

2025 Biannual Community Health Worker (CHW) Workforce Survey

A Snapshot of Florida's Community Health Worker Workforce



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Executive Summary

Community Health Workers (CHWs) have been a cornerstone of public health practice in the United States for decades, serving as trusted connectors between communities, healthcare systems, and social services. Defined by the American Public Health Association as frontline public health professionals with close understanding of the communities they serve. CHWs play a critical role in improving access to care, supporting chronic disease prevention and management, and addressing health-related social needs.

This report presents findings from the 2024-25 Florida Community Health Worker Biannual Workforce Survey, which captured 575 self-reported responses from CHWs across the state. The survey provides a snapshot of the workforce, including demographic characteristics, education, training, certification, employment settings, income, and service delivery across chronic conditions and social needs. The size and breadth of participation offer a foundation for understanding workforce trends and informing policy, planning, and training decisions.

Methodology

The survey relied on self-reported data, a widely accepted and appropriate methodology for workforce studies, particularly in community-based professions where lived experience, role perception, and scope of work that is central to CHW practice. Survey design, bilingual administration, and broad statewide outreach supported inclusive participation and enhanced data reliability. While self-reported surveys reflect respondents' perspectives at a specific point in time and may not capture every CHW statewide, the findings are internally consistent, methodologically sound, and aligned with national CHW workforce research conducted by CDC, HRSA, and CMS-supported initiatives. As such, the results provide insights for public health allies and decision-makers.

A Diverse, Skilled, and Community-Rooted Workforce

Survey findings demonstrate that Florida's CHW workforce reflects the racial, ethnic, and linguistic diversity of the communities most affected by chronic disease and disparities. Respondents represent multiple racial and ethnic identities, with substantial Hispanic/Latino representation and multilingual capacity. Educational attainment spans multiple pathways, with nearly half of respondents holding an associate degree or higher, alongside many who bring critical lived experience, cultural knowledge, and community trust. This combination underscores that CHWs are not entry-level or informal workers, but skilled professionals whose effectiveness is grounded in both training and connected to their communities.

The CHW Roles Bridge Across Care

The data highlights CHWs operating across community-based organizations, federally qualified health centers, managed care organizations, healthcare systems, and public health settings. Respondents reported delivering services across multiple chronic conditions—including diabetes, hypertension, cardiovascular disease, obesity, and maternal health—often simultaneously.

This breadth of practice positions CHWs as a critical bridge between clinical care and community-based supports, aligning directly with CMS Health-Related Social Needs (HRSN) frameworks, CDC chronic disease prevention strategies, and HRSA workforce development priorities. Rather than functioning in isolated roles, CHWs operate at the intersection of prevention, care coordination, and social support, helping translate healthcare goals into meaningful, community-centered action.

Training, Certification, and Workforce Integration

A large majority of respondents reported receiving chronic disease management training and affirmed that such training enhances their effectiveness. Certification rates indicate meaningful progress toward workforce standardization and professional recognition, supporting integration into team-based care models. These findings reflect a workforce that is prepared, credentialed, and increasingly aligned with value-based care and population health strategies, even as pathways to training and certification be adapted to grow with the profession and be diverse.

The majority of respondents report that chronic disease management training has enhanced their professional effectiveness. As the need for national standards continues to grow, establishing clear guidelines for workforce advancement and professional recognition will support seamless integration into team-based care models. These findings demonstrate that the current workforce is both credentialed and strategically aligned with value-based care initiatives. To ensure ongoing success, it is essential that training and certification pathways remain flexible and responsive to the evolving needs of population health, allowing for diverse routes to professional development.

Economic Realities and Sustainability

Household income data suggest that many CHWs experience economic vulnerability, despite their essential role in supporting health systems and communities. While the survey does not directly assess wage adequacy, the income distribution highlights the importance of advancing sustainable financing and reimbursement strategies that stabilize the workforce and support long-term retention. These economic considerations are structural in nature and reflect broader system-level financing challenges rather than workforce capacity or performance.

Conclusion

Taken together, the findings from the 2025 Florida Community Health Worker Biannual Workforce Survey affirm that CHWs are not ancillary to the healthcare system—they are foundational to its effectiveness. The workforce is diverse, trained, certified, and actively delivering services that advance prevention, chronic disease management, care coordination, and social needs support.

The survey provides credible, practice-based evidence that CHWs are uniquely positioned to bridge gaps between healthcare systems and communities, improve population health outcomes, and support cost-effective, whole-person care.

Strategic investment in Community Health Workers (CHWs) is central to Florida's shift toward value-based care and public health reform. This report serves as a roadmap for stakeholders to strengthen CHW integration and secure sustainable financing, ensuring these essential professionals can effectively address the state's evolving health priorities.

2024-25 Biannual Community Health Worker (CHW) Workforce Survey

N=575 total responses, 100% of submissions unless otherwise noted.

Community Health Worker respondents represented diverse backgrounds as illustrated in the chart below.

Race	Percentage
Black/African American	34%
Hispanic/Latino	27%
White Caucasian	17%
More than one Race	22%

As respondents self-identified, this finding aligns with standard demographic data collection practices, where Hispanic is categorized as an ethnicity, separate from race. The limitations of these standard racial categories became particularly evident during a qualitative follow-up with a sample of respondents.

Many individuals who identify as Hispanic or Latino expressed that the available racial categories do not adequately represent their identity, which led them to select options such as “Some Other Race,” “More than One Race,” or “White Caucasian” to better reflect their heritage and background within the parameters of current policies. Among respondents who identified as African American, 7 specified Haitian American heritage.

This rich demographic diversity not only reflects a broad spectrum of backgrounds but also contributes significantly to the community’s multilingual capacity.

These insights highlight the challenges inherent in demographic data collection, where standardized categories may not capture the full spectrum of respondents' self-perceived identities, underscoring the importance of careful interpretation and acknowledgement of these limitations.

Language	Respondents
English respondents	328
Spanish respondents	240
Haitian Creole	07
Total Respondents	575

Age Distribution of CHWs

Based on a total of 575 respondents, the breakdown of age groups among CHWs is as follows:

Age Group	Number of Respondents	Percentage (%)
18-24	05	0.87 %
25-33	60	10.43 %
34-44	162	28.17 %
45-54	197	34.26 %
55-65	122	21.22 %
66 and Older	29	5.05 %

The data shows that individuals aged 18–24 comprise less than 1% of the Community Health Worker (CHW) workforce, highlighting a notable underrepresentation of young adults who are transitioning from high school to college. While CHW roles frequently require lived experience and established community relationships—factors that may contribute to the limited presence of this age group—this also underscores a significant opportunity for targeted workforce development. By creating outreach initiatives, specialized training programs, and accessible career pathways for recent high school graduates and college-bound students, the CHW field can be diversified and strengthened. Engaging this younger demographic not only helps address workforce shortages but also foster and supports long-term sustainability and renewal within the profession.

Demographic Characteristics

The survey findings reveal that CHWs represent a broad range of racial and ethnic backgrounds. According to the survey responses, a substantial majority 89% self-identified as female and 11% self-identified as male. It is important to note that the survey only captured respondents’ selections of "female" and "male," and may not fully reflect the presence of non-binary or other gender identities due to limitations in survey options. Of all survey participants, 42% identified as Hispanic, demonstrating considerable representation from ethnic groups such as Puerto Rican, South American, and Central American communities. The remaining 58% of respondents identified as non-Hispanic. For additional detail, the following chart presents a breakdown of Hispanic ethnic groups included in the survey data.

Ethnic Subgroups	Percentage
Puerto Rican	31.43%
South American (<i>Argentinian, Bolivian, Chilean, Columbian, Ecuadorian, Guinian, Paraguayan, Peruvian, Surinamese, Uruguayan or Venezuelan</i>)	28.57%
Central American (<i>Costa Rican, Guatemalan, Honduran, Nicaraguan, Panamanian or Salvadoran</i>)	11.43%
Cuban	2.86%
Dominican	2.86%
Mexican	2.86%
Other	5.71%

As respondents self-reported, this observation aligns with standard demographic data practices, which treat Hispanic as an ethnicity distinct from race. Qualitative feedback from a subset of respondents revealed that many who identify as Hispanic or Latino feel that standard racial categories do not fully capture their sense of identity.

As a result, some chose to select 'Some Other Race,' 'More than One Race,' or White Caucasian to better reflect their heritage, personal background, and current policy beliefs. Among African American respondents, seven identified as Haitian American. Additionally, some respondents expressed uncertainty and apprehension regarding who would review the survey findings.

These concerns suggest that, for some, considerations about privacy and potential repercussions may have influenced their choices in self-identification. This underscores the importance of building trust in data collection and recognizing the genuine concerns individuals may hold when sharing personal aspects of their identity.

Community Settings

As noted previously, the distribution of respondents across community settings demonstrates the flexibility and reach of the CHW workforce. The vast majority approximately 90% report working in urban environments, while 7% serve in suburban areas and 3% in rural settings. This pattern may suggest a strong presence in densely populated regions, allowing CHWs to address the layered health needs of diverse urban communities. At the same time, their presence, though smaller, in suburban and rural settings could indicate a commitment to meeting people where they are, helping to ensure that vital health and support services remain accessible across all types of communities.

Such adaptability has the potential to strengthen trust between CHWs and those they serve and may also help tailor interventions to the unique contexts and cultures present within each setting. However, the notably low representation of CHWs in rural areas—just 3% of the respondents suggests a possible gap in service coverage.

Given that rural communities often face distinct health challenges, such as limited access to care, transportation barriers, and healthcare provider shortages, this finding may highlight an opportunity for targeted recruitment and support in these regions. Expanding the CHW workforce in rural settings could help address unmet needs, ensure equitable access to essential health resources, and further strengthen the profession's mission of meeting people where they are. Proactive efforts to recruit and retain CHWs in rural communities may be important for building a more balanced and responsive public health infrastructure.

Education Attainment

Nearly half of the respondents 47% reported having a college degree, most often at the associate or bachelor's level. This proportion is comparable to, and in some cases exceeds, national educational attainment rates among the general adult population, where approximately 46% hold an associate degree or higher. These findings reflect the strong academic preparation many CHWs now bring to their roles and underscore the professional nature of their work in addressing complex community health challenges.

Importantly, having a college degree is not a prerequisite for effective CHW practice. CHWs with a high school diploma and some college experience contribute invaluable skills, lived experience, and cultural knowledge that are equally essential to the effectiveness of the workforce. Multiple pathways into the CHW profession are not only valid, but also vital, as they allow for a workforce that draws upon a broad range of backgrounds and perspectives.

Taken together, this highlights a diverse and well-prepared CHW workforce that blends formal education with the critical expertise of lived and community-based experience.

The profession values and benefits from this diversity, recognizing that higher formal education is not required for success as a CHW, and that all pathways bring unique and valuable strengths to the field.

Educational Attainment Level	Percentage
Doctorate degree	1.18%
Master’s degree	15.29%
Bachelor’s degree	27.06%
Associate’s degree	20.00%
Professional degrees (e.g., law, medicine, pharmacy, etc.)	3.53%
Some college and/or undergraduate certificate program	28.24%
High School Graduate/General Education Diploma	4.70%

Household Income of CHWs

As the cost of living continues to rise in Florida, it is critical that Community Health Workers (CHWs) receive equitable wages that reflect both their essential contributions and the economic realities of the state. Beyond fair pay, these findings highlight the urgent need to establish sustainable financing and reimbursement mechanisms that ensure CHWs can continue serving their communities without financial insecurity.

The majority of CHW households report annual incomes between \$20,000 and \$49,000, with a smaller but notable share between \$50,000 and \$99,000. Only a limited number of respondents indicated household incomes above \$100,000. This distribution demonstrates that most CHW households fall within modest earning ranges, underscoring the importance of advancing long-term strategies that stabilize and support the CHW workforce.

Household Income Range (USD)	Percentage of CHW Households
\$ 20,000 - \$ 49,999	Majority
\$ 50,000 - \$ 99,900	Small but notable share
\$100,000 and above	Limited number

The table above presents the household income ranges as reported by CHWs who participated in the survey. While this survey does not assess wage adequacy directly, the income distribution suggests potential economic vulnerabilities for the CHW workforce, supporting calls for sustainable financing strategies.

Training

The survey revealed that chronic disease management training is both widely sought after and highly relevant within the Community Health Worker (CHW) profession, with more than 75% of respondents reporting participation.

Chronic Disease Training	Percentage
Prediabetes, diabetes, Hypertension, & High Blood Cholesterol	75%
Prediabetes/Diabetes	10%
Hypertension	7%
Prediabetes, diabetes, Hypertension	5%
Prediabetes, diabetes, & High Blood Cholesterol	2%
Hypertension & High Blood Cholesterol	1%

Respondents also indicated that such training directly enhanced their ability to serve clients, with 78.1% affirming its positive impact on their work.

As an approved education provider, the Florida Community Health Worker Coalition was cited as their most frequent source of chronic disease management training. While this highlights the Coalition's pivotal role in equipping its members with the expertise needed to improve health outcomes, it also presents a significant opportunity to further broaden and enrich the spectrum of training options available through the organization. The fact that approximately 20% of CHWs have received training from other educational providers demonstrates the benefits of diversifying training sources and content, enabling CHWs to access a variety of perspectives and best practices. Additionally, with only 5% of CHWs receiving chronic disease management training directly from their employers, there is considerable potential for employers to enhance their contributions to professional development by collaborating with external training resources.

These findings signal an exciting chance to expand chronic disease management training through collaborations among providers, employers, educational institutions, and community-based organizations. By fostering consistent, accessible, and well-supported training opportunities, these partnerships can further strengthen the CHW workforce and empower them to address chronic conditions more effectively.

The recent Training Assessment Report complements these survey results by spotlighting emerging training needs and innovative delivery models. Harnessing insights from both the survey and the Training Assessment will position CHWs to proactively meet the growing challenge of chronic disease in Florida's communities with enhanced skills and knowledge.

Certification and Credentialing

Certification plays a critical role in standardizing the Community Health Worker (CHW) workforce and strengthening its professional credibility. By establishing consistent competency and knowledge base, certification helps ensure that CHWs are equipped to deliver high-quality services across diverse communities. Policymakers have emphasized the importance of such standards, recommending that organizations adopt minimum qualifications to safeguard the effectiveness of CHWs and to align the profession with broader healthcare workforce. Beyond meeting policy expectations, certification also enhances the professional identity of CHWs, supports employer confidence, and provides a pathway for career advancement.

Similar to other allied health professions—such as medical assistants, nursing aides, and peer support specialists—certification has been shown to improve workforce recognition, promote consistency in service delivery, and expand opportunities for reimbursement and integration into healthcare systems. The Florida Certification Board (FCB) serves as the recognized certifying body for CHWs, providing a structured process for validating knowledge, skills, and standards. This is especially important given the state's emphasis on Medicaid reform, managed care, and value-based care models. When aligned with reimbursement policy and employer adoption certification can support integration and financing.

Of the 575 survey respondents, 73% reported holding an active CHW certification, 23% were not certified, and 4% were previously certified but did not renew during the 2024 renewal cycle.

These figures provide a workforce-wide snapshot of certification status among Community Health Workers in Florida.

Certification rates fluctuate annually due to new entrants into the workforce, renewals, lapses in certification, affordability and mobility across states. This year’s results reflect both the overall strength and the ongoing variability of certification within the CHW workforce, underscoring the continued need for affordable professional development opportunities and structured credentialing pathways that support workforce stability and alignment with Florida’s healthcare priorities.

Certified	Percentage
Yes	73%
No	23%
Previously Certified (did not renew)	4%

Among respondents who reported holding an active certification (73% of the total sample), certification pathways varied: 43% obtained certification for the first time during the 2024 cycle, 44% renewed an existing credential, and 13% held out-of-state certifications that were accepted by their employers.

These findings highlight both the diversity of certification pathways and the growing relevance of interstate credential recognition. Ongoing national discussions regarding reciprocity agreements, national training standards, and employer acceptance of out-of-state credentials will continue to shape the future of CHW certification and workforce mobility.

Certification	Percentage
First-time certification	43%
Recertified/Renewed	44%
Out of state certification	13%

*Percentages reflect only respondents who reported holding an active CHW credential.

Employment Settings

The survey shows that CHWs are mostly concentrated in community-based organizations, making them the primary employers of CHWs in Florida. This underscores the role of CHWs in grassroots, local and nonprofit driven efforts to meet community needs. Clinical and safety-net settings are the second most common employers, highlighting the important link between CHWs and access to primary care for underserved populations.

While managed care organizations also represent a significant share reflecting a growing trend of CHWs being integrated into insurance and care management models to improve health outcomes and reduce costs.

Health systems such as hospital or other health networks provide another employment pathway where CHWs are currently bridging clinical care with community resources. Although the public health department employs a smaller proportion of CHWs, they still play a key role in state or county-lead health initiatives.

Other respondents reported working as a volunteer or being unemployed may reflect transitional workforce stage or limited paid opportunities in regions. This distribution emphasizes both the community-rooted nature of CHW work and the expanding opportunities within formal healthcare and insurance systems.

Types of Organizations Represented	Percentage
Community Based Organizations	57%
FQHCs/Charitable Clinics	17%
Managed Care Organizations	11%
Healthcare (e.g. hospital, health system)	9%
Public Health (County or State)	3%
Volunteer	2%
Unemployed	2 %

Employment Outcomes

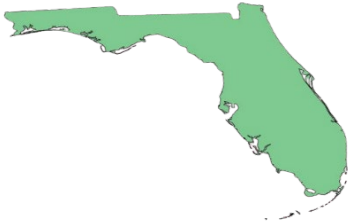
Of those responding, the employment outcomes highlight the growing opportunities for CHWs. The percentages reported below are based on the total number of survey respondents who either sought or considered CHW employment. Specifically, 50% reported successful employment in CHW roles, while 32% did not seek CHW positions, and 17% did not find employment after pursuing such roles. Among those employed, most worked as paid staff in community-based organizations, federally qualified health centers, and healthcare settings. Three quarters of paid CHWs held full-time positions. Among those reporting active CHW roles, 75.76 % were full-time, 20.24 % part-time, and 4% served in volunteer or internship capacities.

Employment Status	Percentage
Full-time	75.76 %
Part-time	24.20 %
Volunteer	0.04 %

Geographical Location of CHWs

The table below summarizes the geographical distribution of CHWs at the time of the survey, illustrating the concentration of CHWs across various regions in Florida:

Regions	Number of CHWs
North	3
North Central	7
Northeast	54
East Central	85
West Central	48
Southeast	102
Southwest	97
South	179



Although the report highlights a diverse CHW workforce, the data shows a disproportionate concentration of CHWs in the southern regions, where the majority continue to serve communities with significant needs. This regional concentration also reflects broader patterns of urbanicity, with CHWs more heavily represented in urban and densely populated areas compared to rural and frontier communities. This trend underscores ongoing disparities in CHW distribution, particularly in rural and northern areas. In response, Florida expanded its CHW regions from six to eight to better support rural outreach and to alleviate the workload for regional coordinators who previously managed multiple counties.

Although the report highlights a diverse CHW workforce, the data shows a disproportionate concentration of CHWs in the southern regions, where the majority continue to serve communities with significant needs. This trend underscores ongoing disparities in CHW distribution, particularly in rural and northern areas. In response, Florida expanded its CHW regions from six to eight to better support rural outreach and to alleviate the workload for regional coordinators who previously managed multiple counties. This restructuring aimed at improving direct service delivery and engagement with coalition members and communities. The findings highlight a continued need to recruit and train CHWs from underrepresented communities, especially in the north and central regions. Additionally, strategic partnerships with other health professionals are essential to broaden access to CHW and social services statewide.

Chronic Disease Services

Survey respondents reported providing services across multiple chronic conditions, which resulted in totals exceeding the overall number of respondents. This reflects both the overlapping nature of chronic health issues in the communities served and the broad scope of work performed by CHWs. These findings highlight that CHWs often work across several conditions simultaneously, reinforcing their role as multifaceted frontline providers. It is important to note that the figures presented for chronic disease services may represent collapsed categories or be selected based on respondents’ primary training areas. This means that some CHWs may have reported their work according to their main area of expertise, while others might serve multiple conditions, leading to possible overlap in the reported data.

As a result, the percentages for different conditions can exceed the total number of respondents, reflecting both the overlapping nature of chronic health issues in the communities served and the broad scope of work performed by CHWs. In addition to chronic disease services, CHWs reported delivering a wide range of health and support functions, including health education, coaching, case management, patient navigation, advocacy, community organizing, eligibility screening for social service programs, transportation coordination, and biometric screenings. As shown in the table, the most frequently addressed conditions were diabetes (60%), hypertension (55%), obesity (46%), and cholesterol (45%), heart disease (40%), followed by other chronic conditions such as Alzheimer’s, HIV/AIDS, epilepsy, maternal health, and arthritis. The apparent overlap in these percentages further illustrates how CHWs often provide services for multiple, interconnected chronic conditions. This reflects the broad scope of work performed by CHWs, who frequently address overlapping health issues within the communities they serve.

Types of Chronic Diseases CHWs Serve	Percentage
Diabetes	62%
Hypertension	57%
Cholesterol	45%
Obesity	46%
Heart Disease	40%
Alzheimer’s	35%
HIV/AIDS	30%
Asthma	27%
Maternal Health	19%
Epilepsy	13%
Arthritis	10%

Together, these responsibilities demonstrate the unique and comprehensive contributions of CHWs in addressing both medical and social determinants of health. These conditions are not reflective of workforce capacity or performance, but rather of fragmented financing mechanisms and inconsistent integration strategies. Addressing these barriers through sustainable funding pathways, reimbursement alignment, and employer investment is essential to stabilizing and scaling the CHW workforce.

Household Family Income Status

An analysis of the household income status for families served by Community Health Workers respondents reveals a strong emphasis on supporting economically disadvantaged populations. According to the data, 55% of the individuals served were from households living below or near the poverty line.

An additional 30% were identified as low-income, with annual household incomes between \$20,000 and \$44,999. Only 15% of those served were from middle-income households, and no upper-income families were reported as being served.

This distribution indicates a significant focus of CHW services on lower-income communities, with a combined 85% of recipients falling into either the below/near poverty or low-income categories. The complete absence of upper-income families suggests that CHWs in Florida primarily direct their efforts toward populations with the greatest socioeconomic need.

The relatively small representation from middle-income households 15% further underscores this trend. No upper income households were notable in the survey which may reflect both targeted strategies by CHW programs, and the greater need for support among lower income households. Overall, the data highlights the critical role CHWs play in addressing health and social disparities among Florida's most vulnerable populations.

Primary Sex of Households Served

Survey respondents reported that approximately 80% of households were identified as being female compared to 18% of men they served. For the remaining 2% of served, indicated that the primary sex could not determine due to insufficient categories provided in the survey responses.

Primary Age group Served

The data from the table indicates that the primary age group served by CHWs is the elderly population, with individuals aged 65 years or older comprising 45% of households served. Adults between 18 and 64 years of age also represent a significant portion of the population reached. This distribution highlights a strong emphasis on supporting older adults, reflecting the critical need for services among aging communities. It is important to note that there may be some overlap between age groups, particularly in multigenerational households where both elderly individuals and adults aged 18–64 reside together. This overlap could result in households being counted in more than one age category, suggesting that CHWs respond to complex family structures and providing care across a broad age spectrum. Such overlap underscores the adaptability of CHWs in addressing the needs of diverse household compositions.

Age Group	Percentage Served
Elderly (65 years or older)	45%
Adults (18-64 years of age)	40%
Adolescents (12 to 17 years of age)	10%
Children (0 to 11 years of age)	05%

When examining the nativity status of individuals served by the CHW respondents shows that 39% are U.S.-born or native Floridians, 27% are foreign-born, and 34% preferred not to disclose the status of those they serve. These figures reflect the demographic diversity of the population reached by CHWs and should be interpreted as an objective snapshot of current service patterns.

The relatively high percentage of respondents who chose not to disclose nativity status may be attributed to several factors, including concerns about privacy, sensitivity surrounding immigration status, and a desire to protect clients from potential stigma or discrimination. Additionally, some CHWs may lack complete information about the nativity of those they serve, especially in settings where trust and confidentiality are prioritized.

Their non-response highlights the importance of creating safe, respectful environments for data collection and underscores the need for culturally responsive approaches that honor the lived experiences and preferences of diverse communities.

Key Takeaways

As a self-reported survey, findings reflect the perspectives and experiences of respondents at a specific point in time and may not capture all CHWs statewide. Nevertheless, the consistency of these results with national workforce trends and peer-reviewed literature strengthens their relevance and reliability for policy and planning purposes. The survey provides a credible and actionable snapshot that can inform decision-making while reinforcing the need for continued data collection and longitudinal analysis. Taken together, these findings demonstrate that CHWs are not ancillary to the health system—they are integral to health and social systems and should be incorporated from the outset to improve health outcomes, promote access, and strengthening community resilience.

Strategic investment in the CHW workforce aligns with federal and state priorities related to prevention, chronic disease management, workforce diversification, and cost-effective care delivery. Policymakers, funders, health systems, and community partners are encouraged to leverage this evidence to advance policies that support sustainable financing, standardized yet accessible credentialing pathways, and meaningful integration of CHWs across the continuum of care.

As Florida continues to respond to evolving public health challenges, the CHW workforce stands ready, not as an emerging solution, but as a proven, trusted, and adaptable force capable of meeting the state's current and future health priorities.

Acknowledgements

We extend our sincere appreciation to all individuals, partners, organizations, and community members who contributed to this report.

Your participation, insights, time, and shared experiences helped strengthen the information presented and provided meaningful perspective on the needs, strengths, and opportunities within our communities.

We are especially grateful to the Community Health Workers, stakeholders, and community partners who continue to advance access to care, support families, and strengthen connections across Florida's health and social service systems.

Thank you for your continued commitment, collaboration, and service.

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