Center for Health Care Strategies

Better care where it's needed most

Exploring the Pathways to Medicaid Leadership: Survey Results Chartbook

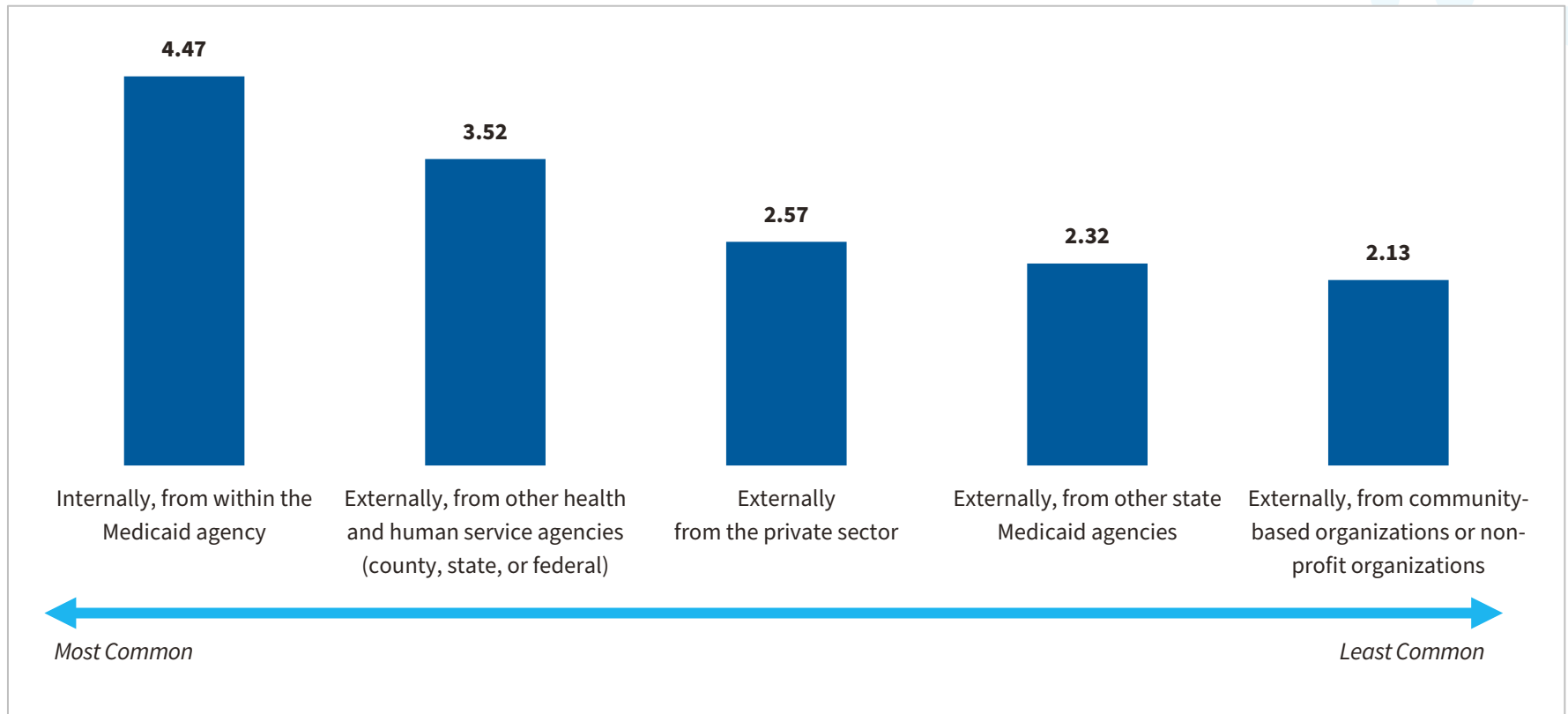**August 2021**

Introduction

With more than [80 million Americans enrolled](#), Medicaid serves as the nation's public health insurance program for children, adults, and seniors living in poverty as well as individuals with disabilities. Today's Medicaid leaders are responsible for supporting the health needs of millions of individuals, while balancing federal and state priorities around fiscal stewardship, quality assurance, and program integrity. Despite the significant role of Medicaid leaders, states and territories often struggle to recruit and retain senior leaders with the experience necessary to administer the program with an appropriate mix of operational stability and programmatic innovation.

To understand the current landscape of Medicaid leadership, the Center for Health Care Strategies (CHCS), with support from the Robert Wood Johnson Foundation, undertook a national analysis to explore three key questions: (1) what are the current pathways to Medicaid leadership positions?; (2) how can Medicaid agencies support more diversity in the pipeline of future Medicaid leaders?; and (3) what are the skills and competencies Medicaid leaders need to succeed in their roles?

CHCS completed a review of publicly available literature and conducted interviews with 16 Medicaid leaders (Medicaid directors, deputy directors, and senior managers) across the country, representing a range of Medicaid programs, geographic regions, and political environments. Interviewees included Medicaid leaders of multiple races and ethnicities and individuals with personal or lived experience with Medicaid, as well as men and women leaders. An electronic survey was also sent to all 56 Medicaid directors with an invitation to share the survey with their senior leaders. Although the survey results may represent more states, 41 percent respondents disclosed their Medicaid state/territory/agency, which represents 13 states/territories. This document includes the deidentified, aggregated survey results.

To access the full report, analysis, and executive summary, visit **www.chcs.org/medicaid-pathways**.
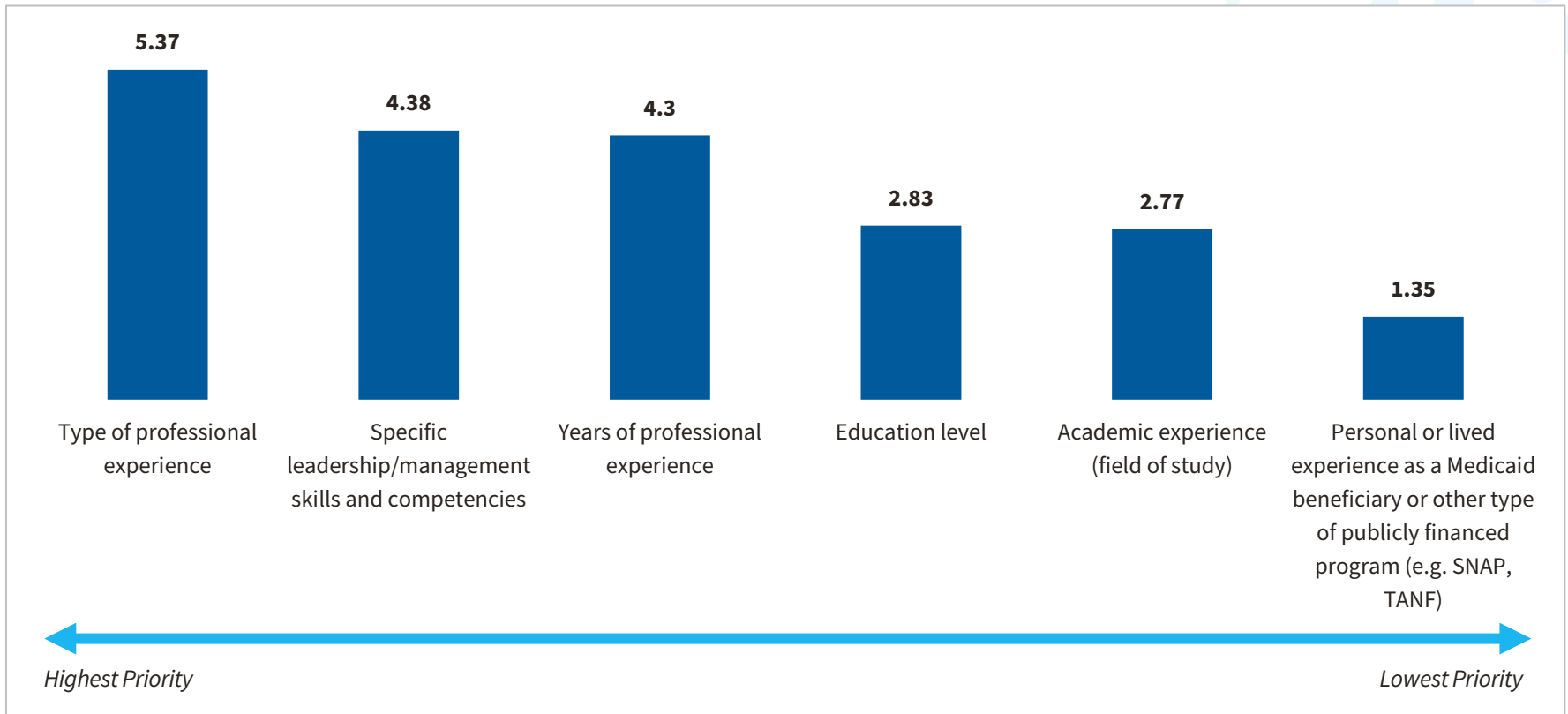
1. From your perspective, where are Medicaid leaders generally recruited from? Rank from most common to least common source of recruitment. *(n=60)*

4.47

3.52

2.57

2.32

2.13

Internally, from within the Medicaid agency

Externally, from other health and human service agencies (county, state, or federal)

Externally from the private sector

Externally, from other state Medicaid agencies

Externally, from community-based organizations or non-profit organizations

Most Common

Least Common

ANALYSIS

With a weighted score of 4.47, 70 percent of respondents noted that the most common source of recruitment for leaders is from within the Medicaid agency or, with a weighted score of 3.52 (12 percent), from other health and human service agencies.

Medicaid Leadership Pathways Survey Results: Report Chartbook

Weighted score from most to least common. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (from within the Medicaid agency) is the most preferred choice. See appendix for full data.

2. When recruiting for Medicaid leadership positions, which qualities and/or experiences are evaluated in the recruitment process and considered important to success? Rank from highest priority to lowest priority. *(n=60)**

Type of professional experience	Specific leadership/management skills and competencies	Years of professional experience	Education level	Academic experience (field of study)	Personal or lived experience as a Medicaid beneficiary or other type of publicly financed program (e.g. SNAP, TANF)
5.37	4.38	4.3	2.83	2.77	1.35

Highest Priority → *Lowest Priority*

ANALYSIS

With a weighted score of 5.37, 62 percent of respondents cite that type of professional experience is the top quality that hiring managers look for when hiring Medicaid leaders. With a weighted score of 4.38, 23 percent cited specific leadership and management competencies as the top quality to look for when hiring Medicaid leaders.

*Weighted score from most to least common. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (type of professional experience) is the most preferred choice. See appendix for full data.
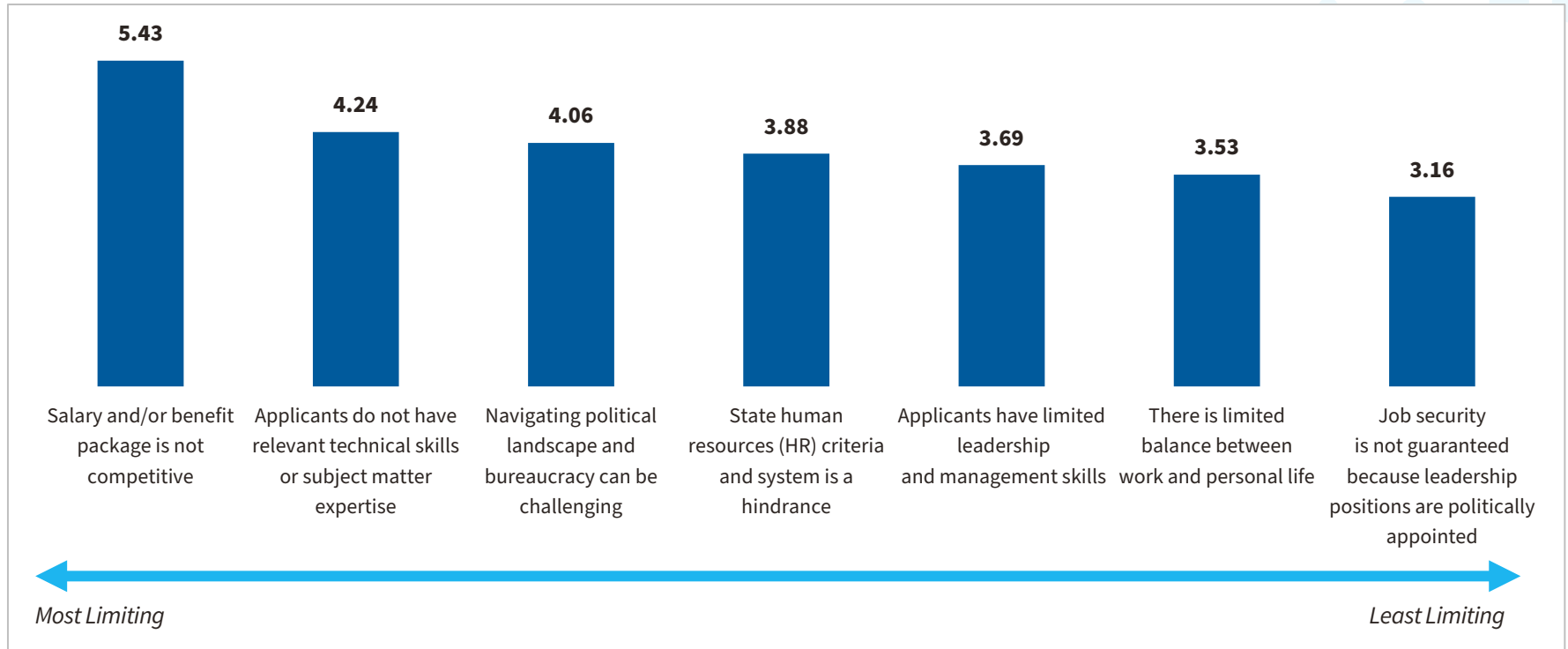
3. Do you find that you have a limited pool of qualified applicants for Medicaid leadership positions? (*n=60)*
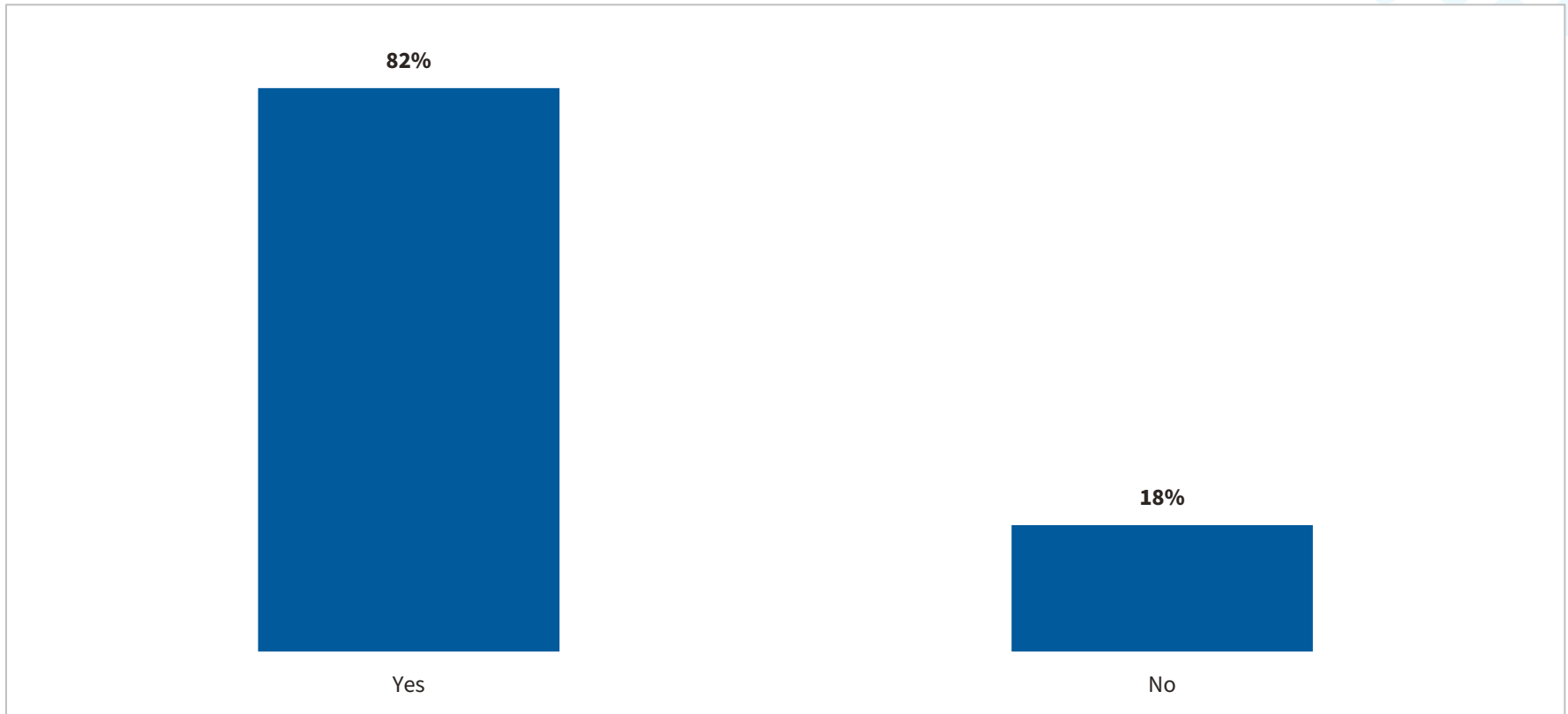
ANALYSIS

Most survey respondents (82 percent) note that there is a limited pool of qualified applications for open Medicaid leadership positions.

4. Which of the following barriers makes it most difficult to expand the pool of qualified applicants for Medicaid leadership positions? Rank by most to least limiting. (*n= 49)*

Value	Barrier
5.43	Salary and/or benefit package is not competitive
4.24	Applicants do not have relevant technical skills or subject matter expertise
4.06	Navigating political landscape and bureaucracy can be challenging
3.88	State human resources (HR) criteria and system is a hindrance
3.69	Applicants have limited leadership and management skills
3.53	There is limited balance between work and personal life
3.16	Job security is not guaranteed because leadership positions are politically appointed

← Most Limiting   Least Limiting →

ANALYSIS

With a weighted score of 5.43, 37 percent of respondents think that salary and/or benefit packages are the most limiting barrier that prevents qualified individuals from entering Medicaid leadership positions. Respondents also think that applicants do not have relevant technical skills or subject matter expertise for Medicaid leadership positions. Additionally, with a weighted score of 3.16, 33 percent of Medicaid leaders think that job security is the least limiting factor that influences applicant pools.

*Weighted score from most to least limiting. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (salary/benefit packages) is the most preferred choice. See appendix for full data.

5. What strategies do you think could support a wider pool of candidates during the active recruitment process? Choose all that apply. *(n=56)*

Responses	
Identifying and encouraging individuals within the organization who might be a good fit for positions in senior leadership to apply	**73%**
Using "word of mouth" to share information about the job posting with relevant state government stakeholders (e.g., staff in other agencies or departments)	**52%**
Working with HR to change job descriptions with the goal of improving alignment between actual job responsibilities and job description	**46%**
Using "word of mouth" to share information about the job posting with community based organizations and external Medicaid partners	**45%**
Leveraging social media or non-traditional sources of promotion to promote the job posting	**43%**
Working with HR and other senior leaders to edit job requirements (e.g., years of experience, education, etc.)	**41%**
Hiring an external recruiter	**41%**
Establishing an external review committee to help recruit and evaluate candidates	**30%**
Other	**16%**

ANALYSIS

The majority of survey respondents (73 percent) note that identifying and encouraging individuals within the organization who might be a good fit for senior leadership positions to apply is the top strategy to support a wider pool of candidates during recruitment. Fifty-two percent of respondents also said using word-of-mouth to share information supports a wider pool of candidates. Only 30 percent of survey respondents said an external review committee would support a wider pool of candidates.
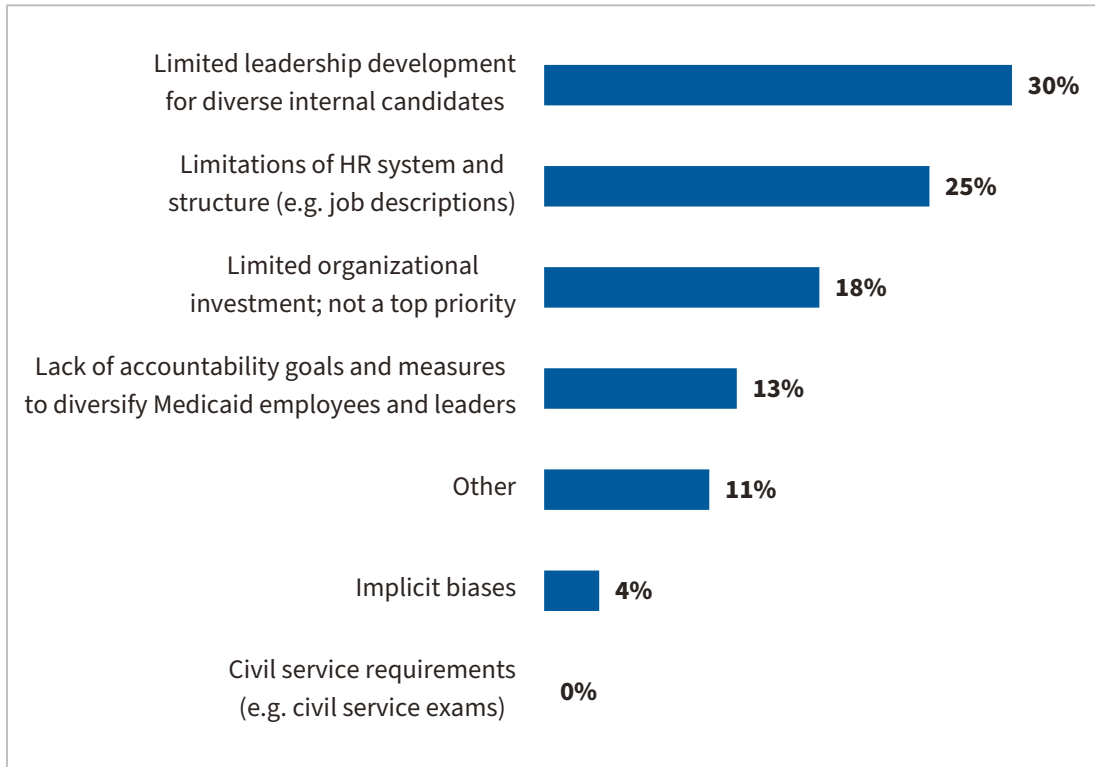
6. What strategies do you think could support a more diverse pool of candidates during the active recruitment process? Choose all that apply. (*n= 56*)

Responses	
Leveraging known, diverse professional networks to identify candidates	**77%**
Identifying and encouraging individuals within the organization who might be a good fit for positions in senior leadership to apply	**59%**
Leveraging social media or non-traditional sources of promotion to promote the job posting	**48%**
Hiring an external recruiter	**39%**
Working with HR and other senior leaders to edit job requirements (e.g., years of experience, education, etc.)	**38%**
Working with HR to change job descriptions with the goal of improving alignment between actual job responsibilities and job description	**32%**
Using "word of mouth" to share information about the job posting with relevant state government stakeholders (e.g., staff in other agencies or departments)	**32%**
Establishing an external review committee to help recruit and evaluate candidates	**30%**
Other	**9%**

ANALYSIS

Seventy-seven percent of respondents think that leveraging known, diverse professional networks can support a more diverse pool of candidates. Identifying and encouraging individuals within the organization who might be a good fit for positions in senior leadership to apply was selected by nearly 60 percent of respondents and is one of the top strategies to support a wider and more diverse pool of candidates.

7. What do you see as the primary barrier to diversifying the experiences and perspectives of people within the pipeline for future Medicaid leaders? (*n= 56)*

Bar chart:
- Limited leadership development for diverse internal candidates: 30%
- Limitations of HR system and structure (e.g. job descriptions): 25%
- Limited organizational investment; not a top priority: 18%
- Lack of accountability goals and measures to diversify Medicaid employees and leaders: 13%
- Other: 11%
- Implicit biases: 4%
- Civil service requirements (e.g. civil service exams): 0%

Other Responses

Lack of diverse applicants.

I don't see this as an issue in our organization.

The criteria for what may make a good Medicaid leader is changing and creating the pipeline may take time.

The availability of having time to develop the existing employees. Appearance of a lack of succession plan.
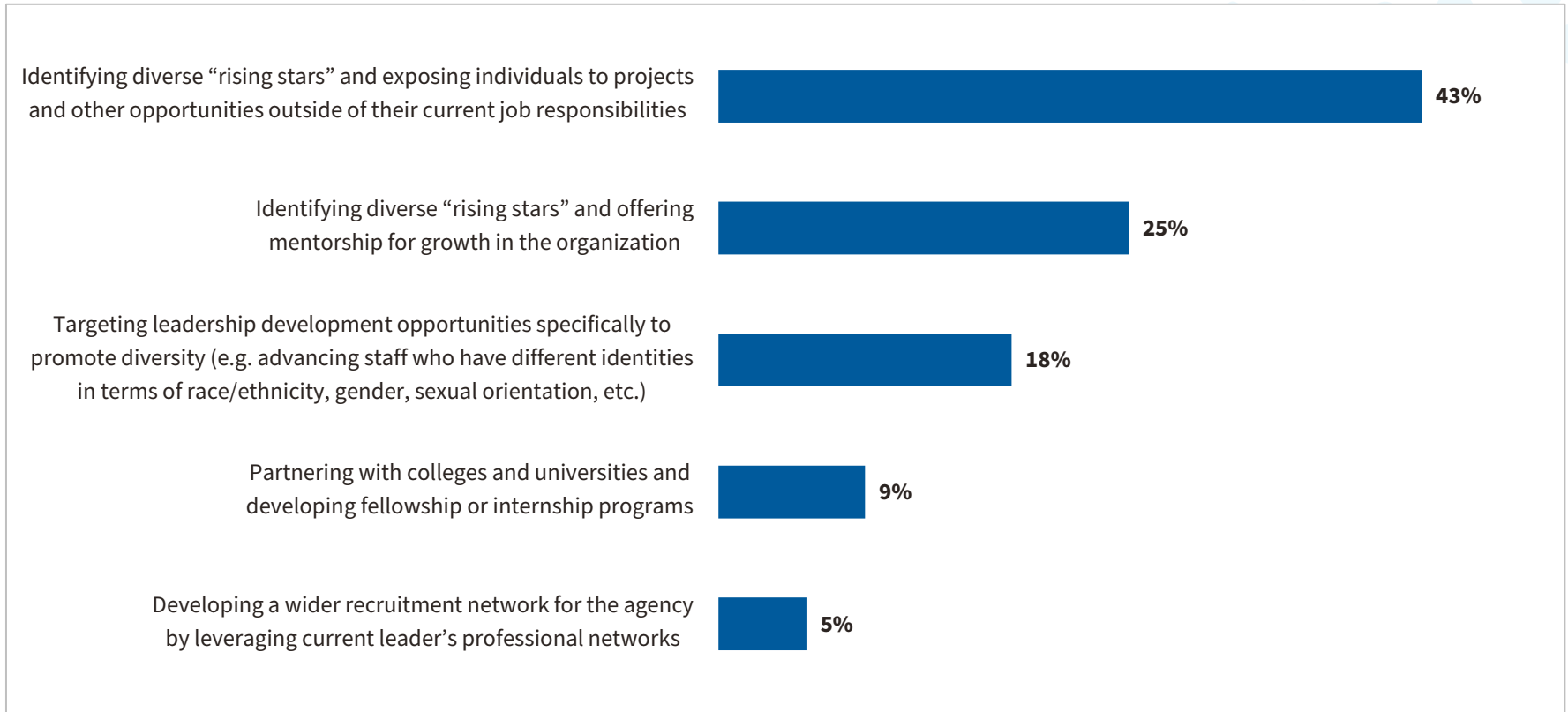
These jobs don't look appealing to people lower in the system. There is a lot of public criticism and little internal support.

Retaining employees long enough to begin grooming them for leadership roles.

ANALYSIS

The lack of leadership development opportunities for diverse internal candidates was identified as the primary barrier to diversifying the experiences and perspectives of people within the pipeline for future Medicaid leaders (30 percent). Lack of investment in leadership development combined with the limitations of the human resources system and structure are the top primary barriers for diversifying a future pipeline of diverse Medicaid leaders. It is important to note that few Medicaid leaders (4 percent) think that implicit biases play a role in hindering diversity in the pipeline of future Medicaid leaders.

8. What do you see as the primary opportunity to diversifying the pipeline for future Medicaid leadership positions? *(n=56)*

Response	Percentage
Identifying diverse "rising stars" and exposing individuals to projects and other opportunities outside of their current job responsibilities	43%
Identifying diverse "rising stars" and offering mentorship for growth in the organization	25%
Targeting leadership development opportunities specifically to promote diversity (e.g. advancing staff who have different identities in terms of race/ethnicity, gender, sexual orientation, etc.)	18%
Partnering with colleges and universities and developing fellowship or internship programs	9%
Developing a wider recruitment network for the agency by leveraging current leader's professional networks	5%

ANALYSIS

Sixty-eight percent of respondents think that identifying "rising stars" and exposing individuals to projects and other opportunities outside of their current job responsibilities as well as offering mentorship for growth in the organization are the primary opportunities to diversifying the pipeline for future Medicaid leadership positions.

9. Please rate of each these skills and competencies in order of 'not important' to 'very important' in terms of what is needed for an individual to advance and succeed in a Medicaid leadership role? *(n=56)**
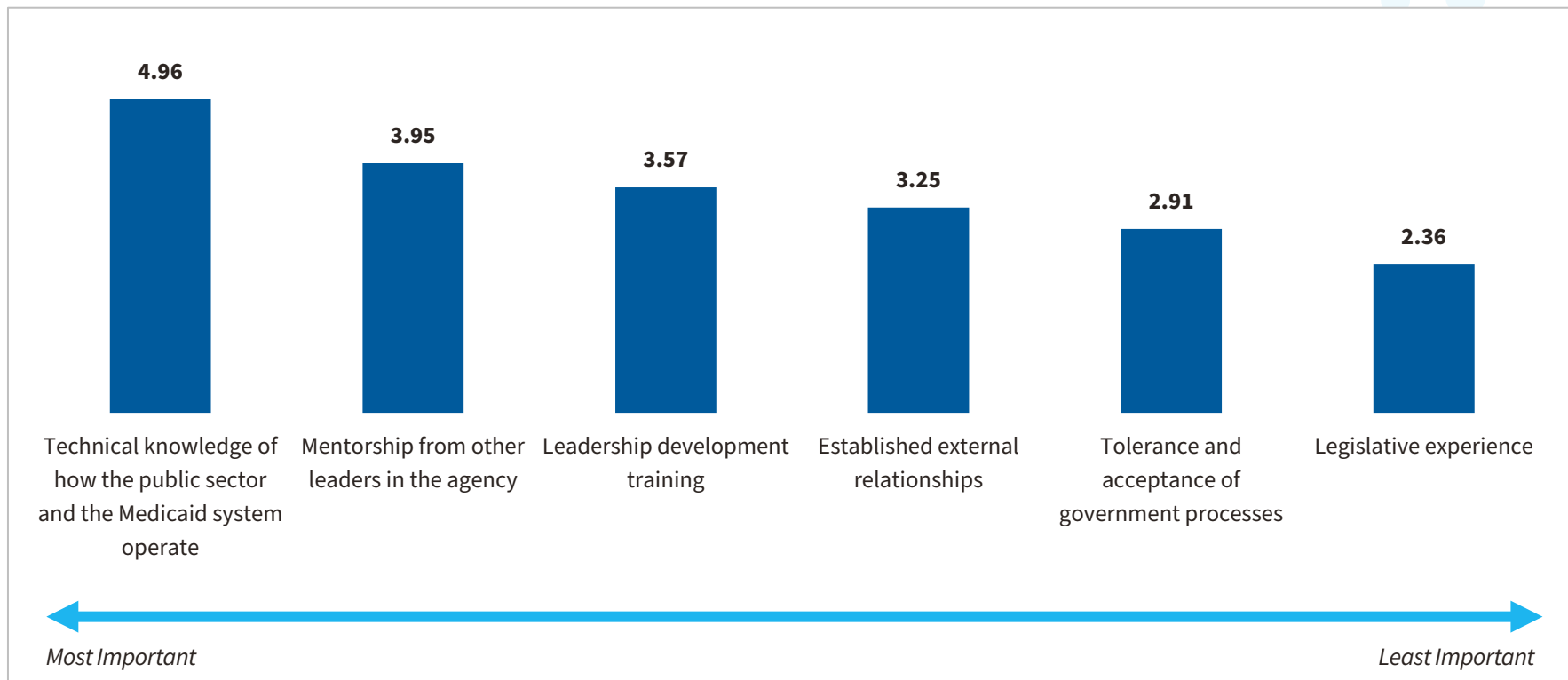
Weighted Score Ranking from Very to Not Important

Skill	Score	Skill	Score
Communicating effectively to internal and external audiences	4.71	Articulating organizational perspective	4.43
Communicating vision internally and externally	4.57	Working collaboratively in teams	4.43
Managing change	4.55	Developing vision and purpose	4.39
Developing, directing, and delegating others	4.54	Politically savvy	4.39
Leadership and personnel management	4.52	Business acumen	4.3
Managing conflict and negotiating key issues	4.52	Measuring performance	4.16
Navigating relationships/engaging with diverse stakeholders	4.52	Strategic planning	4.16
Giving and receiving feedback	4.48	Working at the right level within the position	4.14
Leading innovation	4.48	Technical Learning	4.11
Self-Awareness	4.48		

Note: Response options were shortened for reporting

ANALYSIS

With a weighted score of 4.71, 77 percent of survey respondents chose communicating effectively to internal and external audiences as the most important skill needed to advance and succeed in a Medicaid leadership role. Communicating vision was next, with a weighted score of 4.57 (63 percent). With a weighted score of 4.11, only 29 percent of respondents think that technical learning is very important to advancement and success in Medicaid leadership.

*Weighted score from very to least important. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (communicating effectively to internal and external audiences) is the most preferred choice. See appendix for full data.
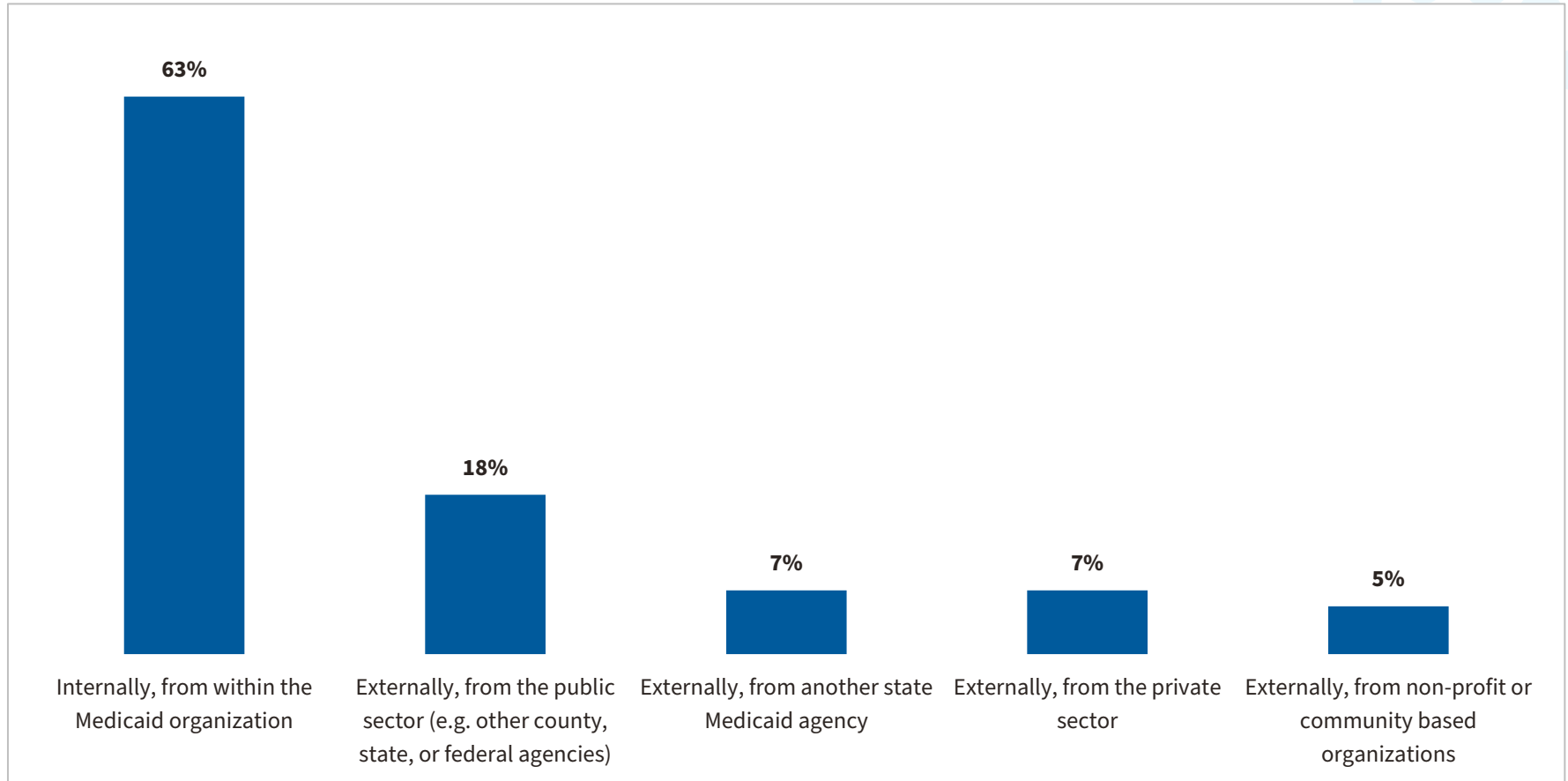
10. What skills or qualities do you think would be helpful for Medicaid leaders to succeed earlier on in their leadership roles? Rank from most to least important. *(n=56)**

Bar chart values (Most Important → Least Important):

- Technical knowledge of how the public sector and the Medicaid system operate: 4.96
- Mentorship from other leaders in the agency: 3.95
- Leadership development training: 3.57
- Established external relationships: 3.25
- Tolerance and acceptance of government processes: 2.91
- Legislative experience: 2.36

Most Important ← → *Least Important*

ANALYSIS

With a weighted score of 4.96, 54 percent of respondents think that technical knowledge related to how the public sector and the Medicaid system operate would be helpful for Medicaid leaders to succeed earlier on in their leadership roles. Medicaid leaders also value mentorship and guidance (weighted score 3.95 or 27 percent) from other leaders in the agency for early success. With a weighted score of 2.36, 38 percent of respondents think that legislative experience is the least important among the survey choices.

*Weighted score from most to least important. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (technical knowledge of how the public sector and Medicaid system operate) is the most preferred choice. See appendix for full data.

11. How did you come into your current leadership position? *(n=56)*

63%	Internally, from within the Medicaid organization
18%	Externally, from the public sector (e.g. other county, state, or federal agencies)
7%	Externally, from another state Medicaid agency
7%	Externally, from the private sector
5%	Externally, from non-profit or community based organizations

ANALYSIS

Sixty-three percent of respondents came into their leadership positions from within their Medicaid organization. This result is consistent with the results from Question 1. Additionally, survey respondents also come from other public sector agencies.

12. Did you have prior experience working within a state/territory Medicaid agency? (*n= 17)*

Bar chart showing: Yes 47%, No 53%
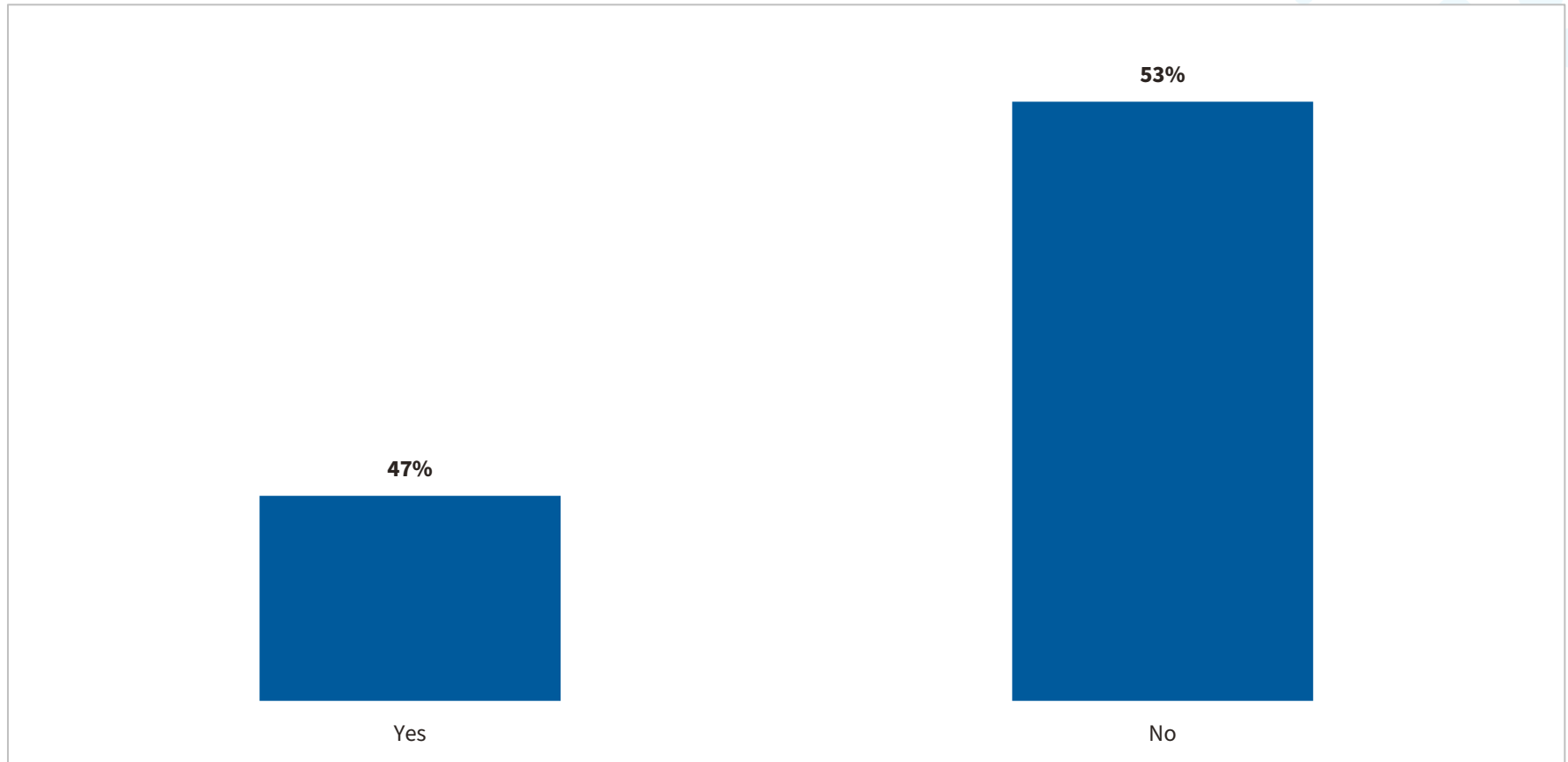
ANALYSIS

Of the survey respondents who stepped into their leadership roles from outside of a Medicaid agency, such as externally from the public sector, non-profit or community-based organization, or private sector, over 50 percent did not have prior Medicaid experience.

13. From 'least prepared' to 'most prepared,' please rate how each of these professional experiences prepared you for your current leadership position? *(n=56)*

Ranking by Most Prepared to Least Prepared	
Familiarity with Medicaid programs and/or technical expertise in functional area	**4.32**
Experience navigating stakeholder relationships	**4.23**
Staff management experience	**4.09**
Leadership role in another agency or state	**3.86**
Experience with the legislature/legislative process or within the legislature	**3.80**
Experience working with the politics of the Medicaid system	**3.75**
Knowledge of public sector operations	**3.73**
Experience with defining vision and/or strategic planning	**3.68**
Leadership development training	**3.67**
External experience (e.g. health plan, medical experience, etc.)	**3.66**
Knowledge of or experience with Medicaid financing and/or budgeting	**3.56**
Experience working with the governor's office or within the governor's office	**3.5**
Receiving mentorship	**3.48**
Lived or personal experience with Medicaid and/or other public assistance program	**3.20**
Experience with media and/or communications	**3.07**

ANALYSIS

It is evident that respondents weigh professional experiences very similarly, indicating that Medicaid leadership requires a range of necessary experiences for success. Respondents cite familiarity with Medicaid programs and/or technical expertise in a functional area most prepared them for their current roles. Experience navigating stakeholder relationships, including legislative experience, was also an important part of their professional experiences. Of note, lived or personal experience with Medicaid and/or other public assistance program is not something that respondents either have and/or think it has contributed to their leadership advancement and success.

*Weighted score from most to least prepared. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (familiarity with Medicaid programs and/or technical expertise in a functional area) is the most preferred choice. See appendix for full data.
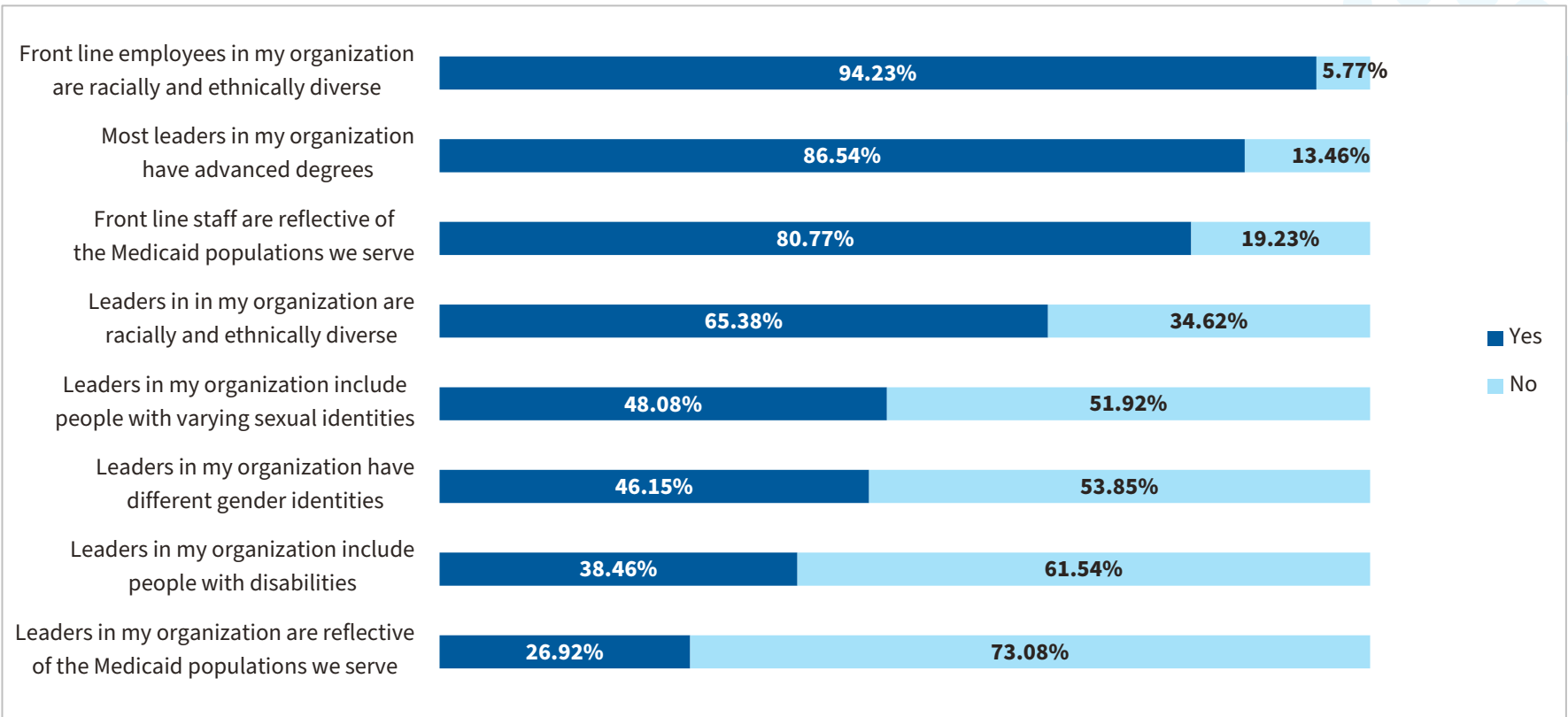
14. Do you think increasing the number of leaders with personal or lived experience would benefit your leadership team and the organization overall?
(n=56)
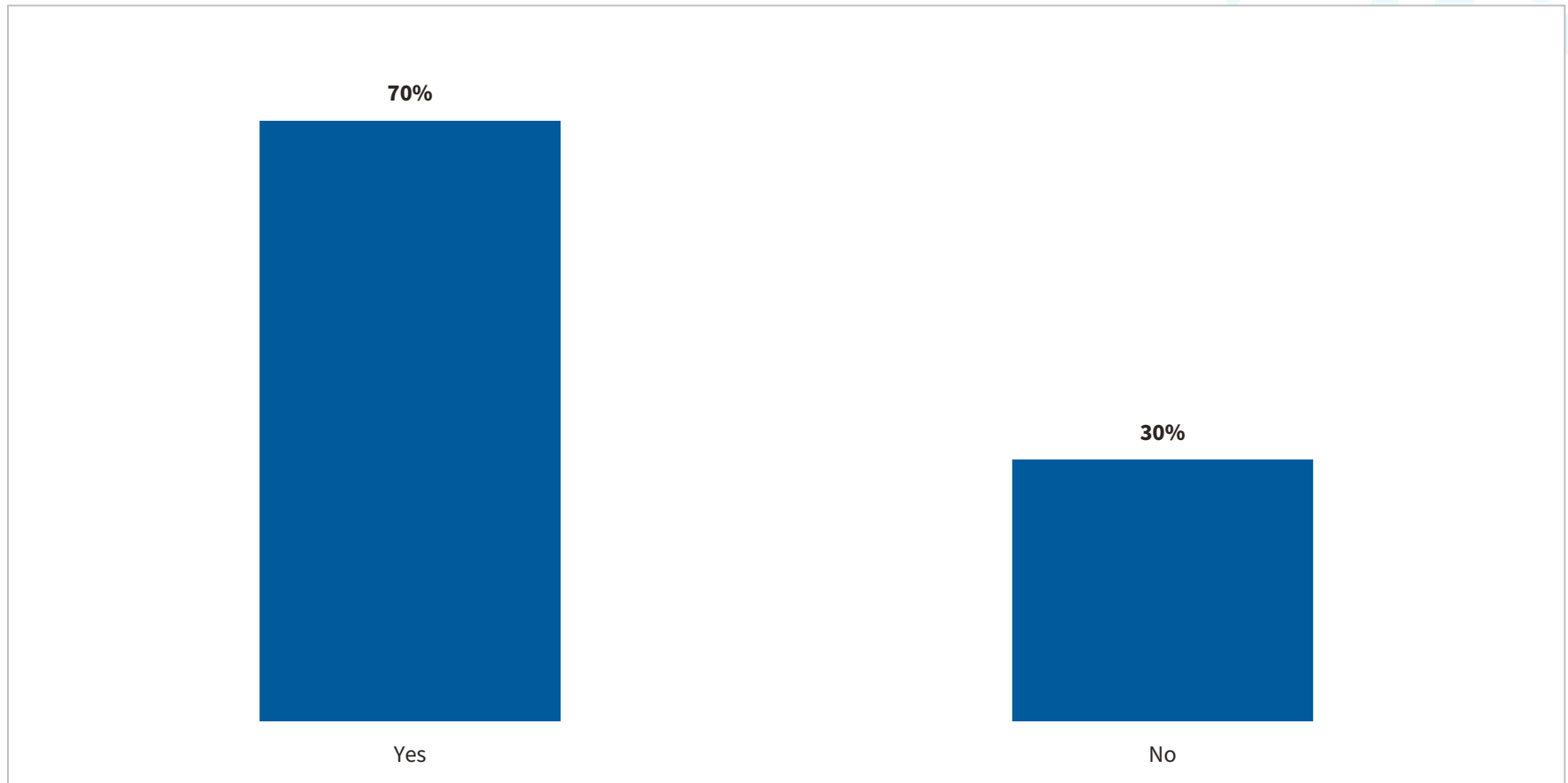
ANALYSIS

Many respondents (70 percent) think that personal or lived experience would benefit their leadership team and organization overall.
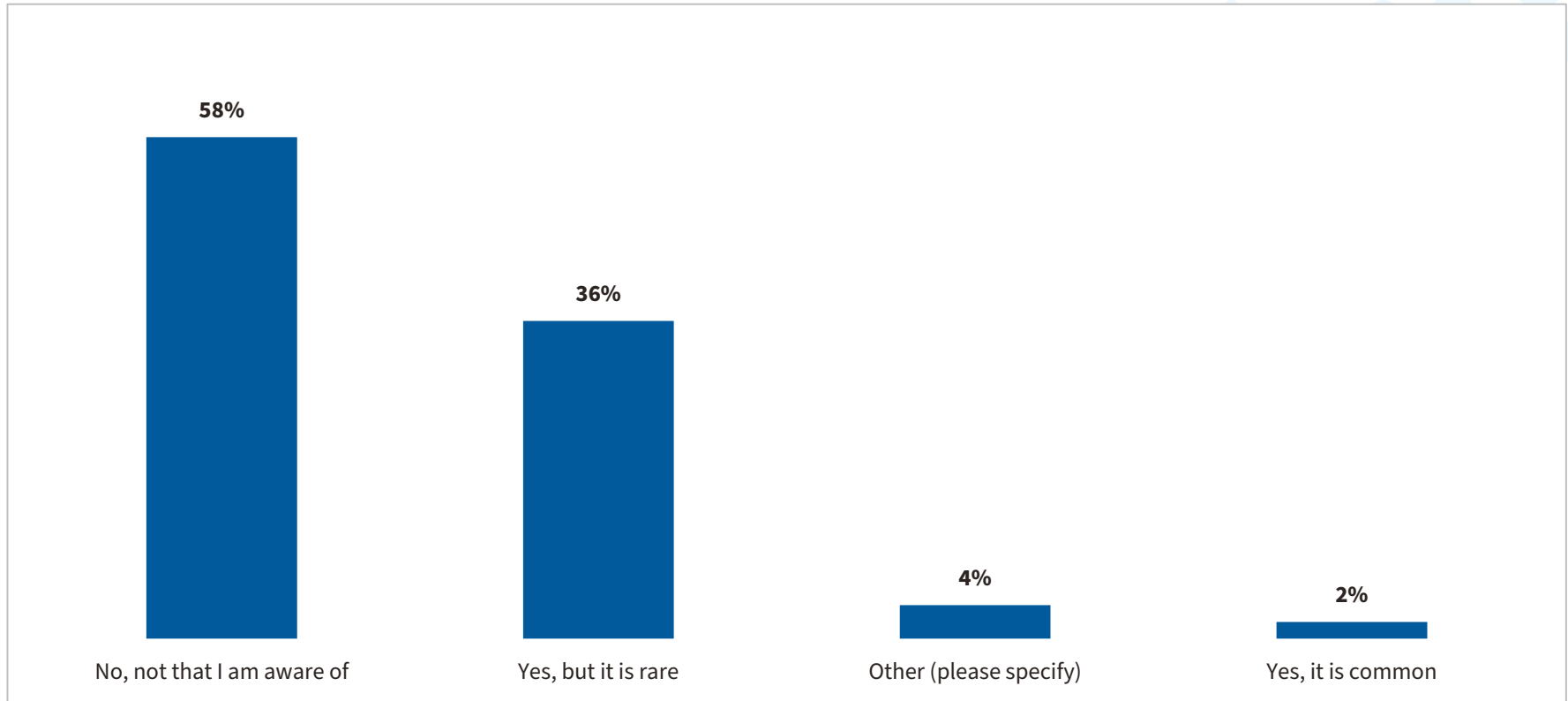
15. Please indicate whether each statement is true for your Medicaid agency.
(n= 52)

Statement	Yes	No
Front line employees in my organization are racially and ethnically diverse	94.23%	5.77%
Most leaders in my organization have advanced degrees	86.54%	13.46%
Front line staff are reflective of the Medicaid populations we serve	80.77%	19.23%
Leaders in in my organization are racially and ethnically diverse	65.38%	34.62%
Leaders in my organization include people with varying sexual identities	48.08%	51.92%
Leaders in my organization have different gender identities	46.15%	53.85%
Leaders in my organization include people with disabilities	38.46%	61.54%
Leaders in my organization are reflective of the Medicaid populations we serve	26.92%	73.08%

ANALYSIS

Sixty-five percent of respondents report that leaders in their organization are racially and ethnically diverse. However, it is important to note that 73 percent of respondents report that leaders in their organization do not reflect the Medicaid populations their agency serves. However, 94 percent report that front-line staff are racially and ethnically diverse and 80 percent report that front-line staff are reflective of the Medicaid population served. There are also fewer people with disabilities in leadership (38.4 percent).
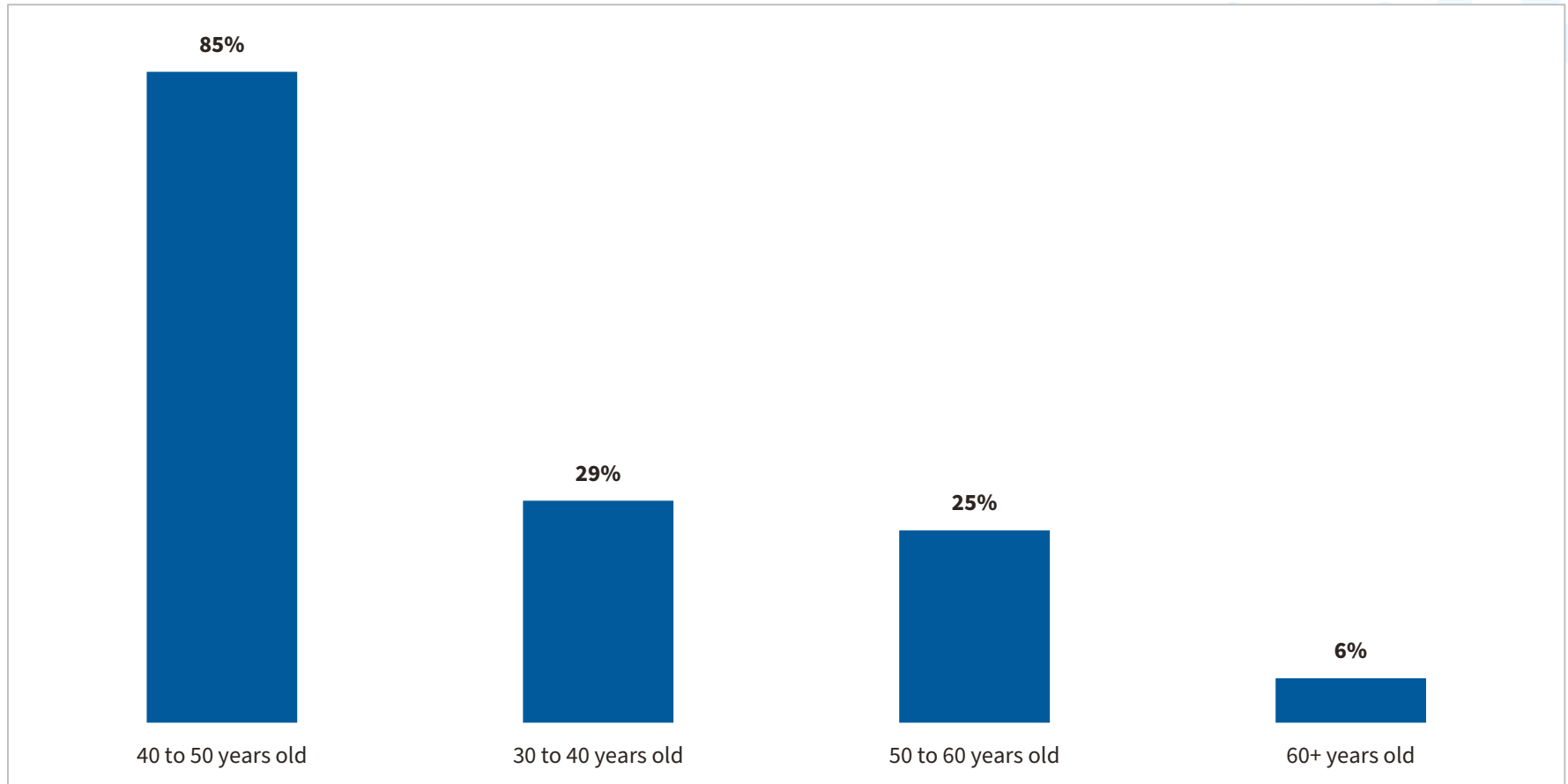
16. Are you aware of any leaders with personal or lived experience as a Medicaid beneficiary or other type of public assistance (e.g., SNAP, TANF) within your organization? *(n= 52)*

Response	Percentage
No, not that I am aware of	58%
Yes, but it is rare	36%
Other (please specify)	4%
Yes, it is common	2%

ANALYSIS

Medicaid leadership is either lacking individuals with personal or lived experience of being a beneficiary of a public assistance program or there is a lack of awareness of lived experience that exists. Fifty-eight percent of respondents note that they are not aware of anyone in leadership with lived or personal experience. Thirty-six percent cite knowing a leader with lived or personal experience, but that it is a rare occurrence.
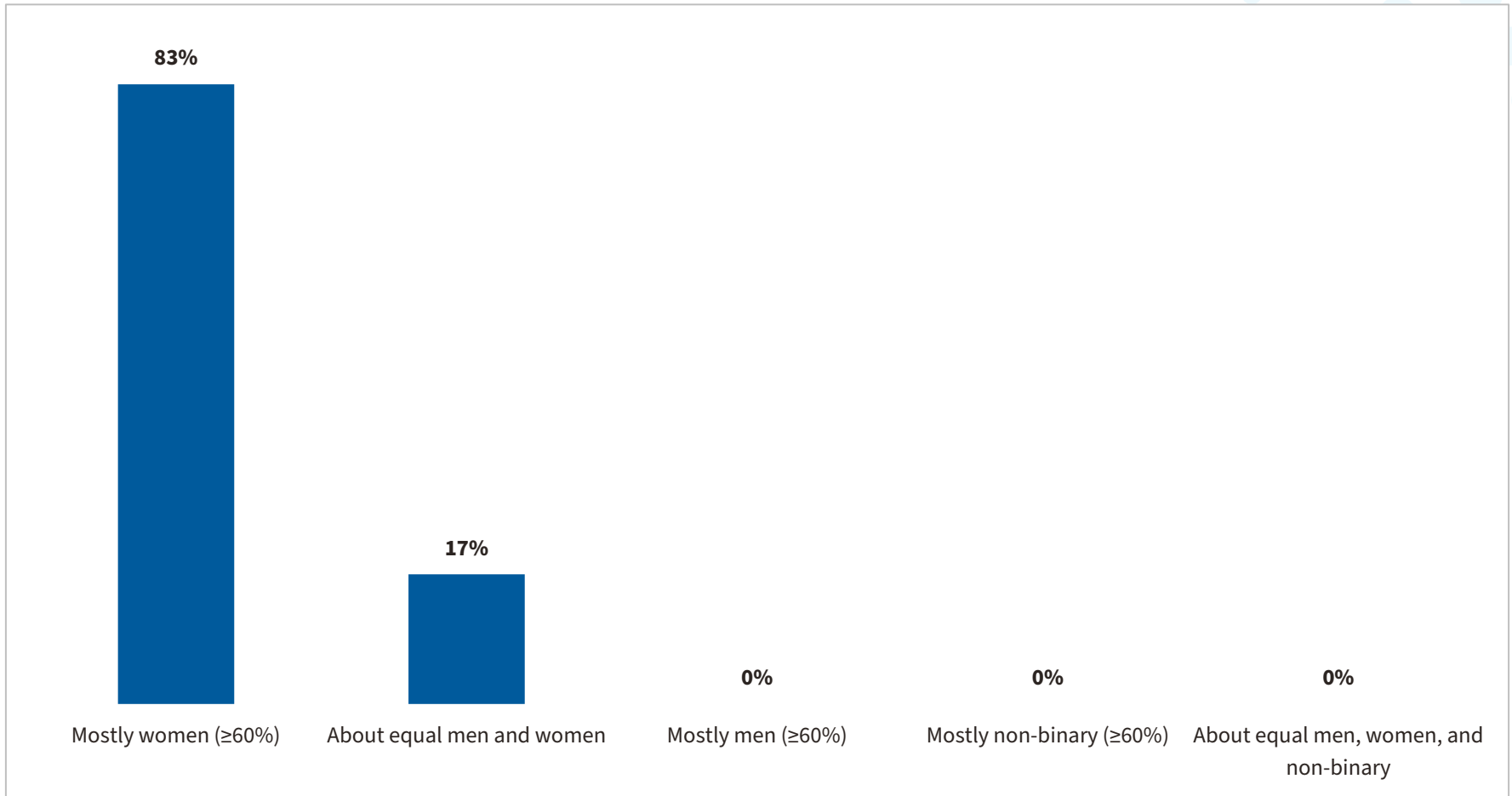
17. The majority of senior leaders in my organization are in the following age group (s). Choose all that apply. *(n= 52)*

Age Group	Percentage
40 to 50 years old	85%
30 to 40 years old	29%
50 to 60 years old	25%
60+ years old	6%

ANALYSIS

Most Medicaid leaders are between 40 to 50 years old (85 percent). More than 30 percent are over 50 and within the next 10-15 years may consider retirement.
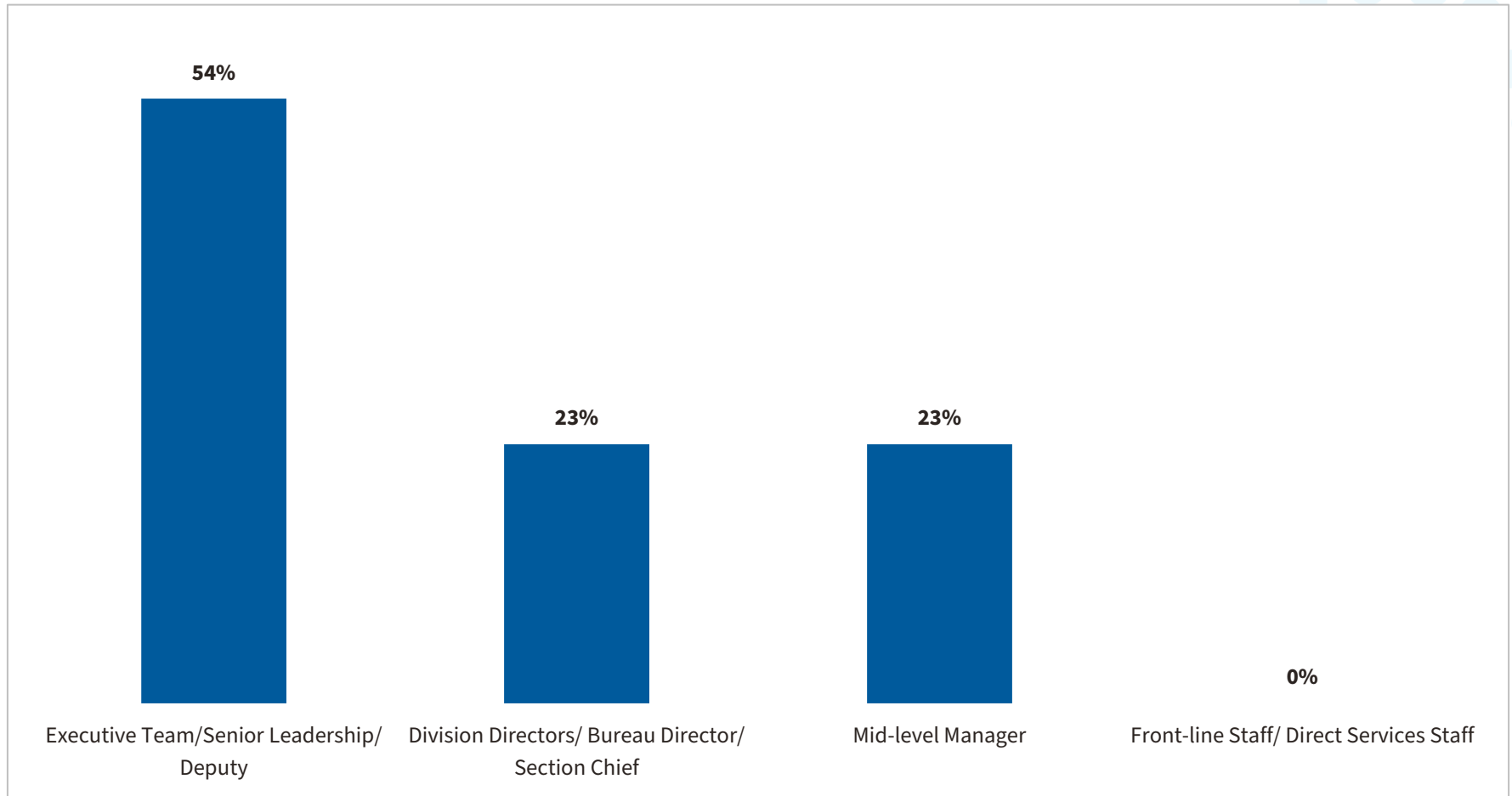
18. Leaders within my organization at the deputy/executive team level by gender are: *(n=52)*

Chart data:

Category	Percentage
Mostly women (≥60%)	83%
About equal men and women	17%
Mostly men (≥60%)	0%
Mostly non-binary (≥60%)	0%
About equal men, women, and non-binary	0%

ANALYSIS

Eighty-three percent of respondents report that the deputy/executive leadership teams are more than 60 percent women.

19. What is your current Medicaid leadership position? *(n=52)*

Position	Percentage
Executive Team/Senior Leadership/ Deputy	54%
Division Directors/ Bureau Director/ Section Chief	23%
Mid-level Manager	23%
Front-line Staff/ Direct Services Staff	0%

ANALYSIS

Fifty-four percent of survey respondents are from executive/senior/deputy leadership positions. No front line or direct services staff were included in this survey; this was not, however, the intended audience.

Appendix

Question 1: From your perspective, where are Medicaid leaders generally recruited from? (Rank from most common to least common source of recruitment. Rank from most common (1) to least common (5). *(n=60)*

	1	2	3	4	5	Total	Score
Internally, from within the Medicaid agency	70% (42)	15% (9)	10% (6)	2% (1)	3% (2)	60	**4.47**
Externally, from other state Medicaid agencies	7% (4)	20%(12)	25% (15)	20% (12)	28% (17)	60	**2.57**
Externally, from other health and human service agencies (county, state, or federal)	12% (7)	50% (30)	20% (12)	15% (9)	3% (2)	60	**3.52**
Externally, from community-based organizations or non-profit organizations	3% (2)	5% (3)	33% (20)	37% (22)	22% (13)	60	**2.32**
Externally from the private sector	8% (5)	10% (6)	12% (7)	27% (16)	43% (26)	60	**2.13**

Question 2: When recruiting for Medicaid leadership positions, which qualities and/or experiences are evaluated in the recruitment process and considered important to success? Rank from most common (1) to least common (6).*(n=60)*

	1	2	3	4	5	6	Total	Score
Type of professional experience	62% (37)	20% (12)	13% (8)	3% (2)	2% (1)	0%	60	**5.37**
Specific leadership/management skills and competencies	23% (14)	28% (17)	27% (16)	7% (4)	15% (9)	0%	60	**4.38**
Years of professional experience	8% (5)	42% (25)	32% (19)	12% (7)	3% (2)	3% (2)	60	**4.3**
Education level	0%	7% (4)	12% (7)	42% (25)	38% (23)	2% (1)	60	**2.83**
Academic experience (field of study)	7% (4)	3% (2)	13% (8)	28% (17)	33% (20)	15% (9)	60	**2.77**
Personal or lived experience as a Medicaid beneficiary or other type of publicly financed program (e.g. SNAP, TANF)	0%	0%	3% (2)	8% (5)	8% (5)	80% (48)	60	**1.35**

Appendix

Question 4: Which of the following barriers makes it most difficult to expand the pool of qualified applicants for Medicaid leadership positions? Rank from most limiting (1) to least limiting (7). (*n= 49*)

	1	2	3	4	5	6	7	Total	Score
Salary and/or benefit package is not competitive	37% (18)	29% (14)	8% (4)	8% (4)	6% (3)	10% (5)	2% (1)	49	5.43
Applicants do not have relevant technical skills or subject matter expertise	14% (7)	12% (6)	27% (13)	8% (4)	16% (8)	14% (7)	8% (4)	49	4.24
Navigating political landscape and bureaucracy can be challenging	10% (5)	14% (7)	16% (8)	24% (12)	16% (8)	2% (1)	16% (8)	49	4.06
State human resources (HR) criteria and system is a hindrance	22% (110)	6% (3)	12% (6)	12% (6)	12% (6)	12% (6)	22% (11)	49	3.88
Applicants have limited leadership and management skills	2% (1)	16% (8)	18% (9)	14% (7)	16% (8)	27% (13)	6% (3)	49	3.69
There is limited balance between work and personal life	4% (2)	12% (6)	10% (5)	24% (12)	16% (8)	20% (10)	12% (6)	49	3.53
Job security is not guaranteed because leadership positions are politically appointed	10% (5)	10% (5)	8% (4)	8% (4)	16% (8)	14% (7)	33% (16)	49	3.16

Appendix

Question 9: On a scale of 1 to 5, please rate of each these skills and competencies in order of 'not important' to 'very important' in terms of what is needed for an individual to advance and succeed in a Medicaid leadership role? *(n=56)*

	1	2	3	4	5	N/A	Total	Weighted Average
Communicating vision internally and externally	2% (1)	0%	0%	36% (20)	63% (43)	2% (1)	56	4.71
Managing change	2% (1)	2% (1)	5% (3)	25% (14)	63% (35)	0%	56	4.57
Leading innovation	2% (1)	0%	9% (5)	30% (17)	55% (35)	4% (2)	56	4.55
Articulating organizational perspective	2% (1)	2% (1)	7% (4)	30% (17)	59% (36)	0%	56	4.54
Managing conflict and negotiating key issues	0%	2% (1)	9% (5)	29% (16)	57% (32)	2% (1)	56	4.52
Developing vision and purpose	2% (1)	0%	11% (6)	34% (19)	52% (32)	4% (2)	56	4.52
Giving and receiving feedback	2% (1)	0%	4% (2)	41% (23)	50% (34)	2% (1)	56	4.52
Self-Awareness	2% (1)	2% (1)	5% (3)	30% (17)	59% (28)	4% (2)	56	4.48
Leadership and personnel management	2% (1)	2% (1)	0%	38% (21)	57% (31)	4% (2)	56	4.48
Strategic planning	4% (2)	4% (2)	5% (3)	48% (27)	39% (33)	2% (1)	56	4.48
Communicating effectively to internal and external audiences	2% (1)	0%	4% (2)	16% (9)	77% (33)	0%	56	4.43
Technical Learning	2% (1)	4% (2)	13% (7)	50% (28)	29% (26)	2% (1)	56	4.43
Navigating relationships and engaging with diverse stakeholders	2% (1)	2% (1)	4% (2)	30% (17)	61% (29)	2% (1)	56	4.39
Business acumen	2% (1)	2% (1)	9% (5)	39% (22)	48% (29)	0%	56	4.39
Developing, directing, and delegating others	2% (1)	2% (1)	2% (1)	30% (17)	64% (27)	0%	56	4.3
Politically savvy	2% (1)	0%	7% (4)	39% (22)	52% (21)	0%	56	4.16
Working collaboratively in teams	0%	0%	7% (4)	45% (25)	46% (22)	0%	56	4.16
Working at the right level within the position	2% (1)	4% (2)	21% (12)	32% (18)	34% (19)	7% (4)	56	4.14
Measuring performance	0%	2% (1)	18% (10)	43% (24)	38% (16)	4% (2)	56	4.11

Appendix

Question 10: What skills or qualities do you think would be helpful for Medicaid leaders to succeed earlier on in their leadership roles? Rank from most important (1) to least important (7). *(n=56)*

	1	2	3	4	5	6	Total	Score
Technical knowledge of how the public sector and the Medicaid system operate	54% (30)	13% (7)	16% (9)	13% (7)	5% (3)	0%	56	**4.96**
Mentorship from other leaders in the agency	16% (9)	27% (15)	23% (13)	11% (6)	16% (9)	7% (4)	56	**3.95**
Leadership development training	11% (6)	16% (9)	23% (13)	27% (15)	16% (9)	7% (4)	56	**3.57**
Established external relationships	11% (6)	20% (11)	14% (8)	14% (8)	21% (12)	20% (11)	56	**3.25**
Tolerance and acceptance of government processes	5% (3)	16% (9)	11% (6)	29% (16)	11% (6)	29% (16)	56	**2.91**
Legislative experience	4% (2)	9% (5)	13% (7)	7% (4)	30% (17)	38% (21)	56	**2.36**

Appendix

Question 13: From 'least prepared' to 'most prepared,' please rate how each of these professional experiences prepared you for your current leadership position? *(n=56)*

	1	2	3	4	5	N/A	Total	Weighted Average
Familiarity with Medicaid programs and/or technical expertise in a functional area	2% (1)	11% (6)	5% (3)	18% (10)	64% (36)	0%	56	4.32
Experience navigating stakeholder relationships	4% (2)	4% (2)	5% (3)	41% (23)	46% (26)	0%	56	4.23
Staff management experience	2% (1)	9% (5)	11% (6)	39% (22)	36% (20)	4% (2)	56	4.09
Leadership role in another agency or state	14% (8)	11% (6)	16% (9)	13% (7)	27% (15)	20% (11)	56	3.86
Experience with the legislature/legislative process or within the legislature	13% (7)	7% (4)	11% (6)	30% (17)	36% (20)	4% (2)	56	3.8
Experience working with the politics of the Medicaid system	5% (3)	11% (6)	14% (8)	45% (25)	23% (13)	2% (1)	56	3.75
Knowledge of public sector operations	4% (2)	16% (9)	16% (9)	38% (21)	21% (12)	5% (3)	56	3.73
Experience with defining vision and/or strategic planning	2% (1)	14% (8)	23% (13)	39% (22)	18% (10)	4% (2)	56	3.68
Leadership development training	4% (2)	15% (8)	18% (10)	42% (23)	18% (10)	4% (2)	55	3.67
External experience (e.g., health plan, medical experience, etc.)	11% (6)	14% (8)	18% (10)	20% (11)	30% (17)	7% (4)	56	3.66
Knowledge of or experience with Medicaid financing and/or budgeting	9% (5)	13% (7)	22% (12)	29% (16)	24% (13)	4% (2)	55	3.56
Experience working with the governor's office or within the governor's office	18% (10)	11% (6)	9% (5)	34% (19)	23% (13)	5% (3)	56	3.5
Receiving mentorship	14% (8)	9% (5)	21% (12)	32% (18)	16% (9)	7% (4)	56	3.48
Lived or personal experience with Medicaid and/or other public assistance program	38% (21)	5% (3)	13% (7)	14% (8)	5% (3)	25% (14)	56	3.2
Experience with media and/or communications	11% (6)	27% (15)	27% (15)	23% (23)	5% (3)	7% (4)	56	3.07