Identifying Opportunities to Support a Diverse Pipeline of Rising Medicaid Leaders

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ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit **www.chcs.org**.

Introduction

Medicaid leaders play critical roles in guiding their programs to meet the needs of the individuals they serve.[1] However, state agencies face challenges in finding, retaining, and promoting employees, particularly senior leaders who possess the skillset necessary to succeed in managing increasingly complex Medicaid programs.[2] Senior leaders need expertise to administer their programs with an appropriate mix of operational stability and programmatic innovation. Most senior Medicaid leaders are promoted from within, making the development of a pipeline of rising leaders an important opportunity.[3]

A key priority for many Medicaid agencies includes supporting the development of leaders with backgrounds and identities that reflect the communities served, including those with personal experience with Medicaid or another publicly financed program.[4] Investment in staff development, particularly in leadership skills for diverse internal candidates, paired with efforts to create transparency in the leadership pipeline, are essential to improve representation in Medicaid leadership and enhance the ability of Medicaid programs to better serve a diverse enrollee population.

Medicaid enrollees are better served by a workforce whose diversity reflects them, as common experiences and understanding lead to more clarity regarding how policies and programs impact enrollees.[5] Medicaid, like other public sector agencies, serves diverse members, but has leadership that is often perceived as not reflecting the communities served, with people of color and/or staff with diverse backgrounds and identities often in more junior or client-facing roles with less impact on program policy or processes.[6] Leaders with varying experiences and identities add critical insights and creativity to policymaking, program design, and implementation. These insights can improve organizational functioning, particularly when paired with inclusive leadership behaviors that create the conditions in which the benefits of diversity can be realized.[7] Medicaid leaders with diverse identities and experiences can also better understand the needs of and engage with Medicaid enrollees, who are increasingly viewed as essential partners in advisory committees, including the Centers for Medicare & Medicaid Services' required Medical Care Advisory Committee and the proposed Beneficiary Advisory Groups.[8]

> **Key Terms Used in This Report**
>
> **Diverse:** Differences in background, identity, experience, and other qualities and characteristics.
>
> **Leadership Pipeline:** Process or system to identify and support candidates to evolve into leadership positions.
>
> **Medicaid Leader:** Individual in a senior management, deputy-level/executive, or director level position within Medicaid.
>
> **Lived Experience:** Knowledge gained through direct and first-hand involvement based on self-reported identity. In this report, it refers to the experience of an individual who has been enrolled in Medicaid or another publicly financed program.

This report, developed by the Center for Health Care Strategies (CHCS) with support from the Robert Wood Johnson Foundation, explores the perspectives of Medicaid staff at all levels about the availability and importance of three categories of leadership development strategies for cultivating a pipeline of Medicaid leaders with diverse experiences and identities within their agencies:

- **Training and Skill-Building Strategies**

- **Individual Development Planning Supports**

- **Cultural and Operational Strategies and Practices**

Additionally, the results are stratified by aspects of identity, roles, and lived experience to understand the value of development strategies across diverse staff. The findings can help inform Medicaid agencies seeking to build a diverse and strong pipeline of future leaders. It builds on insights outlined in an earlier CHCS report, ***Exploring the Pathways to Medicaid Leadership***.

Research Methods

To inform this report, CHCS analyzed publicly available literature on public sector and health care leadership supports (see Appendix); conducted interviews with 11 Medicaid staff from a range of geographic regions, political environments, and diverse lived experiences and identities; and sent an electronic survey to 56 Medicaid directors with a request to distribute the survey to their staff.

The survey requested information about:

- Types of available development opportunities;

- Perception of how widely available opportunities are to Medicaid employees at all levels (front-line staff, mid-level managers, deputy/directors, and executive or senior leadership); and

- The importance of individual types of development supports to support a pipeline of leaders with diverse experiences and identities (see sidebar).

Survey Methods

Sample: An electronic survey was sent to all 56 Medicaid directors with a note encouraging them to share the survey with all staff within their agency.

Questionnaire: The survey included 65 multiple-choice, open-ended, and ranking questions to understand availability and perceived importance of Medicaid agency strategies to support rising Medicaid leaders with diverse experiences and/or identities. It was designed to be completed by staff at all levels throughout Medicaid departments/agencies, and able to be completed in approximately 20 minutes.

Respondents were asked to categorize each support type as "very important," "somewhat important," "neutral," "not important," or "I don't know."

The research focused on three key questions:

1. *What are successful strategies that state Medicaid agencies use to support diverse leaders in their pipeline?*

2. *What supports do diverse Medicaid staff need to advance into leadership roles?*

3. *Where is there alignment and misalignment across levels of Medicaid staff in understanding the perspectives and needs of leaders in the pipeline?*

The Value of Sharing Identity and Lived Experience

The survey asked respondents to self-identify aspects of their lived experience and identity, both visible and invisible. This made it possible to better understand the types of supports rising leaders with varying lived experiences value per subsequent survey questions.

Although the authors recognize that identity and lived experience are neither synonymous nor generalizable, we were interested in stratifying survey responses by identity, including as Black, Indigenous, or a person of color (BIPOC); lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and other sexual/gender identities (LGBTQIA+); a person with a mental or physical disability; and/or an individual with lived or personal experience with Medicaid or another publicly financed program (such as SNAP, WIC, or TANF). These identities correlate with histories of exclusion, discrimination, and other forms of structural oppression, such as underinvestment, that have impacted opportunities for members of these groups to rise within the ranks of government institutions. To improve representation of historically underrepresented groups within Medicaid leadership, it is necessary to know how members of these groups perceive common leadership development strategies. This report presents the perspectives offered by survey respondents, including those who identify with one or more of these identities or lived experiences.

Respondent Quotes on Identity and Lived Experience

"I have lived experience with Medicaid, but that has not been something discussed. Diversity training does not focus much on life experiences, it is more about diversity that can be seen."

"I do have lived experience in Medicaid and I am an African American woman from a multicultural background. But I am not tapped for my experience."

"All Medicaid agencies should be actively looking for people who have been on the receiving end of Medicaid to get more diverse and experienced people to do the work."

"I am queer, but it is very difficult to come out at work."

"In my state, LGBTQIA+ is not a protected status and I do not feel this part of me can be expressed."

Many factors influence how people with various experiences and identities perceive opportunities for their professional development. For example, connections with others who share similar lived experiences may be more important to people with experiences of invisibility or erasure. Experiences of being stereotyped as less competent may lead staff to prioritize the growth of their professional networks and skills. A person who has experienced homo- and/or transphobia may avoid affinity groups if they prefer not to be out at work. People with lived experience with publicly funded programs may prefer their expertise to be explicitly requested before offering it due to a history of interacting with bureaucracies that value institutional knowledge over expertise gained through life

experiences. Stigma associated with belonging to societal outgroups also affects how people feel about sharing their lived experiences at work.

Multiple, intersecting identities and lived experience impact how people feel recognized, celebrated, and promoted at work. Responses to open-ended questions, shared throughout the report, illustrate the value and challenge of applying lived experience within Medicaid policy and operational decision making.

While it is important to acknowledge that employees may not feel comfortable sharing their lived experience widely, greater transparency about the value of lived experience coupled with intentional efforts to foster psychological safety could empower individuals to apply their lived experiences to their daily work, and/or support the agency to better value and incorporate lived experience.[9,10] Throughout this report, the survey findings highlight opportunities to initiate or reinforce existing leadership development efforts in a way that is conscious of the perspectives and needs of people from historically excluded communities.

Findings

This report highlights insights from the literature review, interviews, and survey results, presenting important insights for Medicaid agencies looking to build supports for their leadership pipeline.

The literature review, interviews, and survey generated three key themes:

1. Medicaid agency staff view training and skill-building opportunities, development planning strategies, and internal operational processes as important aspects of leadership development and support.

2. Medicaid agency staff identified gaps in formal and shared definitions of success, as well as in strategies and measures to gauge progress on development of a pipeline of leaders that are diverse in background, lived experience, race/ethnicity, disability status, sexual orientation, and/or gender identity.

3. There is a lack of clear communication and information about supports available to staff, including expectations around promotions. This lack of clarity can create misalignment in perspectives on career advancement opportunities within Medicaid.

A total of 175 individuals responded, with 133 responses completing all survey items. Respondents who identified their state represented 14 states, territories, and commonwealths, and were diverse in the region and size of their Medicaid agency, their role or level of seniority within their agency, and their identity/experience, including:

GEOGRAPHY

50% - Northeast   **9%** - West
23% - Midwest   **2%** - Southwest
16% - Southeast

STAFF SIZE

61% - 100-499   **13%** - less than 100
14% - 500-999   **11%** - 1,000+

ROLE/SENIORITY

44% - Front-line or direct services staff
25% - Mid-level managers
15% - Division directors, bureau directors or section chiefs
17% - Executive or senior leadership team

IDENTITIES/EXPERIENCES

20% - BIPOC   **11%** - Mental or physical disability
8% - LGBTQIA+   **42%** - Lived/personal experience with Medicaid or another public program

Survey Analysis

All survey responses, including those from partial respondents, were included in an aggregate analysis for each question. CHCS conducted additional stratification based on experience, identity, and role within the Medicaid agency, and did not test for statistical significance when comparing across groups. The survey results reveal Medicaid staff perception about the availability and importance of certain development opportunities, which can help inform agency efforts to effectively support rising Medicaid leaders with diverse experiences and/or identities. The following sections present Medicaid staff perspectives in three key areas necessary for supporting a diverse leadership pipeline: (1) training and skill building; (2) individual development planning; and (3) operational and cultural strategies.
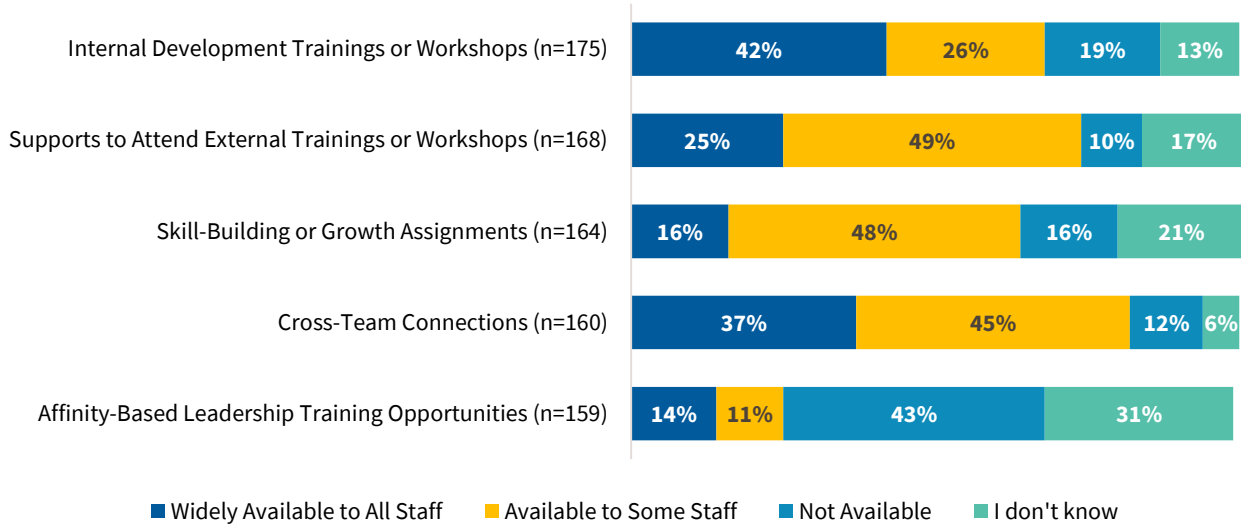
1. Training and Skill-Building Strategies

For the purposes of this analysis, training and skill-building strategies include:

- **Internal Development Trainings or Workshops** — Opportunities within the agency to learn more about Medicaid operations, policy, and/or leadership development (e.g., brown bags, agency-sponsored trainings).

- **Supports to Attend External Trainings or Workshops** — Grants, reimbursement, time off, or other supports to participate in non-agency professional development opportunities (e.g., national leadership programs, conferences, public speaking training, higher education/college credit).

- **Skill-Building or Growth Assignments** — High profile projects or assignments in new program/operational areas are given to non-senior staff as development opportunities.

- **Cross-Team Connections** — Opportunities to work across teams or program areas on projects and/or workgroups.

- **Affinity-Based Leadership Training Opportunities** — Trainings or workshops tailored to peer groups based on shared identities and/or experiences (e.g., women leaders, Black leaders).

Availability and Importance of Training and Skill-Building Strategies

Survey respondents indicated that internal development trainings or workshops are frequently available to all staff. Supports to attend external trainings, skill-building or growth assignments, and cross-team connections are frequently available only to some staff, and affinity-based leadership training opportunities are frequently unavailable (**Exhibit 1**, next page).

Exhibit 1. Perceived Availability of Training and Skill-Building Strategies

	Widely Available to All Staff	Available to Some Staff	Not Available	I don't know
Internal Development Trainings or Workshops (n=175)	42%	26%	19%	13%
Supports to Attend External Trainings or Workshops (n=168)	25%	49%	10%	17%
Skill-Building or Growth Assignments (n=164)	16%	48%	16%	21%
Cross-Team Connections (n=160)	37%	45%	12%	6%
Affinity-Based Leadership Training Opportunities (n=159)	14%	11%	43%	31%

Survey respondents perceive all these training and skill-building strategies as highly important to support a pipeline of rising Medicaid leaders with diverse experiences and/or identities (**Exhibit 2**, below). However, the lack of widespread availability of these opportunities may present barriers to the advancement of leaders within the pipeline. In other words, staff with the potential to rise into leadership positions "get stuck" because they do not have opportunities to build their skills. A survey respondent indicated that valuable external trainings may be available on paper or in policy but are difficult to access because they are out of state or tend to be offered only to certain staff.

Exhibit 2. Perceived Importance of Training and Skill-Building Strategies to Support a Pipeline of Medicaid Leaders with Diverse Experiences and/or Identities

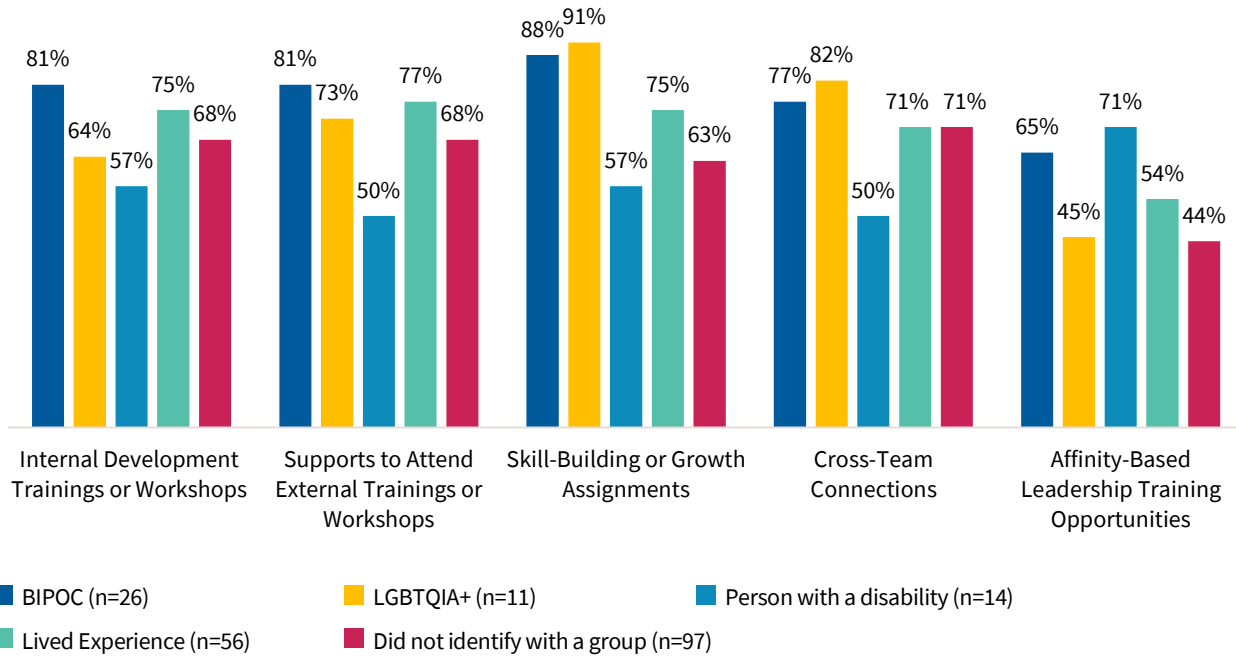|	Internal Development Trainings or Workshops (n=175)	Supports to Attend External Trainings or Workshops (n=168)	Skill-Building or Growth Assignments (n=164)	Cross-Team Connections (n=160)	Affinity-Based Leadership Training Opportunities (n=159)
Very Important	67%	72%	71%	76%	51%
Somewhat Important	25%	20%	21%	19%	24%
Neutral	6%	6%	3%	3%	16%
Not Important	1%	0%	0%	1%	5%
I don't know	1%	2%	5%	1%	4%

It is important to acknowledge that Medicaid agencies may be constrained in their ability to develop resources outside of broader statewide personnel structures or may have limited resources to allocate to staff development (e.g., financial resources, human resources personnel). These constraints may make it unfeasible to offer training opportunities widely. However, based on findings from CHCS' survey and interviews, the perception that important opportunities for development are open only to certain staff, in the absence of clear and intentional messaging, could contribute to perceived or actual inequity in access to development supports. Comments provided by respondents illuminate that funds for trainings or workshops may be available to senior level staff who seek support or with the aid of a persistent advocate. For example, one commenter noted that opportunities are available "to the extent that managers are tenacious and persistent enough to find resources." Another noted, "We would likely approve [support for attending external training] for other staff, but they would need to be more proactive in finding the opportunities and asking."

Survey respondents were also asked to identify specific, valuable development supports in an open-ended question. Responses included skill-building in diversity, equity, and inclusion (DEI), belonging, and compassion, project management, delegation, database and systems, and grant development. Growth assignments valued by survey respondents include improvement projects, payment reform initiatives, procurement related assignments, leadership roles on projects, and working with the legislature. Cross-team opportunities valuable to professional development include quality measurement and performance improvement projects, collaboration with sister agencies, and participation in cross-departmental discussions or workgroups.

Value of Training and Skill-Building Strategies by Experience, Identity, and Position
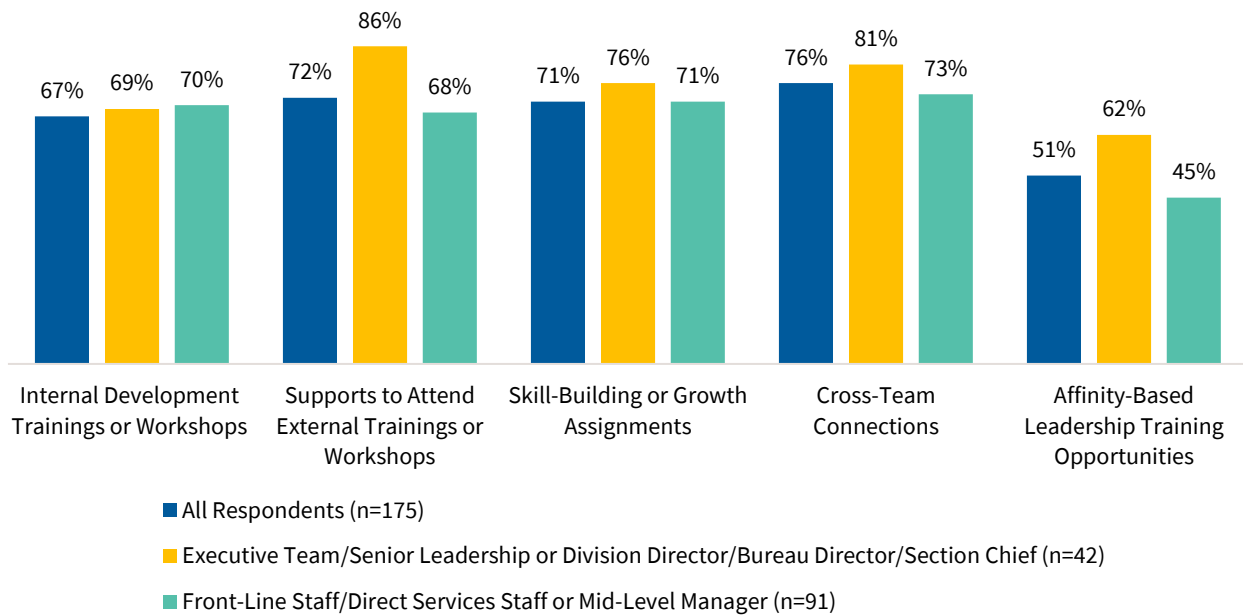
BIPOC survey respondents perceive all five training and skill-building strategies as more important in comparison with respondents who did not identify with one of the experience or identity groups (**Exhibit 3**, next page). Respondents who are LGBTQIA+ perceive supports for external development and training, skill-building or growth assignments, and cross-team connections as more important compared to other respondents. People with a disability rate affinity-based leadership trainings and opportunities more highly than all respondents. People with lived experience of Medicaid or another publicly funded program perceive internal development and training, supports for external development and training, skill-building or growth assignments, and affinity-based leadership trainings more highly. Responses, including comments, indicated mixed views about the value of affinity groups, with some indicating it has been helpful to have a women's leadership or generational affinity group and others indicating they do not feel these groups are helpful. Response differences indicate that people with different backgrounds and experiences may value different and tailored leadership development supports.

Exhibit 3. "Very Important" Training and Skill Building Strategies to Medicaid Staff with Diverse Experiences and/or Identities

Legend:
- BIPOC (n=26)
- LGBTQIA+ (n=11)
- Person with a disability (n=14)
- Lived Experience (n=56)
- Did not identify with a group (n=97)

Respondents were also asked to identify their position within their Medicaid agency including: (1) executive team/senior leadership; (2) division director, bureau director, or section chief; (3) mid-level manager; or (4) front-line or direct services staff. For most of the training and skill-building strategies, Medicaid staff in higher level leadership positions rated the opportunities more important than front-line or mid-level management staff (**Exhibit 4,** next page). Front-line and mid-level manager staff placed higher value on internal development trainings or workshops. The difference in ratings may reflect a unique perspective of what is needed to advance to the next position or different goals for growth. Higher priority on internal development and training for front-line staff and mid-level managers might indicate the internal focus of their immediate career goals, and the larger scope of responsibility for executive team and director staff may lend a broader view of what is needed to advance in Medicaid agencies.

Exhibit 4. "Very Important" Training and Skill-Building Strategies to Medicaid Staff in Different Roles

Legend:
- All Respondents (n=175)
- Executive Team/Senior Leadership or Division Director/Bureau Director/Section Chief (n=42)
- Front-Line Staff/Direct Services Staff or Mid-Level Manager (n=91)

To support front-line and mid-level manager staff, senior Medicaid leaders may consider explicit messaging about how different development opportunities can contribute to long-term success. In interviews, senior Medicaid leaders acknowledged that development pathways may not always be linear, and a lateral role change may better accomplish an individual's immediate leadership goals than a vertical promotion.

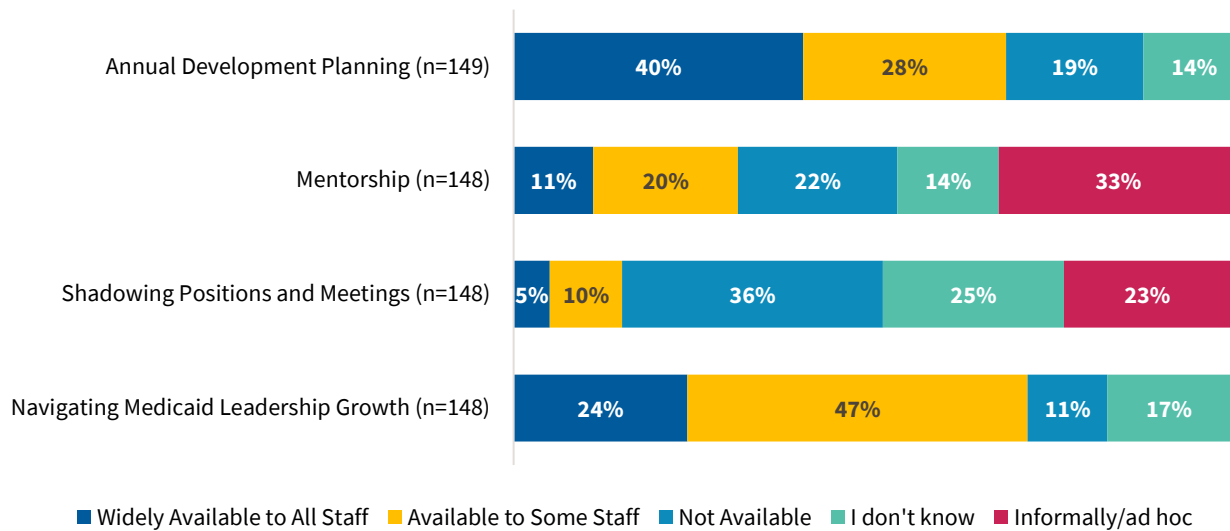## 2. Individual Development Planning Strategies

For the purposes of this analysis, individual development planning strategies include:

- **Annual Development Planning** — Staff create and work toward individual development goals with structured support from their manager. This activity is distinct from performance reviews.

- **Mentorship** — Staff have access to mentors within the Medicaid agency to support their professional development. Mentorship might include identifying growth areas, sharing agency/programmatic knowledge, and providing assistance with building relationships across the agency.

- **Shadowing Positions and Meetings** — Staff have opportunities to shadow senior leaders and/or sit in on meetings outside their daily work to gain insights into new content areas and observe senior-level staff.

- **Navigating Medicaid Leadership Growth** — Senior leaders support and encourage staff to advance into leadership positions and/or to apply for advanced or lateral positions that align with their development goals.

Availability and Importance of Individual Development Planning Strategies

Survey respondents indicated that annual development planning supports are the most common individual development strategy widely available to staff, though less than half indicated that these opportunities were widely available (**Exhibit 5**, below). Most respondents indicated that support navigating Medicaid leadership growth is available to some staff, while mentorship was noted as most often available on an informal basis, and shadowing opportunities were noted to be largely unavailable.

Exhibit 5. Perceived Availability of Individual Development Strategies

	Widely Available to All Staff	Available to Some Staff	Not Available	I don't know	Informally/ad hoc
Annual Development Planning (n=149)	40%	28%	19%	14%	
Mentorship (n=148)	11%	20%	22%	14%	33%
Shadowing Positions and Meetings (n=148)	5%	10%	36%	25%	23%
Navigating Medicaid Leadership Growth (n=148)	24%	47%	11%	17%	

Individualized supports for Medicaid staff who are building their leadership skills is an area of opportunity to strengthen the pipeline of rising leaders. Respondents rated all the strategies for individualized development planning supports as very important for rising Medicaid leaders, with a notably high rating for support navigating Medicaid leadership growth (**Exhibit 6**, next page). Individualized development supports can help Medicaid staff create and refine their short- and long-term goals for professional development, articulate coaching or support needs from senior leaders, and identify measures of success. One respondent shared, "When supervisors or leaders directly identify an opportunity for a staff member and encourage them to attend, it builds self-efficacy and supports individuals who may not be the most outgoing to attend."

Exhibit 6. Perceived Importance of Individual Development Planning Strategies to Support a Pipeline of Rising Medicaid Leaders with Diverse Experiences and/or Identities
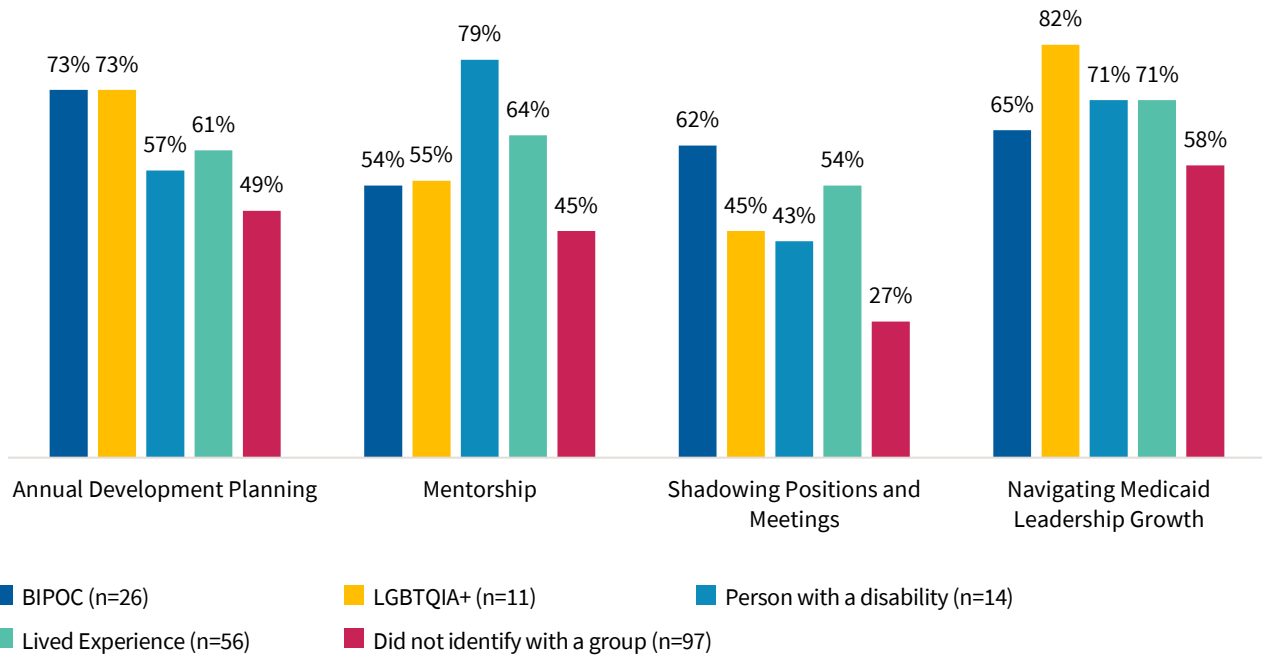
	Annual Development Planning (n=149)	Mentorship (n=148)	Shadowing Positions and Meetings (n=148)	Navigating Medicaid Leadership Growth (n=148)
Very Important	62%	60%	45%	72%
Somewhat important	23%	28%	38%	18%
Neutral	10%	10%	14%	6%
Not important	1%	1%	1%	0%
I don't know	3%	1%	3%	3%

More formal strategies, such as annual development planning, can be paired with informal strategies, such as mentorship and shadowing, to provide ample valuable opportunities for individual growth and advancement, such as being introduced to others within the agency, intentionally taking on larger tasks, and observing how leaders navigate complex situations.

Value of Individual Development Planning by Experience, Identity, and Position
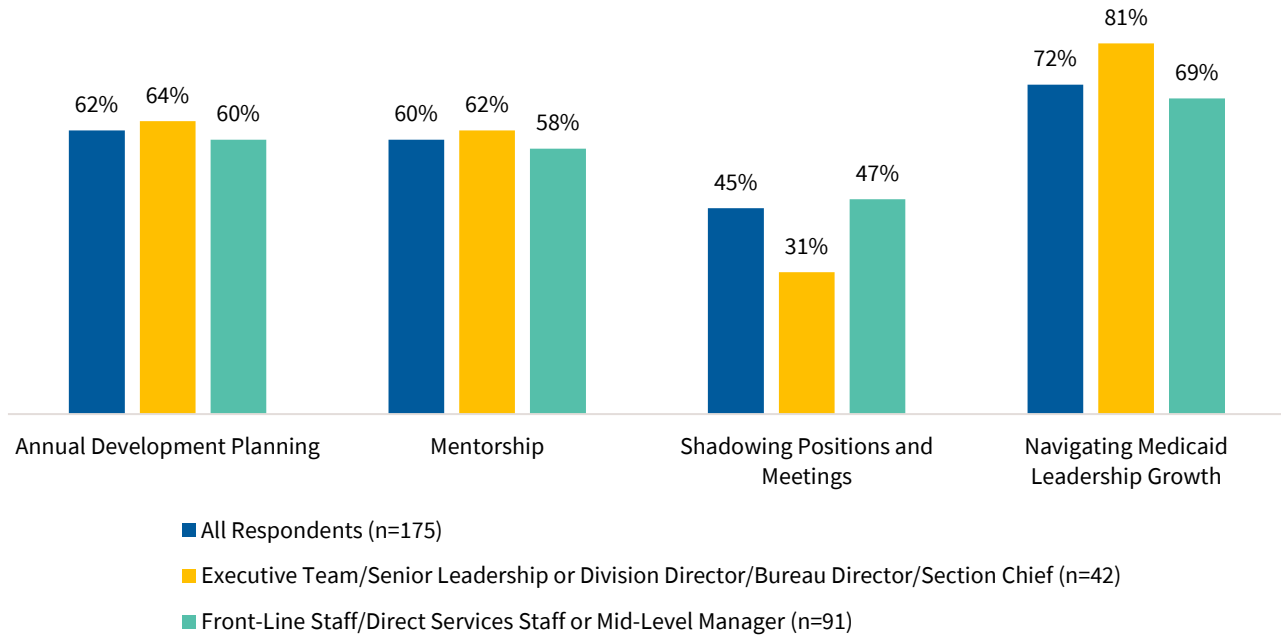
Survey respondents rated support navigating Medicaid leadership growth as most important, with respondents who identified as LGBTQIA+ giving this strategy an even higher rating (**Exhibit 7**, next page). Opportunities to shadow were less highly rated by respondents who did not identify with an experience or identity group compared with the other individual development strategies. However, respondents who identify as BIPOC, with lived experience with a publicly financed program, as LGBTQIA+, and with a disability rate shadowing opportunities more highly. The same is true of mentorship, with respondents with a disability choosing mentorship as the strategy of most importance.

Exhibit 7. "Very Important" Individual Development Planning Strategies to Medicaid Staff with Diverse Experiences and/or Identities

Legend:
- BIPOC (n=26)
- LGBTQIA+ (n=11)
- Person with a disability (n=14)
- Lived Experience (n=56)
- Did not identify with a group (n=97)

Annual Development Planning: 73%, 73%, 57%, 61%, 49%
Mentorship: 54%, 55%, 79%, 64%, 45%
Shadowing Positions and Meetings: 62%, 45%, 43%, 54%, 27%
Navigating Medicaid Leadership Growth: 65%, 82%, 71%, 71%, 58%

Navigating Medicaid leadership growth also received the highest importance rating from senior Medicaid leaders (**Exhibit 8**, next page), who also valued annual development planning and mentorship more highly than front-line and mid-level management staff. Shadowing opportunities are more highly valued by front-line and mid-level management. A mix of strategies may be needed to meet the needs of staff at different points in their leadership development. Annual development planning processes, which are tailored to the individual, may be an accessible way to identify additional support needs in an individualized fashion.

Exhibit 8. "Very Important" Individual Development Planning Strategies to Medicaid Staff in Different Roles

■ All Respondents (n=175)
■ Executive Team/Senior Leadership or Division Director/Bureau Director/Section Chief (n=42)
■ Front-Line Staff/Direct Services Staff or Mid-Level Manager (n=91)

The more time intensive strategies of mentorship and support navigating Medicaid leadership growth may be complemented by a lower lift strategy, such as shadowing — especially when resources for professional development are limited. One survey respondent commented that a valuable strategy for their development was "shadowing leadership and having them pass along tasks as I am ready." Developing a blend of supports, including a combination of shadowing, mentorship, and help navigating Medicaid leadership growth, can create opportunities for staff to evolve into new tasks or roles.
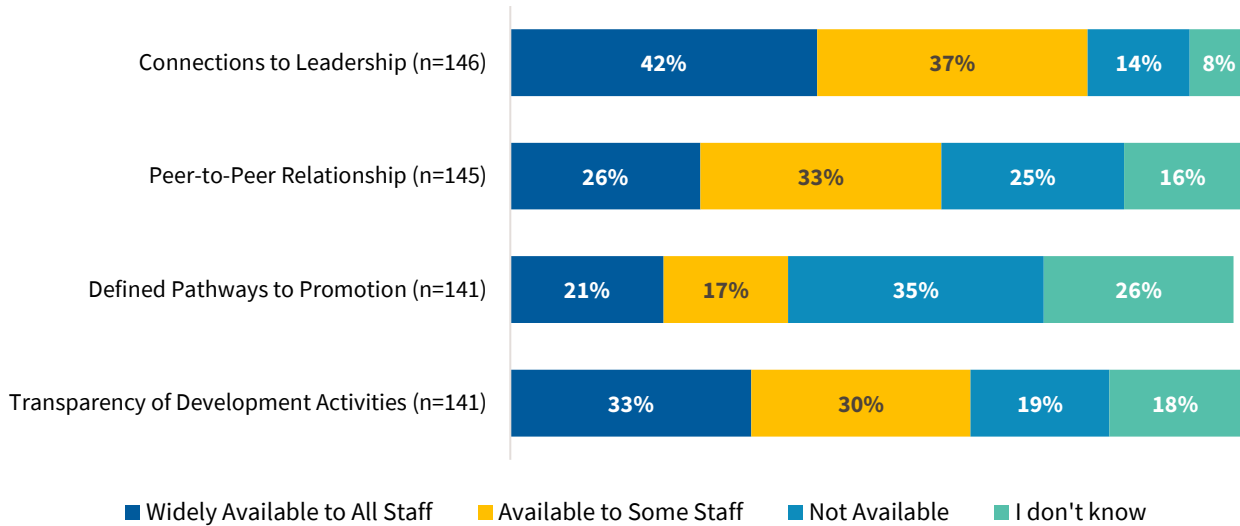
3. Cultural and Operational Strategies and Practices

For the purposes of this analysis, cultural and operational strategies and practices include:

- **Connections to Senior Leadership** — Opportunities exist for informal connections between staff and senior-level leadership. Connections may include informal relationship building (e.g., coffee or lunch chats) and/or informal but structured trainings (e.g., brown bags, fireside chats).

- **Peer-to-Peer Relationships** — Opportunities exist for peers to build relationships, share resources, and/or to collaborate on career development (e.g., peer mentorships, unstructured staff meetings/events).

- **Defined Pathways to Promotion** — Promotion criteria and processes are documented, and this information is readily accessible to staff.

- **Transparency of Development Activities** — Opportunities to participate in development activities are clearly documented and offered to staff.

Availability and Importance of Cultural and Operational Strategies and Practices

Connections to leadership and transparency of development activities are the cultural and operational strategies and practices rated most widely available to Medicaid agency staff (**Exhibit 9**, below). Peer-to-peer relationships were most frequently noted to be available only to some staff, and a high percentage of respondents indicated they do not know the availability of defined pathways to promotion.

Exhibit 9. Perceived Availability of Cultural and Operational Strategies and Practices

	Widely Available to All Staff	Available to Some Staff	Not Available	I don't know
Connections to Leadership (n=146)	42%	37%	14%	8%
Peer-to-Peer Relationship (n=145)	26%	33%	25%	16%
Defined Pathways to Promotion (n=141)	21%	17%	35%	26%
Transparency of Development Activities (n=141)	33%	30%	19%	18%

Survey respondents perceived that defined pathways to promotion and transparency of development activities are very important to supporting a pipeline of Medicaid leaders with diverse experiences and/or identities (**Exhibit 10**, next page). Connections to leadership were considered somewhat important. There are interpersonal and cultural aspects to how Medicaid staff perceive connections to leaders and peers. According to interviewees, fast-paced processes, busy workloads, and virtual or hybrid work environments may prevent Medicaid staff from engaging in building connections to leadership or with peers for the purpose of personal development outside of work assignments.

Exhibit 10. Perceived Importance of Cultural and Operational Strategies and Practices to Support a Pipeline of Rising Medicaid Leaders with Diverse Experiences and/or Identities

	Connections to Leadership (n=146)	Peer-To-Peer Relationships (n=145)	Defined Pathways to Promotion (n=141)	Transparency of Development Activities (n=141)
Very Important	38%	43%	62%	64%
Somewhat important	45%	36%	25%	26%
Neutral	14%	17%	9%	9%
Not important	1%	1%	1%	0%
I don't know	1%	3%	3%	2%

Respondents noted that lack of interactions with leaders may prevent staff from assessing how helpful it may be to connect with leaders. One survey respondent commented that leaders "may not actually be available to staff for a chat…that is meaningful." Additionally, one commenter noted a spirit of competitiveness rather than supportiveness in their agency. If the culture of an organization encourages collaboration, relational connections may be a more viable pathway to growth and development.
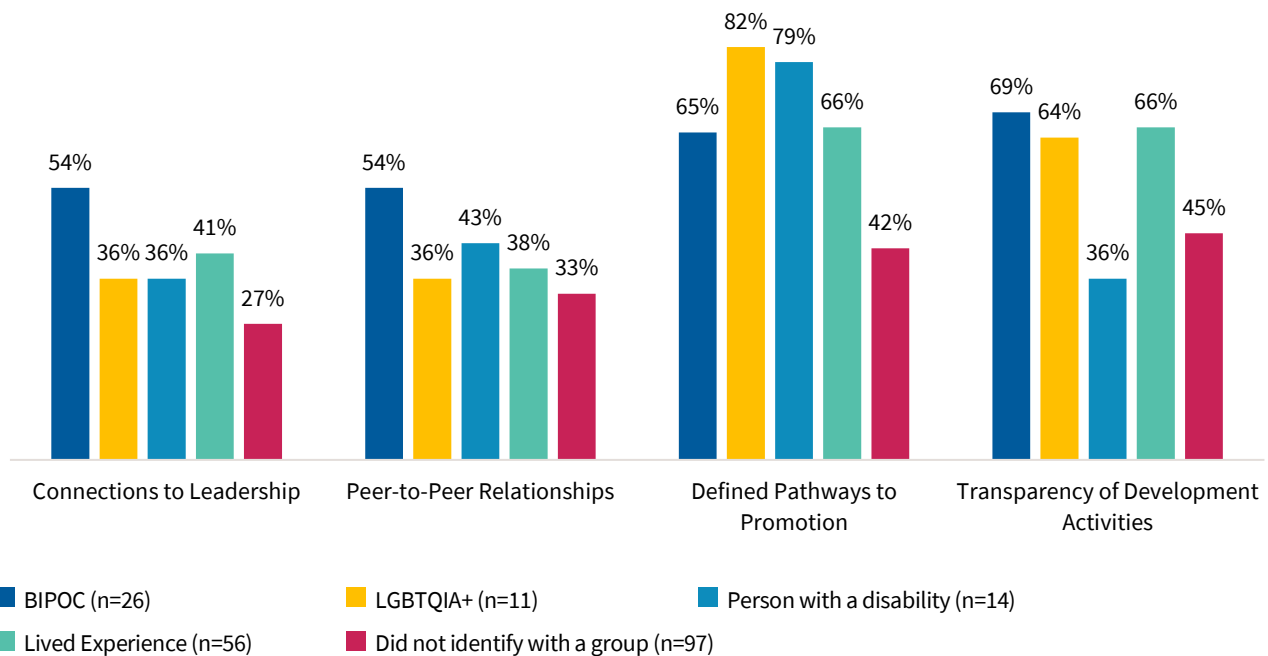
Collaborating across departments or teams in an intentional way, for example in DEI workgroups, can support relationship building within Medicaid agencies. One interviewee noted a cross-departmental workgroup for DEI provided relationship-building, knowledge of other departments, and visibility to senior leaders. A survey respondent noted that they have developed valuable relationships "from working on intense and/or long-term projects." Leaders can facilitate this pathway by finding and delegating opportunities to develop other leaders. Another commenter illustrated this pathway, noting "being brought in by my manager to higher level discussions where I can add value and increase my visibility to leadership" was a helpful support to their development.

Value of Cultural and Operational Strategies by Experience, Identity, and Position

Medicaid staff who identified with at least one of the experience or identity groups indicated that defined pathways to promotion are very important to supporting a pipeline of rising Medicaid leaders with diverse experiences and/or identities (**Exhibit 11**, next page). Respondents who identify as BIPOC, LGBTQIA+, and/or with lived experience of publicly financed programs gave higher ratings to all of the other cultural and operational strategies when compared with those who did not identify with one of the groups. Respondents who identify as a person with a disability rated connections to leadership and peer-to-peer relationships more highly than those who did not identify
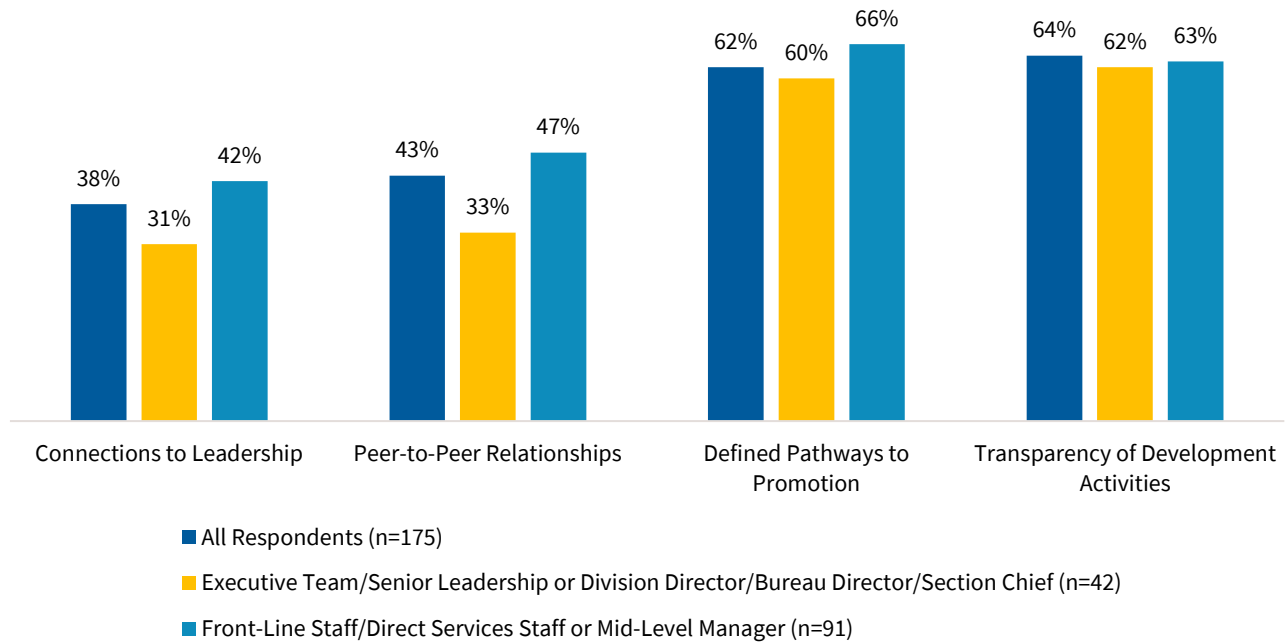
with a disability. Defined pathways to promotion and transparent practices can increase fairness in promotion and advancement practices, and help staff outline their development pathway. One commentor noted, "I think being more transparent with staff on what their goals [are], what they are looking for in rising Medicaid leaders, and clearly outlining what opportunities [are] available [would support a strong pipeline of diverse leaders]. When this is done on an ad-hoc or informal basis, it can easily get lost in the shuffle and create inequitable opportunities and miss a valuable individual."

Exhibit 11. "Very Important" Cultural and Operational Strategies to Medicaid Staff with Diverse Experiences and/or Identities

Legend:
- BIPOC (n=26)
- LGBTQIA+ (n=11)
- Person with a disability (n=14)
- Lived Experience (n=56)
- Did not identify with a group (n=97)

Connections to Leadership: 54%, 36%, 36%, 41%, 27%
Peer-to-Peer Relationships: 54%, 36%, 43%, 38%, 33%
Defined Pathways to Promotion: 65%, 82%, 79%, 66%, 42%
Transparency of Development Activities: 69%, 64%, 36%, 66%, 45%

Respondents who are currently in front-line, direct services, or mid-level manager roles rated connections to leadership, peer-to-peer relationships, and defined pathways to promotion more highly than all respondents (**Exhibit 12**, next page). The variation in perception between levels of staff may reflect different needs across roles. Perhaps relational connections are more important when advancing from a front-line or mid-level manager role than when moving between more senior leadership roles. Leaders in more senior positions may value relationships slightly less due to their experience of relationships as central to their role already, or their ability to leverage positional authority or access to information. Connections to leadership can provide opportunities for greater visibility that Medicaid staff can use to learn about potential promotion prospects or generate support when pursuing a new role. When staff — and their development goals — are known to senior leaders, they may also be thought of proactively when advancement opportunities arise.

Exhibit 12. "Very Important" Cultural and Operational Strategies and Practices to Medicaid Staff in Different Roles

- All Respondents (n=175)
- Executive Team/Senior Leadership or Division Director/Bureau Director/Section Chief (n=42)
- Front-Line Staff/Direct Services Staff or Mid-Level Manager (n=91)

Additional Strategies to Support a Pipeline of Diverse Medicaid Leaders

Survey respondents shared a range of additional strategies that they consider high-value or most successful for supporting a pipeline of rising Medicaid leaders with diverse experiences and/or identities. The additional strategies shared fell into the following categories:

- **Structured Leadership Programs** — Opportunities for tiered trainings, pathways to advancement, leadership academies, or state level trainings, such as Certified Public Manager, Associate Public Manager, or State Finance.

- **Tailored Experiences** — Opportunities for executive, individual, and group coaching, or cohort leadership training groups.

- **Hiring and Promoting Practices** — Hiring and promoting employes with "on the ground" experience in outreach, client assistance, or other front-line positions.

- **Partnerships and Projects** — Opportunities to participate in strategic projects that recognize and incentivize equity, cross-agency partnerships, appointments to community boards, participation in internal review processes, or serving on an organization workgroup (e.g., DEI workgroup, internal policy review committee).

Key Challenges

A key challenge identified is that there is variation in the perceived value of different development strategies for individuals with diverse experiences and identities. Medicaid staff who identify as BIPOC, LGBTQIA+, a person with a disability, and/or a person with lived experience with publicly financed programs may appreciate different types of leadership supports than staff who do not share these experiences. However, this does not mean that all Medicaid agencies need to start a suite of new offerings. Many of the strategies evaluated were perceived to be available to all or some staff by 60 percent or more of survey respondents (Exhibits 1, 5, and 9).

The knowledge of whom is more likely to value specific strategies can help Medicaid agencies to direct limited resources towards those who may benefit most. For example, mentorship and affinity-based leadership opportunities are less likely to be available, but rated highly by Medicaid staff who have a disability, indicating who might value these limited opportunities the most. Some of the most valued opportunities, including internal development trainings or workshops and annual development planning, are already offered frequently at Medicaid agencies. Increasing transparency around availability of these activities could help staff in the leadership pipeline connect them to their growth and advancement.

Measuring Success

When asked how their agency measures success in supporting a pipeline of rising Medicaid leaders with diverse experiences and/or identities, most respondents (69 percent) indicated "I don't know." Between 8-10 percent of respondents indicated that their agency is tracking demographics across levels, in staff retention, and/or participation in professional development opportunities offered by the agency. The measurement of diversity in hiring, promotion, and retention is consistent with the literature review and interviews. In the literature, success is broadly defined as increasing diversity across leadership levels, retention of diverse staff, and participation of diverse staff in training and growth opportunities.

Additional ways to measure success include tying the concept of success to the achievement of internal strategic goals or a broader agency vision. One interviewee suggested that valuing and promoting employees with diverse lived experience could enable agencies to engage with enrollees more effectively in advisory committees or other efforts. Measures of enrollee engagement could reflect an agencies' successes in developing a leadership pipeline that is more representative of people served.

Another practice to measure success could be through internal measures of staff experience, such as staff engagement, to understand the extent to which staff feel valued and that they belong. Many states already conduct annual staff surveys, which presents an opportunity to incorporate data collection on internal culture or specific metrics related to the leadership pipeline.

Conclusion

The survey results demonstrate that Medicaid staff value multiple types of leadership and development opportunities with some variation that may correlate with identity, lived experiences, and role within Medicaid. Fortunately, many of the strategies that most staff consider highly valuable are already available to some degree, though they may not be widely accessible. Medicaid agencies looking to strengthen their pipeline of rising leaders with diverse identities and experiences can identify and bolster the professional development and support strategies of most value to the rising leaders in their agencies. Staff from previously underrepresented groups who are supported to step into leadership roles can help bring forward innovative ideas and support the incorporation of consumer perspectives in Medicaid activities.

Medicaid leaders have an opportunity to define a clear vision, set goals, and conduct measurement around strengthening a diverse pipeline of leaders. Strategic efforts to connect professional development activities with a broader vision of improved services and outcomes will support investment in a pipeline of rising internal Medicaid leaders with experiences and identities that more closely reflect populations served.

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Appendix: Literature Review

Title/Link	Author	Summary
How Johnson & Johnson and American Express Are Developing Young Leaders	R.L. Ray, R. Williams, R.S. Williams	Outlines development assignments, action-oriented learning experiences, analogous learning, one-on-one coaching/mentorship, and manager feedback as activities of value to developing young leaders.
Manage your Talent Pipeline Like a Supply Chain	J. Fuller, M. Sigelman	Provides a way of thinking about building a long-term supply of workers by investing in current employees, noticing emerging skills, beginning promotion planning early, and sharing job specifications with colleges.
How to Develop a Talent Pipeline for Your Digital Transformation	J. Kavanaugh, R. Kumar	Outlines strategies for attracting people with strengths in learning on the job, emotional intelligence, and a team orientation. Also emphasizes offering incentives and opportunities to grow.
The 5 Elements of a Strong Leadership Pipeline	J. Bersin	Explores five aspects of companies with strong leadership pipelines: focus on culture; matrix management and risk taking; learning through exposure; a learning culture; and ongoing leadership development throughout the company.
NCWWI Workforce Excellence Site Overview: Erie County DSS	National Child Welfare Workforce Institute	Explores Erie County DSS Workforce Excellence Initiative, which gave 17 employees education stipends, and provided broader leadership training, racial equity training, and mentoring.
Prioritizing Leadership Development	C. Brittain, T.W. Evans	Highlights distributive leadership and a culture of learning as key elements of leadership development in health and human services agencies.
Leadership Development Reimagined: Developing Leaders in the Flow of Work	W. Robinson, N. Alger, K. Sandell, N. Elghossain	Explores the Bring Your Own Challenge (BYOC) method for building leadership capability.
Opportunities to Improve Government Leadership Development Programs: A Survey of Federal Government Executives	D. Dye	Explores opportunities for individual leaders and agencies at large to support leadership development.
My Colorado Journey: Healthcare Nursing	Colorado Workforce Development Council	A sample career pathway for nursing that gives people seeking to advance in their nursing career information about what it takes to advance, what they can expect in terms of responsibilities, and salaries.

Title/Link	Author	Summary
Learning About Self: Leadership Skills for Public Health	R. Moodie	Explores features of transcendent leadership, including collective decision making through dialogue and group consensus, and creative and divergent thinking. Explores importance of development of group work skills, given virtually all public health now requires working in teams and groups.
Leadership Disparities in State Governmental Public Health Workforce: Examining the Influence of Gender	T. Chapple-McGruder, Z. Mendoza, G. Miles, R. Hilson, J. Wiltshire, J. Wilder, L. Heidari, B. Castrucci, E. Gould	Explores key human resources strategies and policies that can be implemented to recruit, retain, and promote talented women.
Increasing and Sustaining Racial/Ethnic Diversity in Healthcare Leadership	American College of Health Care Executives	Explores the role of diversity in healthcare management to enhance quality of care, quality of life in the workplace, community relations and the ability to affect community health status. Outlines strategies to recruit, promote, and support racial/ethnic diversity in candidates for senior management positions.
Leadership and the Promotion of Diversity in the Workforce and Beyond	E. Feyes	Examines the effects of diversity in the workforce on healthcare outcomes in minority populations. Explores actions leaders can take to engage across cultures.
Core Competencies for Public Health Professionals: Domains	Public Health Foundation	Describes leadership analytical skills necessary to understand and promote the health of populations.
Understanding the Dynamics of Diversity in the Public Health Workforce	F. Coronado, A. Beck, G. Shah, J.L. Young, K. Sellers, J.P. Leider	Explores strategies for promoting workforce diversity, including diversifying the educational pipeline, developing organizational strategies to improve recruitment, and creating inclusive climates.
Addressing Health and Health-Care Disparities: The Role of a Diverse Workforce and the Social Determinants of Health	C.S. Jackson, J.N. Gracia	Explores community health workforce models and trainings for cultural competency.

ENDNOTES

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[2] P. Khanal, L. Moran, and M. Larson. *Exploring the Pathways to Medicaid Leadership.* Center for Health Care Strategies, August 2021. Available at: https://www.chcs.org/media/Medicaid-Leadership-Pathways-Report_08.02.21.pdf.

[3] Ibid.

[4] National Association of Medicaid Directors. "Medicaid Insights: How Directors and Their Senior Leaders are Focusing Their Time." July, 2021. Available at: https://medicaiddirectors.org/resource/medicaid-insights-how-directors-and-their-senior-leaders-are-focusing-their-time.

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[6] P. Khanal, et al., op. cit.

[7] A. Ohene-Ntow and T. Enos. *Becoming a More Inclusive Leader.* Center for Health Care Strategies, August 2023. Available at: https://www.chcs.org/becoming-a-more-inclusive-leader.

[8] Centers for Medicare & Medicaid Services. "Ensuring Access to Medicaid Services (CMS 2442-P) Notice of Proposed Rulemaking. Summary of the Medical Care Advisory Committee and Beneficiary Advisory Group Provisions." April 2023. Available at: https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-cms-2442-p-notice-proposed-rulemaking-0.

[9] E. Eelman. *Navigating When Things Go Wrong in Medicaid.* Center for Health Care Strategies, November 2023. Available at: https://www.chcs.org/resource/navigating-when-things-go-wrong-in-medicaid/.

[10] For more information on psychological safety, see Harvard Business Review: H. Bresman and A.C. Edmondson. *Research: To Excel, Diverse Teams Need Psychological Safety,* March 2022. Available at: https://hbr.org/2022/03/research-to-excel-diverse-teams-need-psychological-safety.