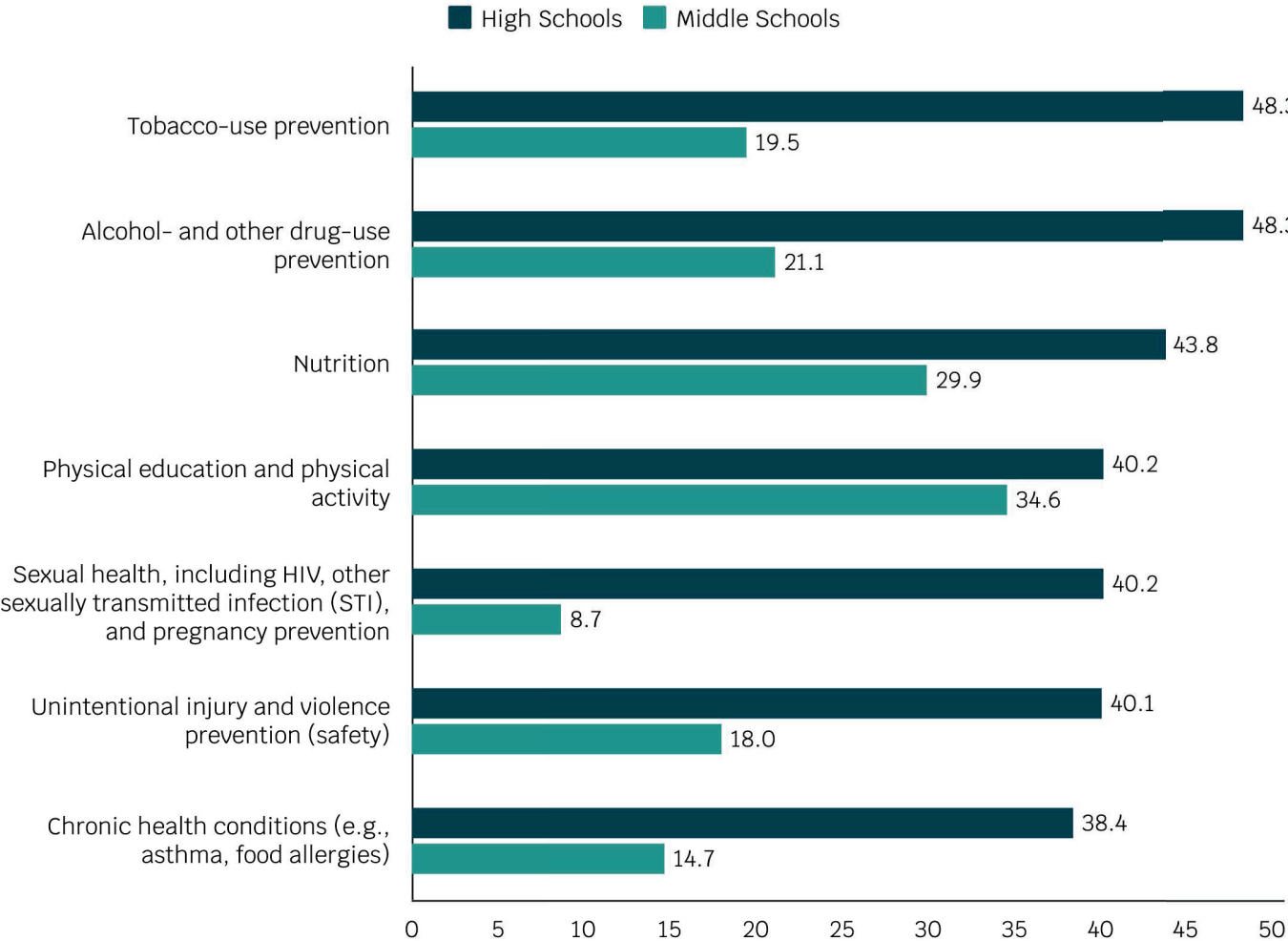
Table of Contents

	Page
School Health Assessments and Guidance	05
Lead Health Education Teacher/Staff	07
Health-Promoting Skills Offered by Health Education Course	08
Registered Nurse and School-Based Health Center	08
Before or After-School Activities	08
Resources for Safe School Environment and Violence Prevention	09
Sexual Health	11
Suicide Prevention	13
Mental and Emotional Health	14
Nutrition and Physical Activity Curriculum	15
Food Offerings and Food Environment	18
Opportunities for Physical Activity	19
Substance Use-Related Topics	21
Discussion	22



School Health Assessments and Guidance

Percentage of schools that **ever used the School Health Index* or other self-assessment tool** to assess school policies, activities, and programs on this topic



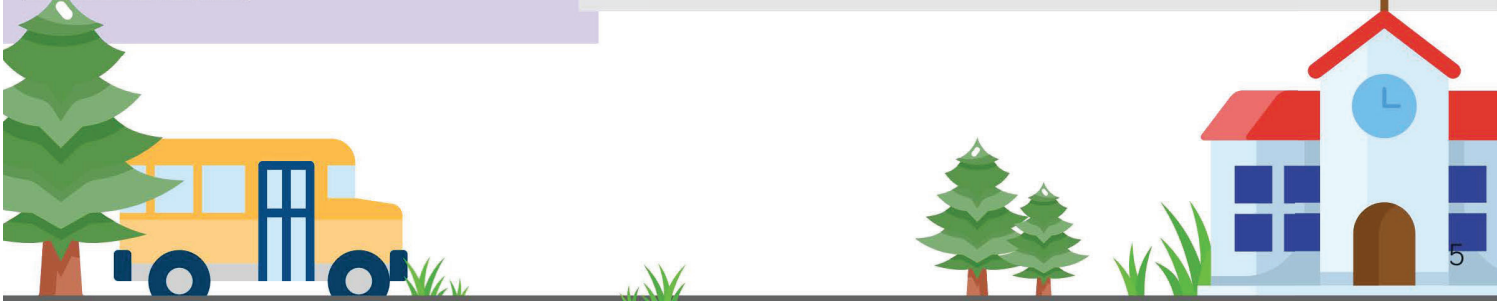
The **School Health Index (SHI)*** is a tool developed by the U.S. Centers for Disease Control and Prevention (CDC) that helps schools assess and improve their health and safety policies and programs.

To learn more about SHI, please visit: <https://www.cdc.gov/assessing-improving-school-health/shi/>

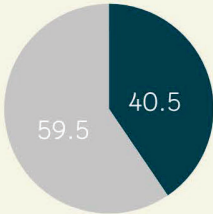
Arizona high school students reported that ...

- **22.4%** are currently drinking alcohol.
- **17.2%** currently vape.
- **12.9%** have any physical disabilities or long-term health problems.
- **21.6%** have long-term emotional problems or learning disabilities.
- **24.7%** are currently sexually active.
- **11.6%** of those who are sexually active do not use any methods to prevent pregnancy and/or sexually transmitted diseases.
- **55.3%** of males and **34.0%** of females are physically active at least 60 minutes per day on 5 or more days.
- **44.3%** of females try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals during the past 30 days (**14.1%** of males).

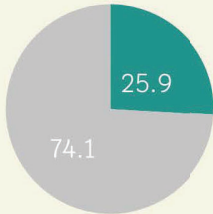
Student data are based on the 2021 Arizona Youth Risk Behavior Survey.



Percentage of schools that **have one or more than one group** (e.g., school health council, committee, team) **that offers guidance** on the development of policies or coordinates activities on health topics

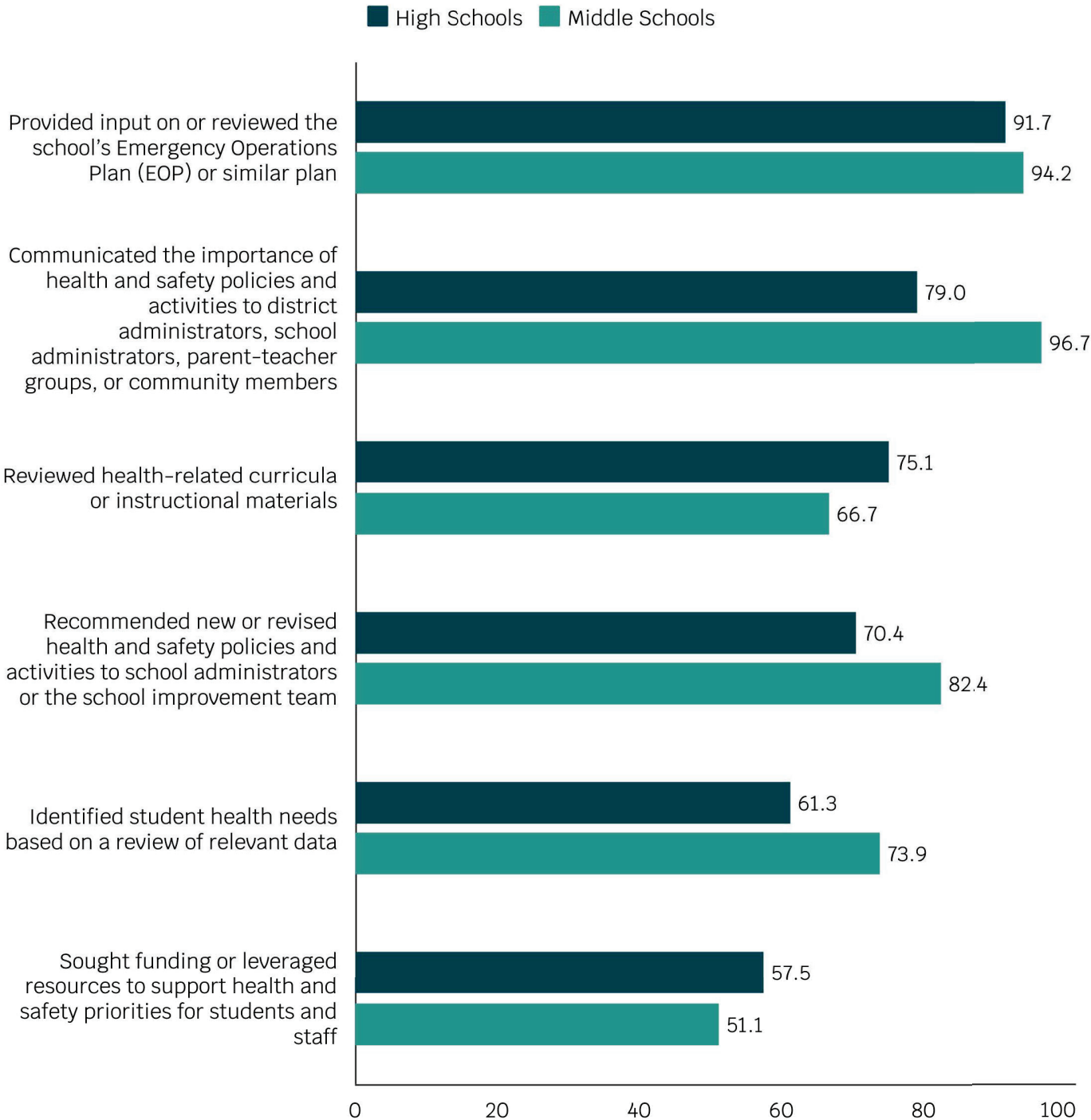


High schools



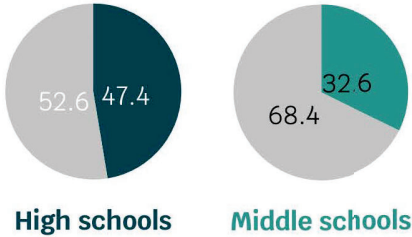
Middle schools

Among schools that have one or more than one group that offers guidance, below are the percentages of schools that implemented the following activities



Lead Health Education Teacher/Staff

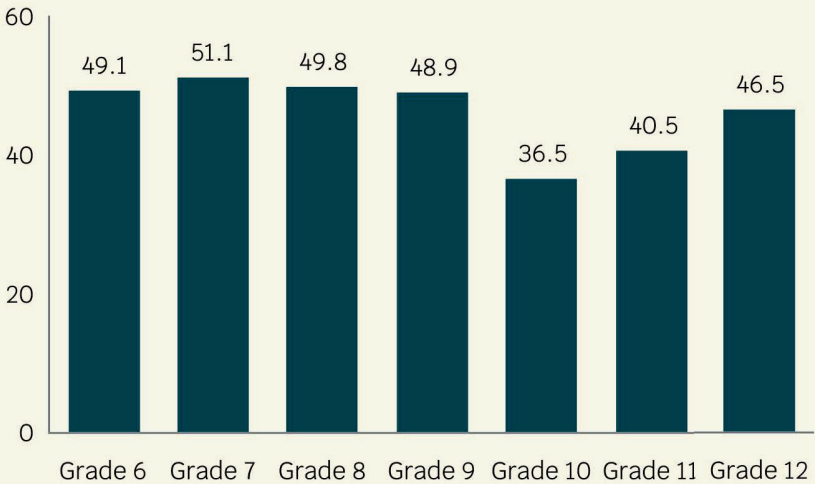
Percentage of schools in which the lead health education teacher is **certified, licensed, or endorsed by the state*** to teach health education in middle school or high school



*A credentialed lead health education teacher in Arizona holds a state teaching certificate plus a health education endorsement, earned through required coursework and either 30 semester hours in health education or passing the Arizona Educator Proficiency Assessment (AEPA) exam. They must also meet standard state certification requirements, including a bachelor’s degree, teacher-preparation program, exams, and fingerprint clearance. For more information, please visit the Arizona Department of Education website at www.azed.gov.

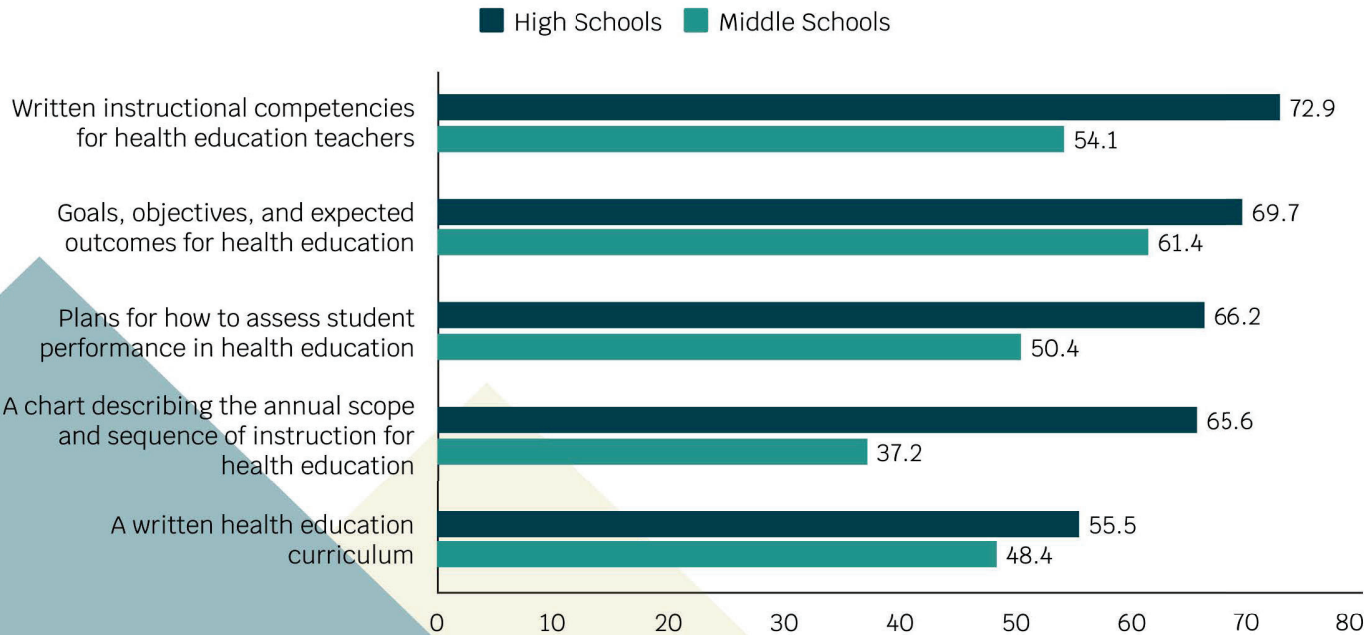
Course Offerings

Percentage of schools that **taught a required health education course** in each of the following grades



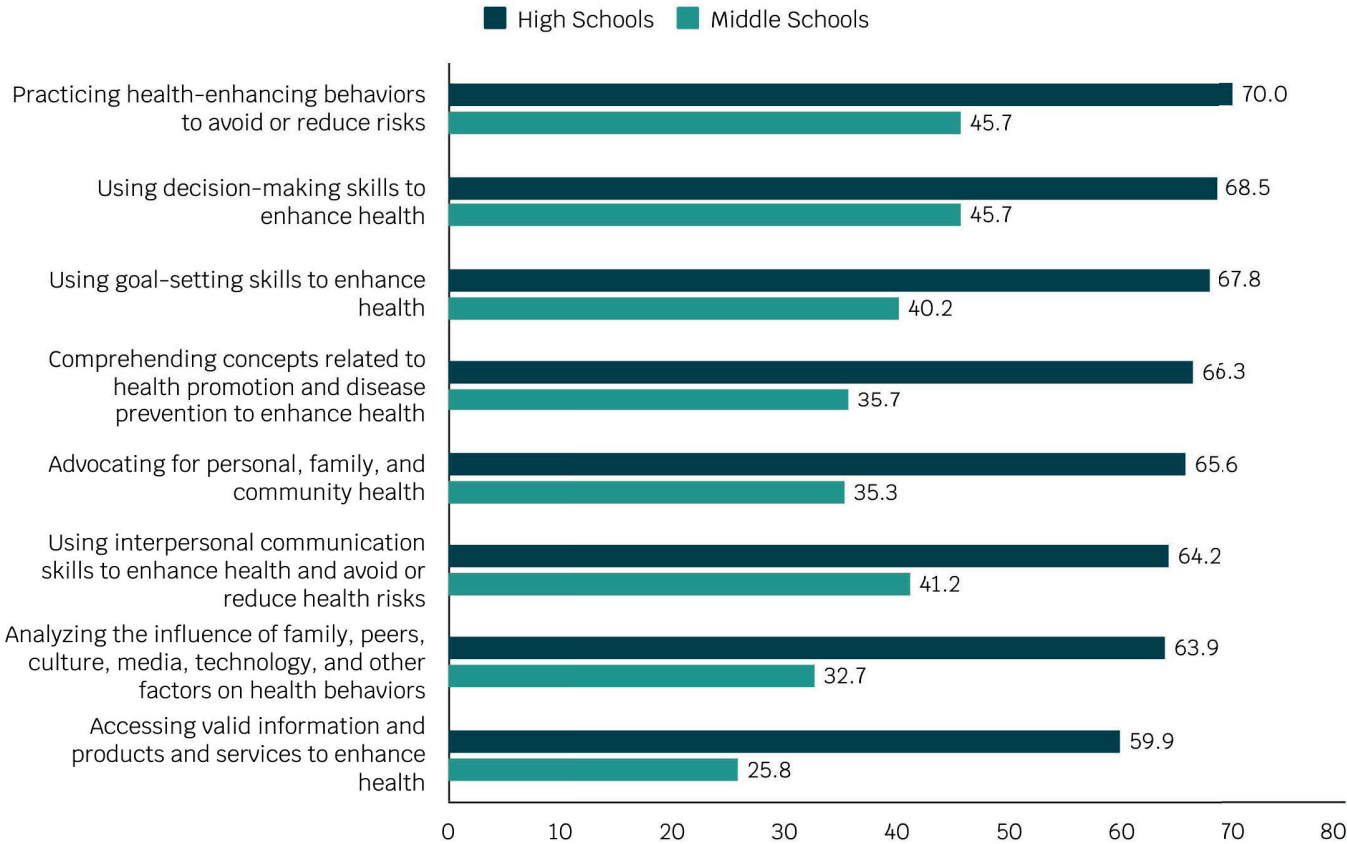
Health Education Materials

Percentage of schools in which those who teach health education are provided with each of the following materials



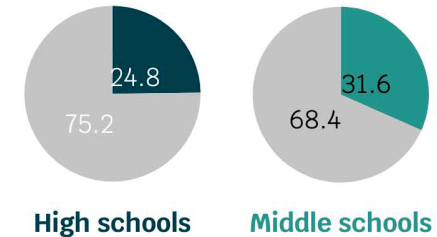
Health-Promoting Skills Offered by Health Education Course

Percentage of schools in which the health education curriculum addresses each of the following skills

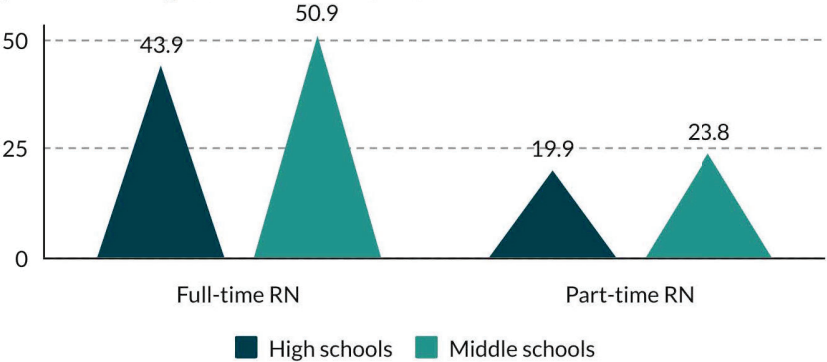


Registered Nurses and School-Based Health Center

Percentage of schools that have a **school-based health center** that offers health services to students

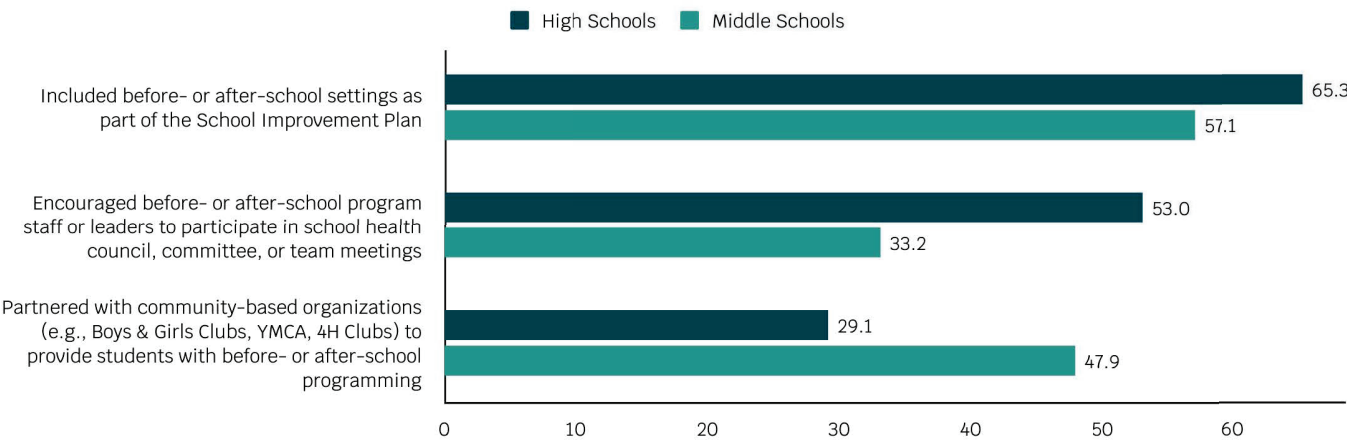


Percentage of schools that have a full-time or part-time **registered nurse (RN)**



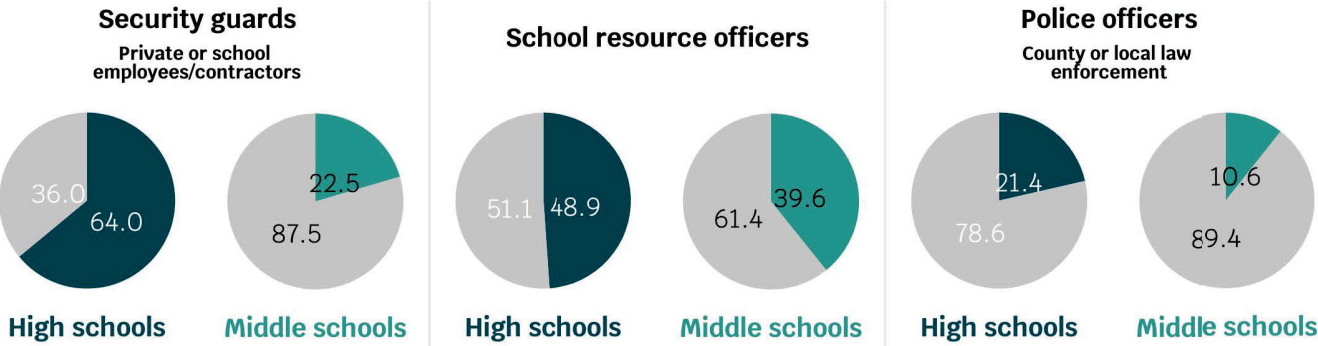
Before or After-School Activities

Percentage of schools that have taken any of the following actions

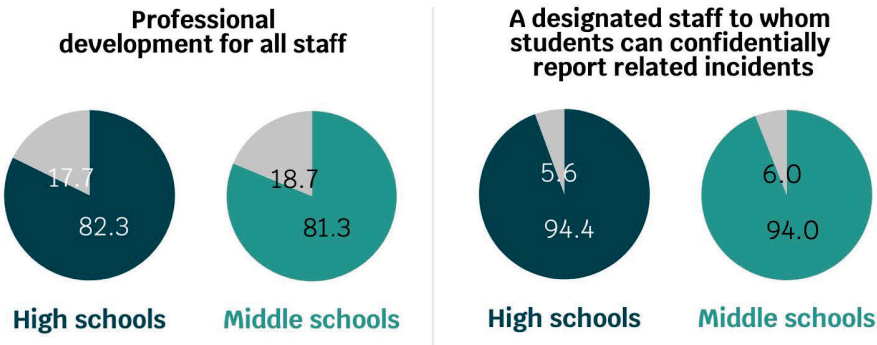


Resources for Safe School Environment and Violence Prevention

Percentage of schools that use the following types of **security staff** during the regular school day



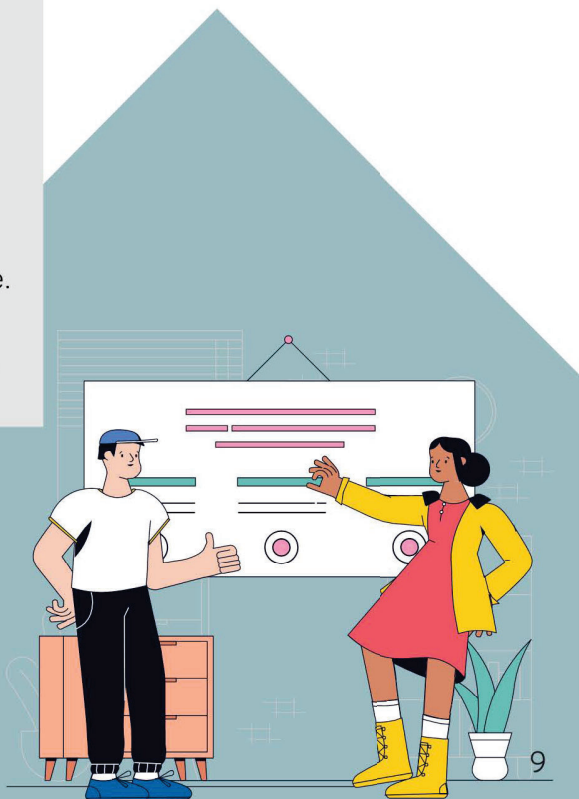
Percentage of schools that had the following types of resources for **student bullying and sexual harassment, including electronic aggression**, during the past year



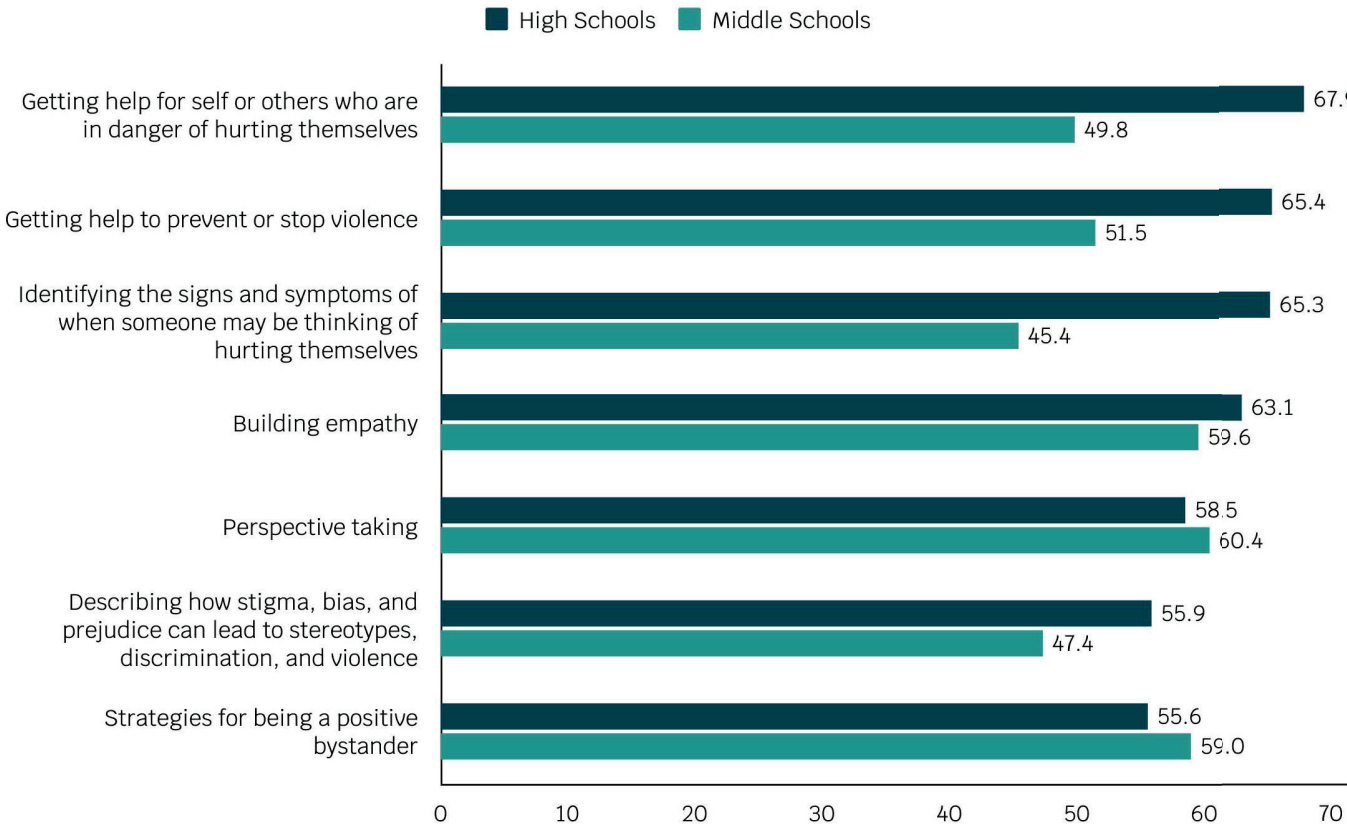
Arizona high school students reported that ...

- **5.3%** missed one or more school days due to safety concerns in the past 30 days.
- **3.6%** carried a weapon on school property (such as a gun, knife, or club, on at least 1 day during the last 30 days).
- **8.2%** were threatened or injured with a weapon on school property (such as a gun, knife, or club, one or more times during the last 12 months)
- **9.9%** bullied someone online in the past 12 months.
- **17.8%** have been bullied on school property in the past 12 months.
 - More females (**21.8%**) than males (**13.6%**) have been bullied at school.
- **19.9%** were bullied online.
 - More females (**26.3%**) than males (**13.5%**) have been bullied online.
- **22.9%** of females reported that someone forced them to engage in sexual acts in the past 12 months (**5.0%** of males).
- **19.1%** of females experienced sexual dating violence (**3.9%** of males).

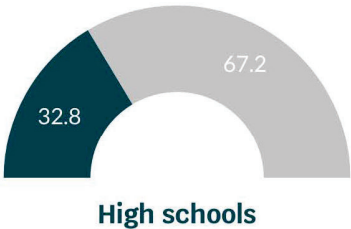
Student data are based on the 2021 Arizona Youth Risk Behavior Survey.



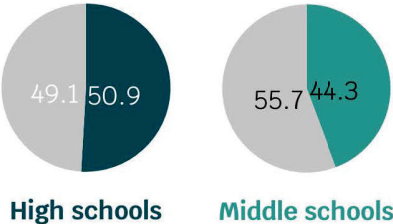
Percentage of schools in which teachers taught each of the following **violence prevention topics in a required course** for students during the current school year



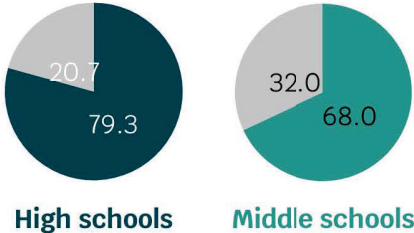
Percentage of schools in which **teachers taught how to recognize and respond to sexual victimization and violence** (grades 9–12 only)



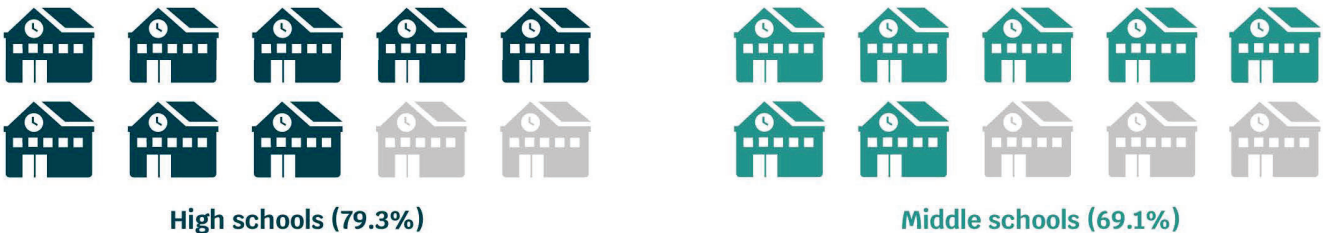
Percentage of schools that offer **professional development on violence prevention**



Percentage of schools in which the lead health education teacher **would like to receive professional development on violence prevention**



Percentage of schools in which **teachers tried to increase student knowledge on violence prevention** in a required course during the current school year



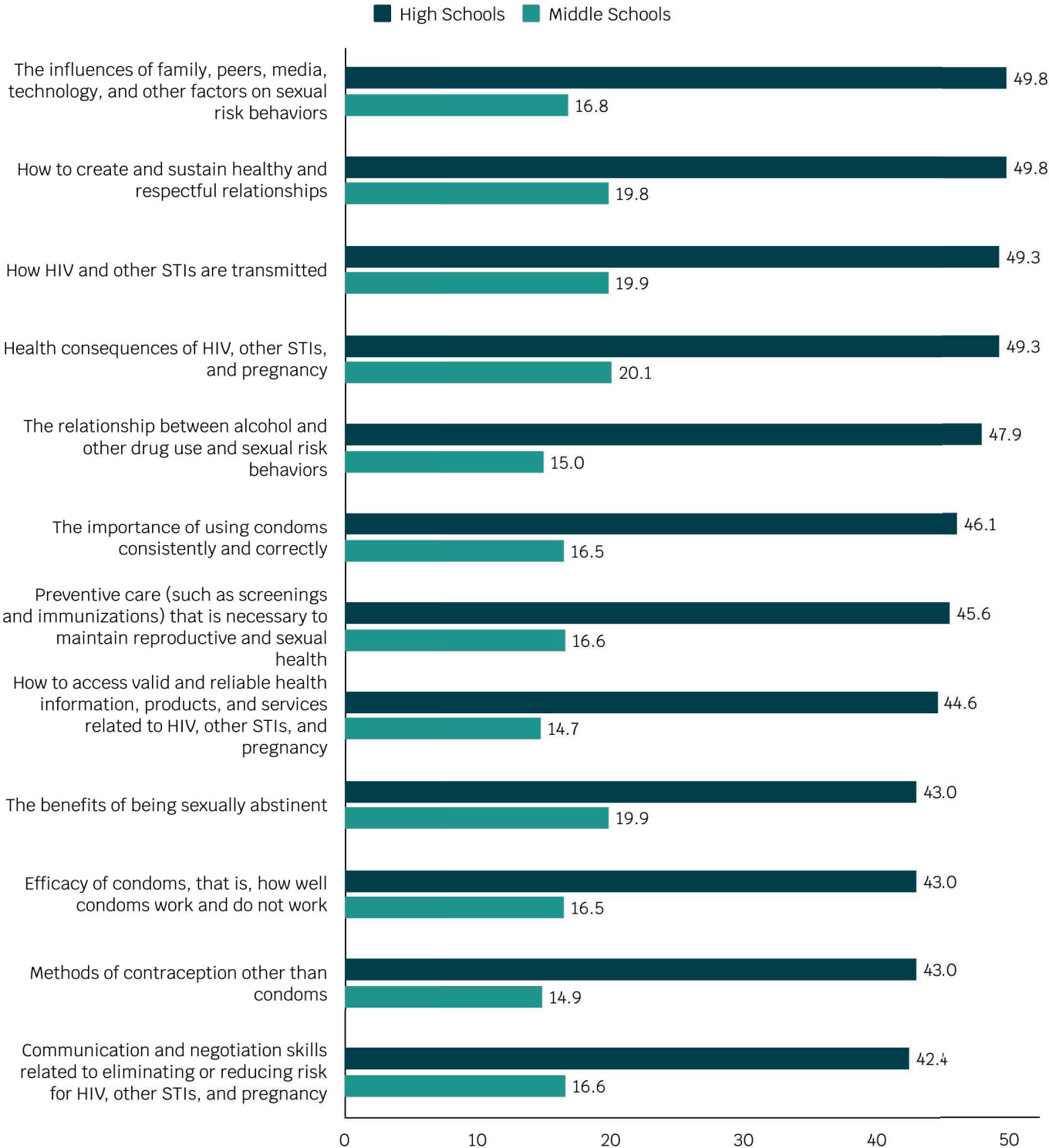
Sexual Health

Arizona high school students reported that ...

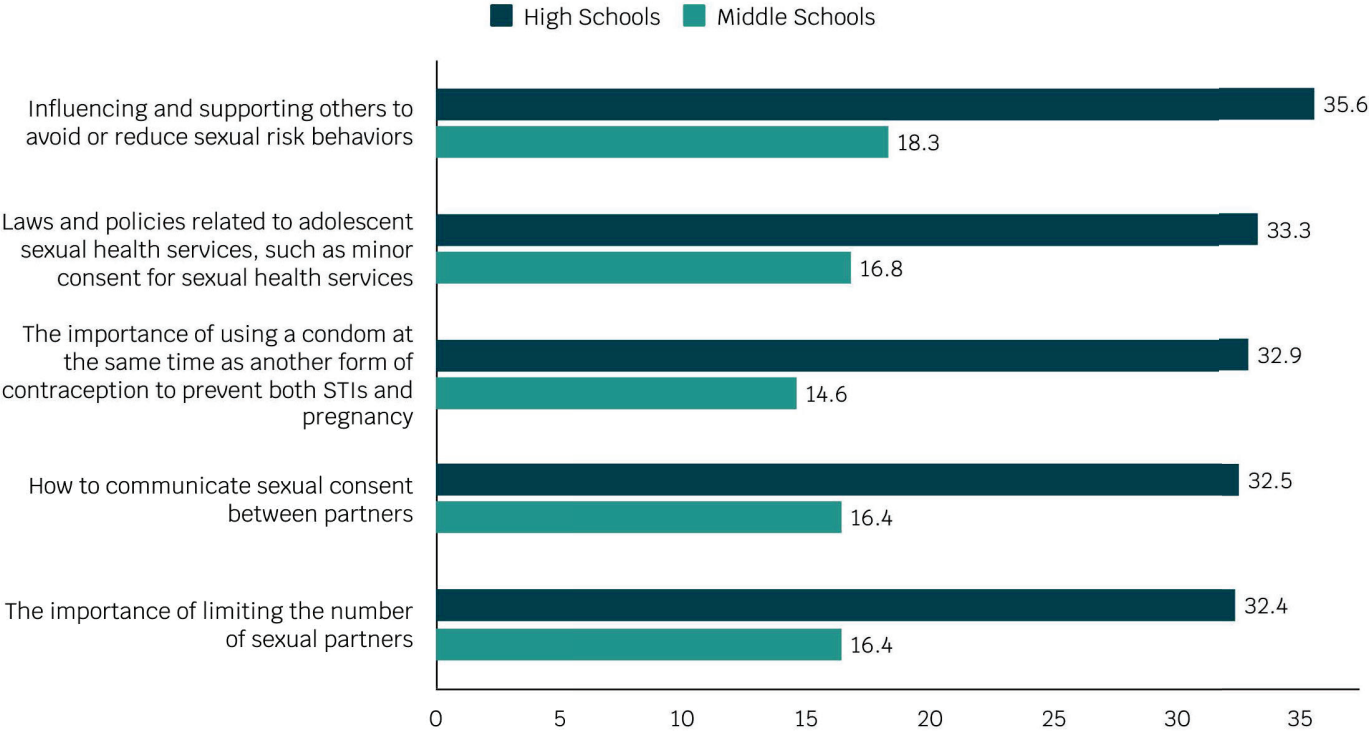
- **24.7%** are currently sexually active.
- **11.2%** of those did not use any method to prevent pregnancy during last sexual intercourse with an opposite-sex partner.
- **26.4%** drank alcohol or used drugs before last sexual intercourse.
- **4.1%** were tested for a sexually transmitted disease other than HIV, such as chlamydia or gonorrhea during the past 12 months.

Student data are based on the 2021 Arizona Youth Risk Behavior Survey.

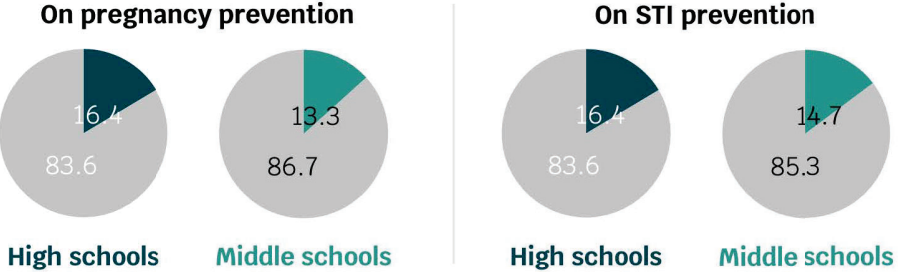
Percentage of schools in which **teachers taught each of the following sexual health topics** in a required course for students during the current school year



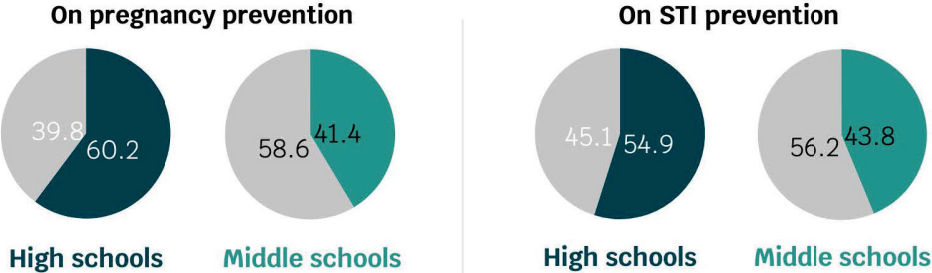
Percentage of schools in which **teachers taught each of the following sexual health topics** in a required course for students during the current school year (cont.)



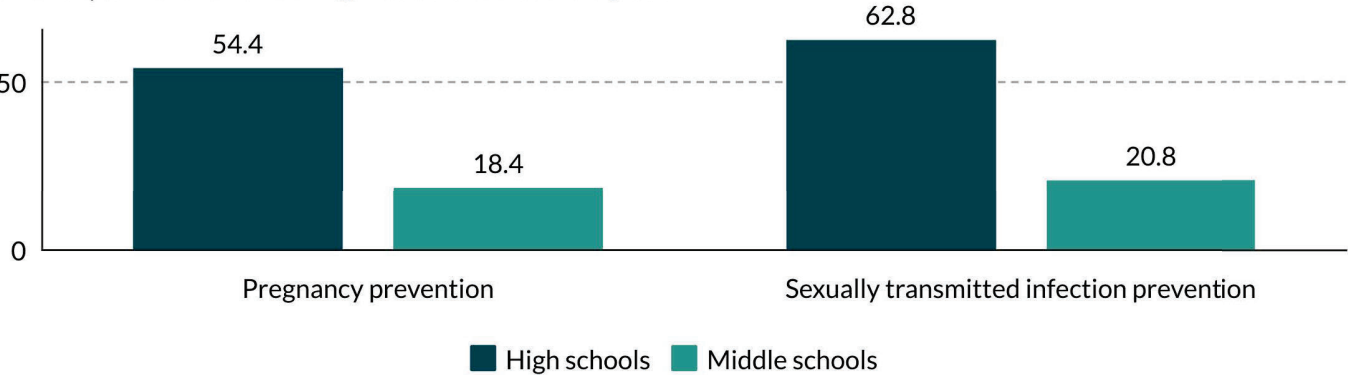
Percentage of schools that offer **professional development**



Percentage of schools in which the lead health education teacher **would like to receive professional development**

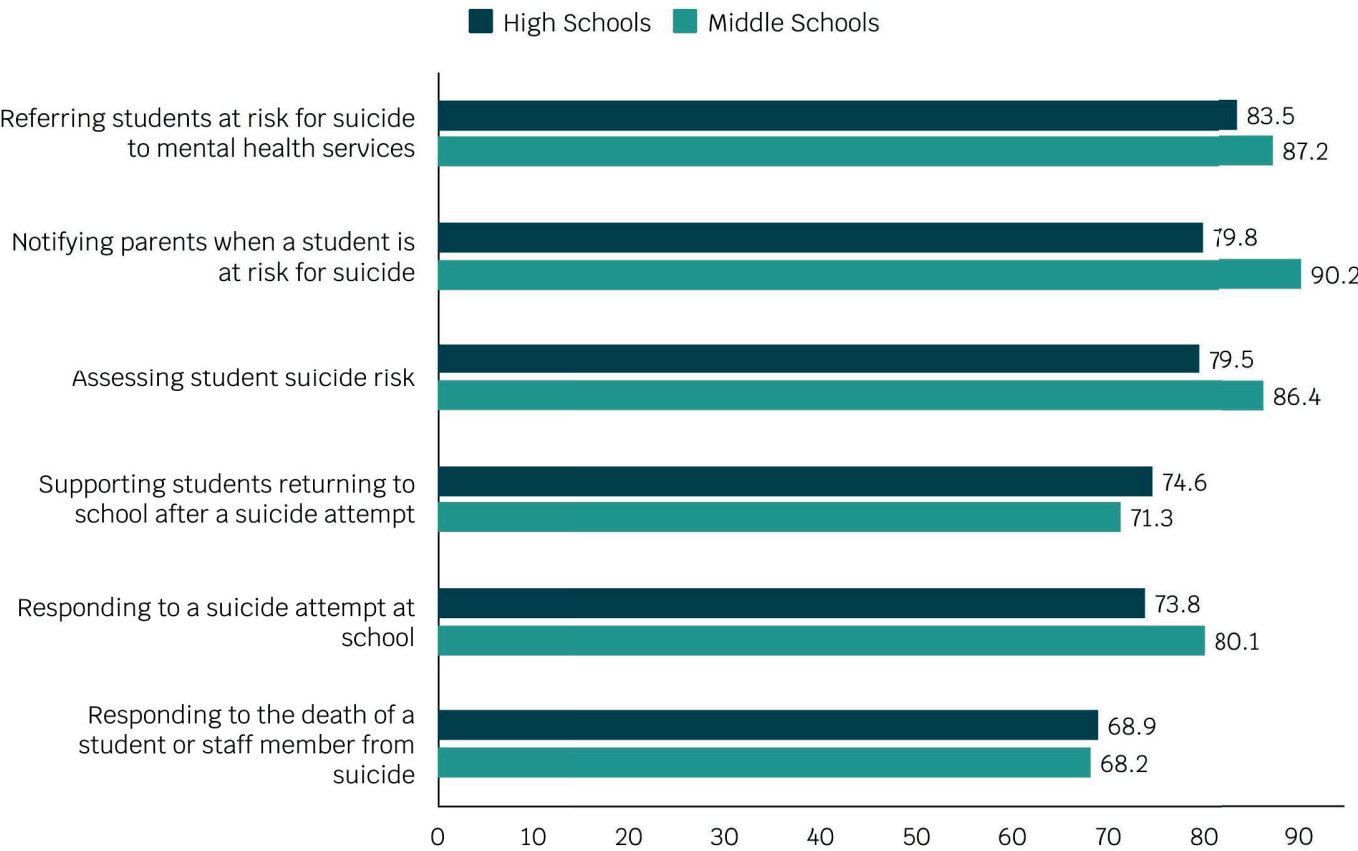


Percentage of schools in which **teachers tried to increase student knowledge on the following topics** in a required course during the current school year



Suicide Prevention

Percentage of schools that have **written protocols** for the following **suicide prevention practices**

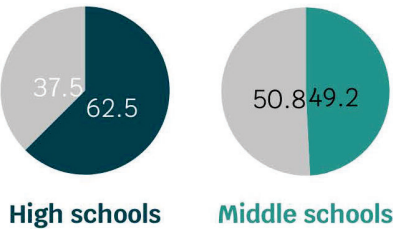


Arizona high school students reported that ...

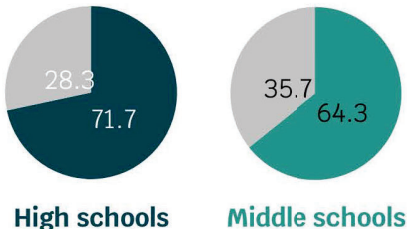
- **23.5%** seriously considered attempting suicide in the past 12 months (**32.4%** of females and **14.2%** of males reported suicide considerations)
- **19.7%** made a plan about attempting suicide in the past 12 months.
- **11.4%** attempted suicide in the past 12 months (**6.9%** attempted suicide multiple times [more than twice]).

Student data are based on the 2021 Arizona Youth Risk Behavior Survey.

Percentage of schools that offer **professional development on suicide prevention**



Percentage of schools in which the lead health education teacher **would like to receive professional development on suicide prevention**



Percentage of schools in which **teachers tried to increase student knowledge on suicide prevention** in a required course during the current school year



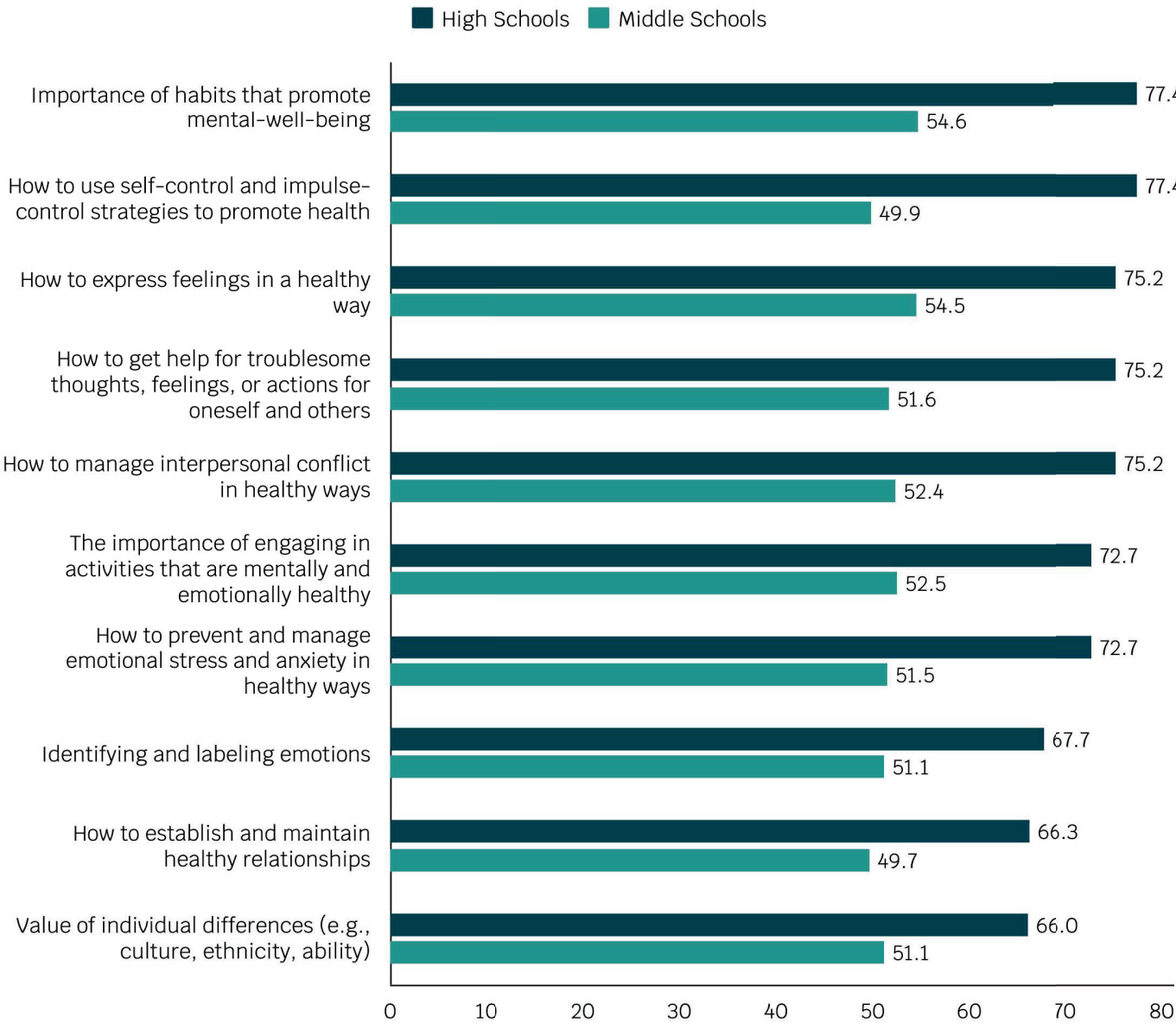
Mental and Emotional Health

Arizona high school students reported that ...

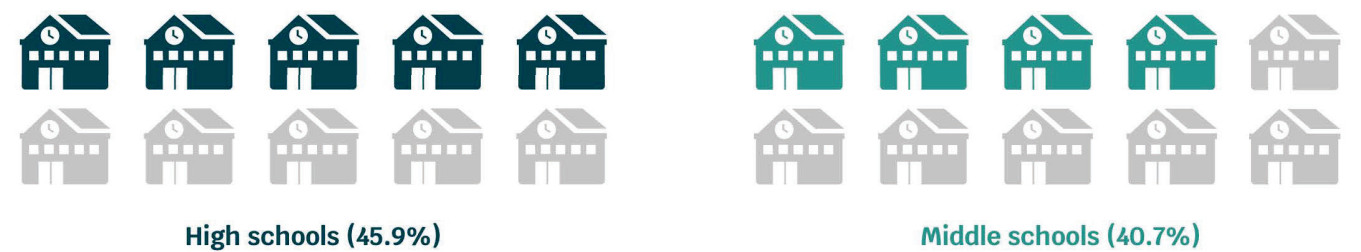
- **50.6%** of females' mental health was not good most of the time or always not good always (including stress, anxiety, and depression) in the past 30 days (**21.5%** of males).

Student data are based on the 2021 Arizona Youth Risk Behavior Survey.

Percentage of schools in which **teachers taught each of the following mental and emotional health topics** in a required course for students in any of grades 6 through 12 during the current school year



Percentage of schools that provided parents and families with **health information designed to increase parent and family knowledge of mental and emotional health** during the current school year

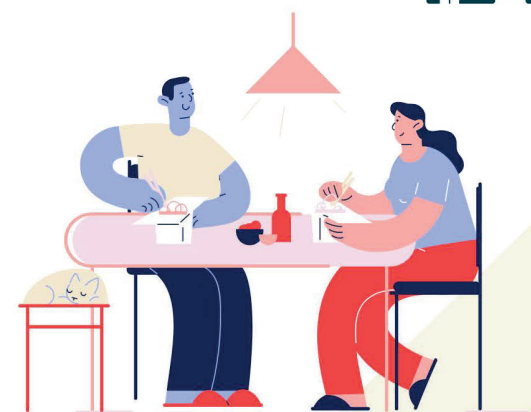
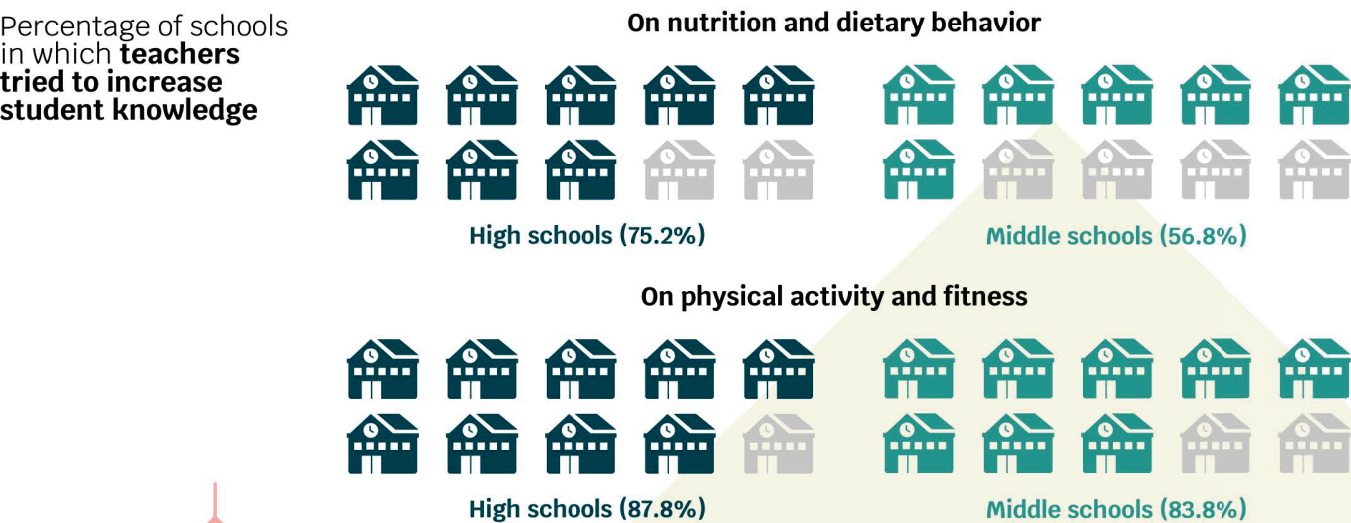
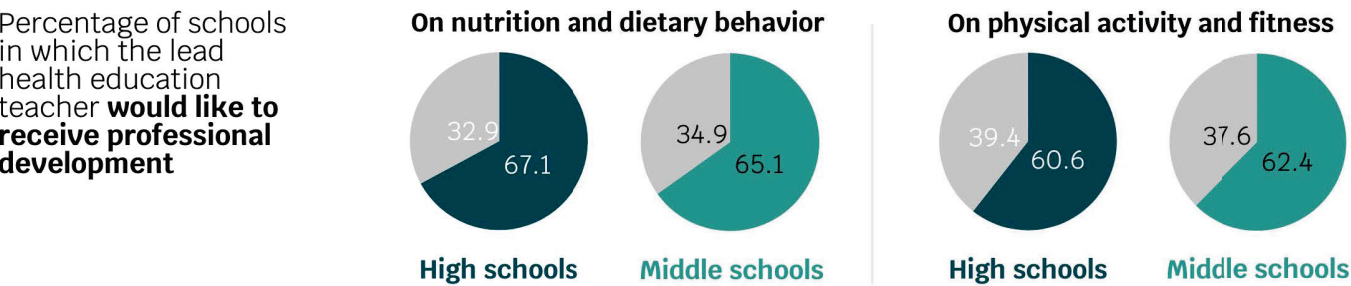
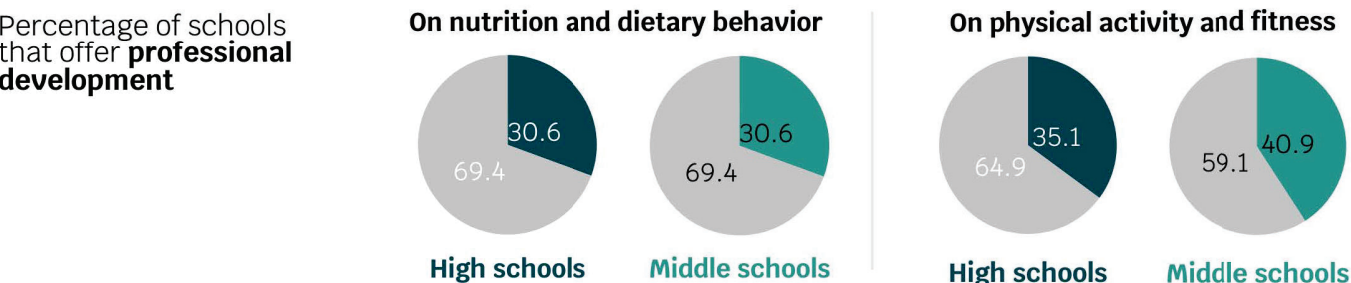


Nutrition and Physical Activity Curriculum

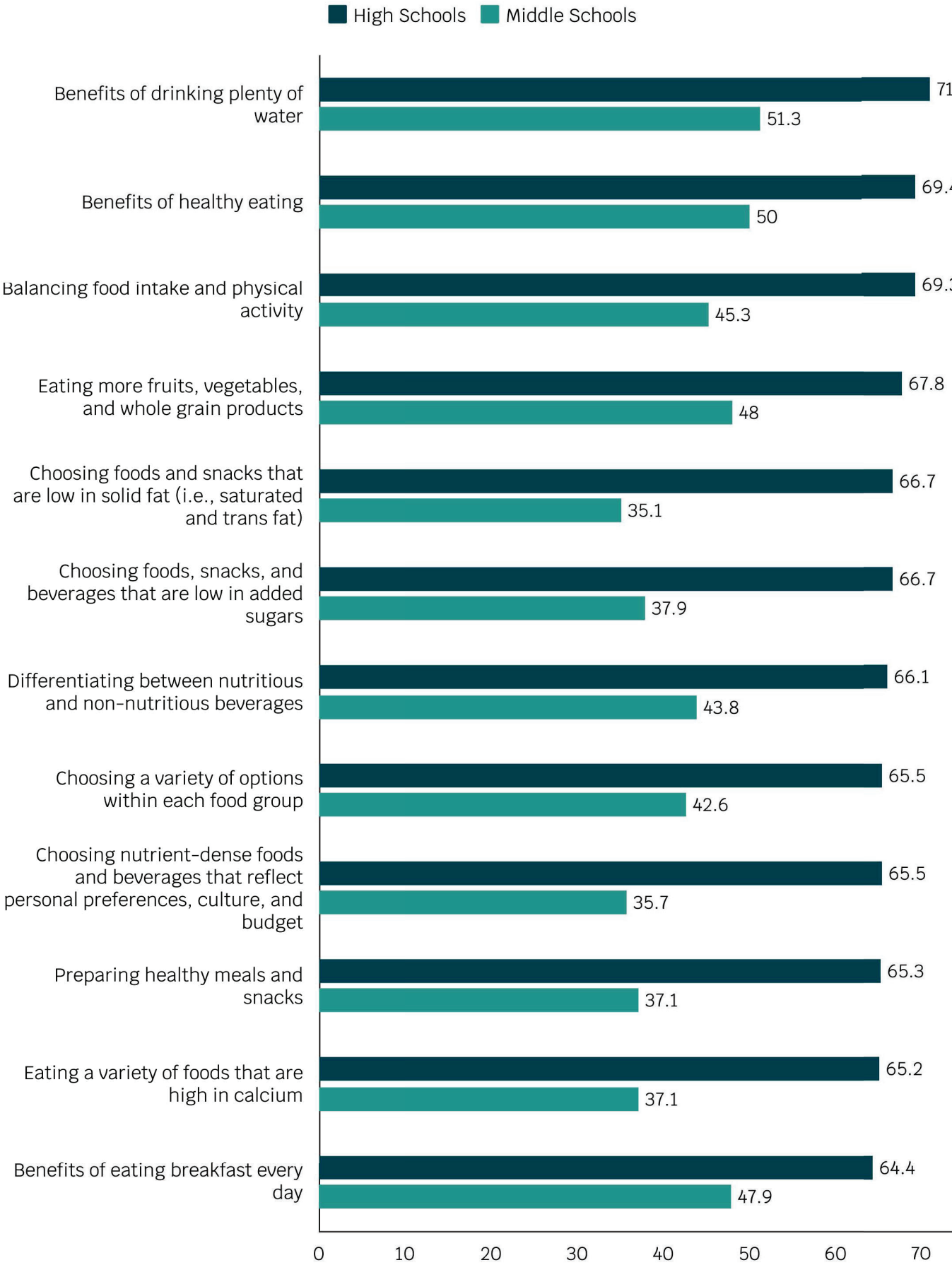
Arizona high school students reported that ...

- **55.3%** of males and **34.0%** of females are physically active at least 60 minutes per day on 5 or more days.
- **44.3%** of females try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals during the past 30 days (**14.1%** of males).
- **10.3%** did not eat vegetables (green salad, potatoes [excluding french fries, fried potatoes, or potato chips], carrots, or other vegetables during the past 7 days).
- **14.9%** drank a can, bottle, or glass of soda or pop one or more times per day (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the past 7 days)
- **21.6%** did not eat breakfast during the past 7 days.

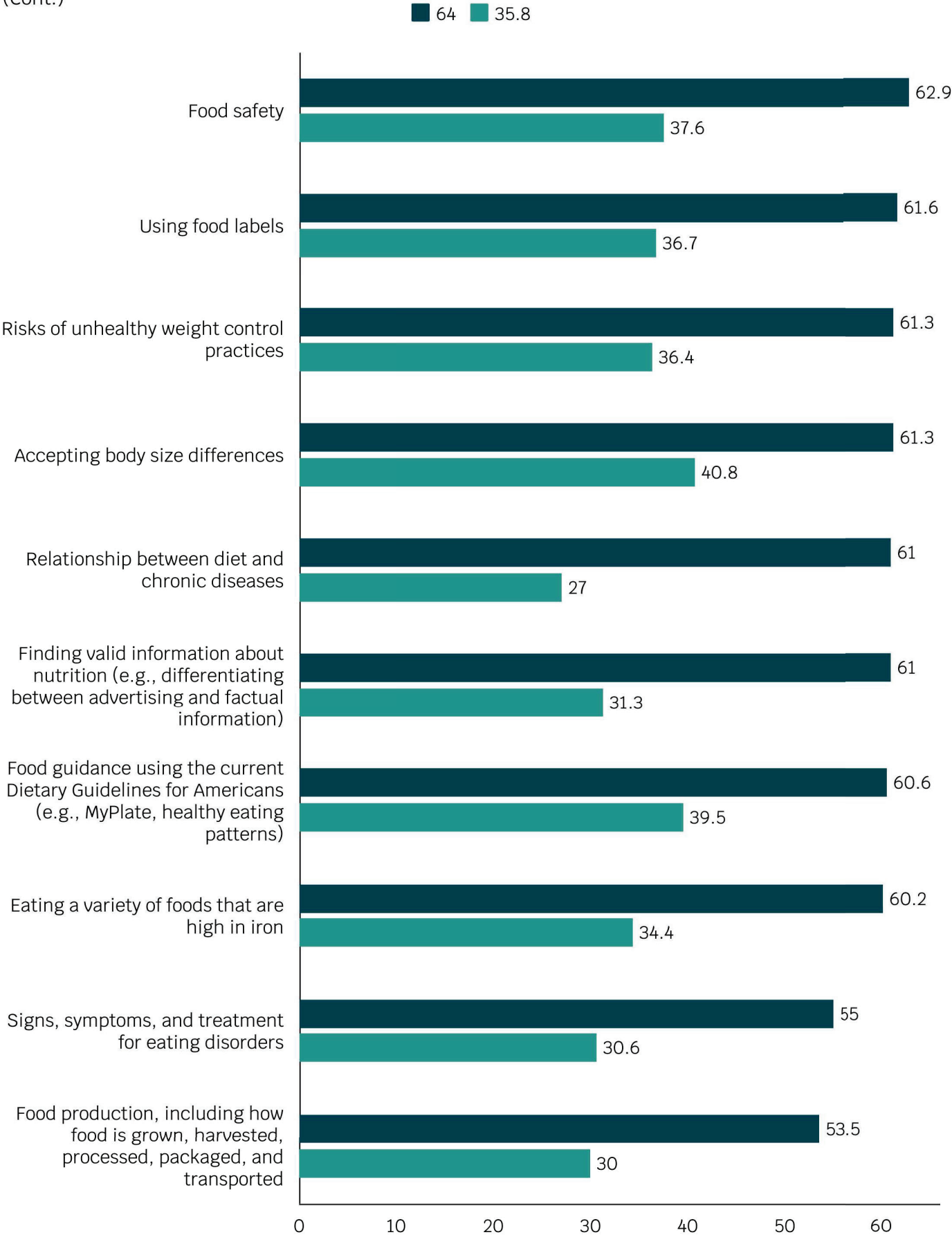
Student data are based on the 2021 Arizona Youth Risk Behavior Survey.



Percentage of schools in which **teachers taught each of the following nutrition and dietary behavior topics** in a required course for students in any of grades 6 through 12 during the current school year.

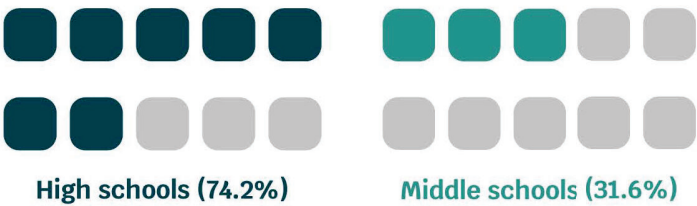


Percentage of schools in which **teachers taught each of the following nutrition and dietary behavior topics** in a required course for students in any of grades 6 through 12 during the current school year. (Cont.)

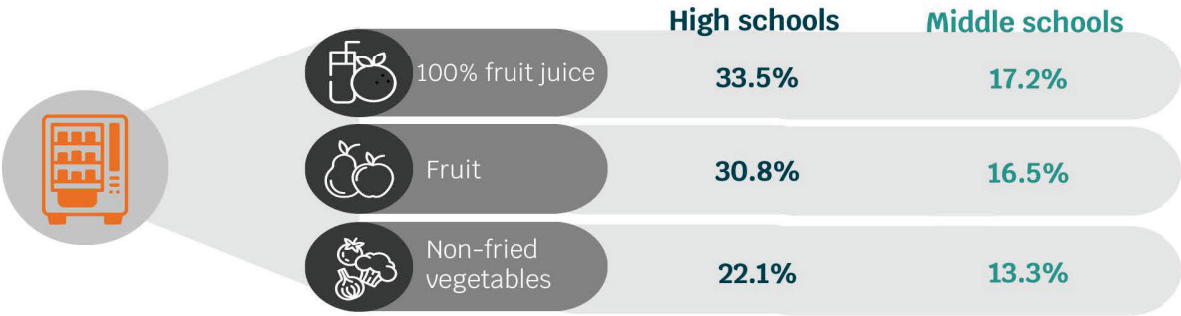


Food Offerings and Food Environment

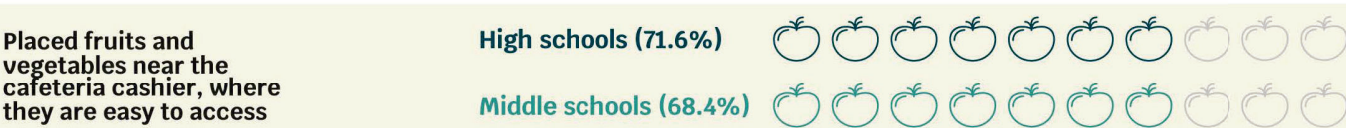
Percentage of schools in which **students can purchase snack foods or beverages** from one or more vending machines at the school or at a school store, canteen, or snack bar



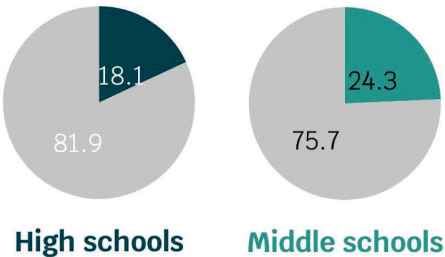
Percentage of schools in which **students can purchase the following snack foods or beverages** from vending machines or at the school store, canteen, or snack bar



Percentage of schools that have done any of the following activities during the current school year



Percentage of schools that have a joint use agreement for shared use of **kitchen facilities and equipment** (for promoting health and nutrition through shared community resources)



Opportunities for Physical Activity

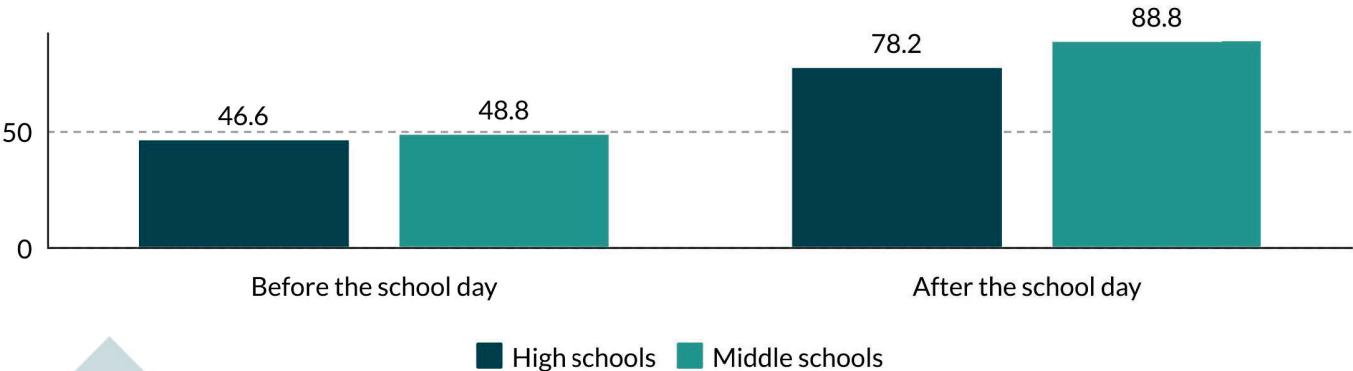
Percentage of schools that have a **written plan for providing opportunities for students to be physically active before, during, and after school**



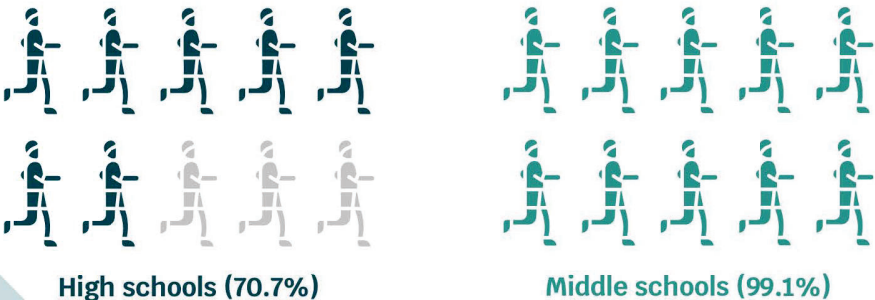
Percentage of schools that have **assessed opportunities available to students to be physically active before, during, or after school**



Percentage of schools that offer **opportunities for students to participate in physical activity through organized physical activities or access to facilities or equipment for physical activity** during the following times



Percentage of schools that offer **opportunities for all students to be physically active during the school day, such as recess, lunchtime intramural activities, or physical activity clubs***



*Not including physical education and classroom physical activity

Substance Use–Related Topics

Percentage of schools in which teachers **tried to increase student knowledge on the following topics in a required course** in any of grades 6 through 12 during the current school year

Alcohol- or other drug-use prevention



In addition...



When it comes to teaching detailed content about this topic, one in five middle schools taught varying details, including communication skills to avoid them (20.4%) and situational awareness (20.5%).



Rates of covering detailed topics were higher for high schools, such as proper use vs. abuse (53.2%) and alcohol and other drug use for weight management (46.8%)



One in five (18.2%) high schools and 7.7% of middle schools provide students with assessment for alcohol or other drug use, abuse, or dependency.

Arizona high school students reported that ...

- 16.5% of students were offered an illegal drug on school property in the past 12 months.
- 13.0% attended school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine.

Student data are based on the 2021 Arizona Youth Risk Behavior Survey.

Tobacco-Use Prevention



In addition...



Four in ten (36.8%) high schools and one in ten (10.5%) middle schools taught all the detailed topics (e.g., social media influences on tobacco product use, effects of second-hand smoke) about tobacco-use prevention.



Four in ten (39.2%) high schools and one in four (23.5%) middle schools provided parents and families with health information about tobacco-use prevention or cessation.



One in three (31.3%) high schools and one in four (23.1%) middle schools had lead health education teachers receive professional development in this topic.



Nine in ten high schools (90.3%) and middle schools (93.7%) have adopted a policy prohibiting tobacco use.



One in three (27.0%) high schools and 8.5% of middle schools provide students with tobacco-use cessation (e.g., individual or group counseling) services.



More than half of high schools (55.9%) and middle schools (59.4%) follow a policy that mandates a “tobacco-free environment*.”

Arizona high school students reported that ...

- 21.4% of students have ever tried cigarette smoking.
- 3.4% reported currently smoking cigarettes.
- 27.2% reported being in the same room with someone who was smoking cigarettes in the past 7 days.
- 40.0% of students have ever used an electronic vapor product (EVP).
- 17.2% reported currently using an EVP.

Student data are based on the 2021 Arizona Youth Risk Behavior Survey.

*A “tobacco-free environment” is one that prohibits tobacco use by students, staff, and visitors in school buildings, at school functions, in school vehicles, on school grounds, and at off-site school events, applicable 24 hours a day and seven days a week.

Discussion

The 2024 Arizona School Health Profiles (Profiles) findings reveal meaningful strengths across many schools, but they also highlight clear opportunities for improvement in the systems that support student health and wellness. It showed progress in areas such as the inclusion of health-promoting skills in high school curricula and the presence of designated staff for confidential reporting of bullying and harassment. Based on the 2024 Profiles data, several key areas have been identified for improvement:

As for school health infrastructure, staff training, and implementation of evidence-based practices, the results collectively point to the need for **strengthened school health infrastructure**, including formal structures such as school health councils and written plans that guide coordinated efforts across health topics. More than half of lead health education teachers at high schools (52.6%) and middle schools (68.4%) were not state-certified, licensed, or endorsed to teach health education, meaning most schools are not meeting this staffing expectation. This mirrors the 2022 Profiles data, which showed that Arizona had the lowest rate of health education certification (35.8%) compared to the national average of 77.6%. A lack of staff with formal preparation in health education underscores the importance of **expanded professional development** to ensure teachers are equipped to deliver high-quality instruction.

The data further emphasize the need for **consistent implementation of evidence-based health curricula**, particularly in areas such as physical activity, nutrition, violence prevention, and suicide prevention. Ensuring that health education is comprehensive and skills-based, and aligned with state and the Centers of Disease Control and Prevention (CDC) guidance can help bridge gaps between student needs and school-level practices.

Additionally, the findings point to significant opportunities to **strengthen school-community partnerships**, especially to address mental health and safety concerns. Collaborations with students, families, health agencies, and community organizations can help schools increase access to mental health supports, crisis response resources, and culturally responsive programming. By integrating these voices into planning and decision-making, schools can adopt consistent policies, improve the implementation of best practices, and better support the health, well-being, and safety of all students.

Several limitations should be considered when interpreting these findings. First, the data are based on self-report, which may be subject to recall or social desirability bias, and may not fully or accurately reflect current lead health educator credentialing practices. Second, the Profiles and YRBS measure different populations—school-level staff versus students—so comparisons between datasets may reflect differences in perspective rather than direct discrepancies. Finally, nonresponse bias is possible, as schools and individuals who chose not to participate may differ from those who completed the surveys.

Overall, the Profiles data reveal both strong foundations (e.g., the integration of key health skills in curricula and established supports for student safety) and clear opportunities for growth, emphasizing the need for ongoing investments that ensure all Arizona students can thrive academically, socially, and physically.

- For more information about the Arizona School Health Profiles and Youth Risk Behavior Survey, please visit our website: **azdhs.gov/yrbs**
- For data requests, please visit: **data.azdhs.gov**
- For general questions, please email: **aeval@azdhs.gov**

