



Investing in Healthcare to Keep Students in Class

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Absenteeism is shaped by factors often beyond schools' control, including student health, poverty, and environmental exposures. For example, **asthma** is a leading cause of missed school, and living in **higher-poverty** or **polluted areas** results in more absences. Chronic absenteeism is **defined** as missing 10% or more school days, and is linked to **lower school readiness, test scores, graduation rates, peer performance, and teacher satisfaction**. Students may miss additional school days if they **lack reliable healthcare access**. This can also **include** a lack of healthcare coverage, transportation resources to get to and from the doctor easily, or scheduling issues that require students to miss school for a doctor's appointment.

Rising Absenteeism and the Threat of Medicaid and Other Federal Cuts

Absenteeism spiked during the **COVID-19 pandemic** and remains high. Recently, states have made absenteeism part of school accountability systems, and districts are taking more systematic approaches to improving attendance. However, efforts to reduce absenteeism could be undermined as the Trump administration is considering cutting Medicaid with the new tax plan. One of many unforeseen consequences could be exacerbating chronic absenteeism, and thus, negatively impacting student learning. The latest **federal cuts** have been \$1 billion in funding for school mental health that was provided through the **2022 Bipartisan Safer Communities Act**, passed in the aftermath of the **school shooting in Uvalde, Texas**.

Medicaid, in combination with Children's Health Insurance Program (CHIP), **provides healthcare** for over 40 percent of all U.S. births, for 90 percent of children in foster care, half of all children with special health care needs, one-third of all school-aged children (approximately 37 million), and for more than 40 percent of children in rural and underserved communities. In a **survey** conducted this year by Healthy Schools Campaign, over 1,400 school administrators nationwide estimated that proposed Medicaid cuts would lead to a 70% reduction in mental health providers, a 47% reduction in physical health services, and a 29% reduction in Medicaid outreach and enrollment services.

Research on Healthcare Access and Absenteeism

Our preliminary analysis of the 2017- 2023 **National Survey of Children's Health (NSCH)** data covering over 160,000 students across all years shows a clear link between unmet healthcare needs and chronic absenteeism. Students who did not receive necessary healthcare were absent 1.13 additional school days per year, even after considering free/reduced lunch status, chronic illness, school belonging, school safety, gender, race, age, insurance coverage, and Adverse Childhood Experiences (ACE) scores.

Trends in unmet healthcare needs reveal concerning patterns. The percentage of students with unmet healthcare needs ranged from 2.7% in 2017 to a high of 4.4% during the COVID-19 pandemic in 2021. When looking at specific unmet needs over time, medical, vision, and ear care appear relatively stable. However, unmet mental health needs spiked during the COVID-19 pandemic and have leveled off but remain high compared to other healthcare needs. While dental needs decreased during the pandemic, they are still relatively high. Mental, dental, and medical health were the most frequently selected healthcare needs. Among the 3.8% of children from 2017 to 2023 who did not receive needed care, 30-40% of their parents cited mental, dental, or medical care as the care their child needed but did not receive.

Given the sharp rise in unmet mental health needs, we conducted a deeper analysis. When parents were asked why their children were not receiving mental health care, the most cited reasons were difficulty in getting an appointment and the cost. Geographic and political disparities are also significant: eight of the top 10 states with the highest proportion of students who did not get mental health services when needed were also red states during the 2024 election.

Reasons <i>mental</i> healthcare was not recieved	Percent
Getting an appointment	71
Issues related to cost	45
The services the child needed were not available in your area	41
The clinic or doctor's office wasn't open when this child needed care	19
This child was not eligible for the services	18
There were problems with getting transportation or childcare	13

These findings bring attention to the fact that, in addition to the many reasons why students are absent (e.g., academic difficulties, family circumstances, and/or negative school experiences), students may miss additional school days if they do not have reliable access to healthcare.

Current Approaches

In recent years, the federal government, states, and localities have implemented promising legislation and programs to support students' health needs. For example, under the [School-Based Mental Health Services \(SBMHS\) grant](#), the Department of Education allocated 19 million to fund states and local school districts for mental health services personnel. At the state level, [Wisconsin](#) is investing \$300 million in mental health services for schools, including programs and training for students, caregivers, and schools, increasing mental health providers. In 2024, [Delaware](#) passed legislation to lower student-to-counselor ratios (from 1:382 to 1:250) and student-to-psychologist ratios (from 1:2,547 to 1:700). On a local level, [Seattle](#) expanded youth

mental health partnerships with a \$7 million additional investment, bringing its total youth mental health budget to over \$19 million.

Policy Recommendations

These initiatives show what's possible when leaders invest in students' health. Rather than reversing progress through proposed Medicaid cuts, policymakers should double down on investments that strengthen access to care and help students thrive. To accomplish this, policymakers should:

- **Increase funding for Medicaid.** Strengthen Medicaid to ensure children, especially in low-income and rural communities, have access to comprehensive health services, especially preventative mental and dental care.
- **Improve access to mental health care.** Invest in initiatives like school-based health centers, telehealth services, and community partnerships to reduce wait times, expand provider availability, and lower healthcare costs for families.
- **Support school-based health initiatives.** Provide sustained funding for schools to hire more mental health professionals and nurses, building on successful models like the School-Based Mental Health Services (SBMHS) grant.

Every student deserves the chance to be healthy, present, and ready to learn. By prioritizing students' health through stronger Medicaid funding and expanded access to critical services, we can create the conditions every child needs to attend school consistently, learn effectively, and reach their full potential.