Craft

RURAL HEALTHCARE · WORKFORCE PLAYBOOK

The braided funding unlock.

How rural hospitals credential their own workforce for roughly **$3,000 per learner**.

Craft Education · In partnership with Pangea Learning

crafteducation.com/healthcare

THE PROBLEM

Rural allied health vacancies are a math problem, not a hiring problem.

29%

Rural nursing and allied health positions that stay open more than 90 days

$5.2B+

Spent nationally last year on traveling clinical labor in rural systems

1 in 4

Rural hospitals at closure risk cite workforce as the #1 driver

The pool you're recruiting from is the same pool every system in your region is recruiting from. The math doesn't change unless you grow your own.

THE COST

One unfilled surgical tech. One year.

Traveler labor coverage	$88,000 to $130,000
Overtime and burnout-driven turnover	$20,000 to $40,000
Case throughput loss on OR volume	Material margin hit
Patient access impact	Cases migrate out

Total conservative cost per unfilled surgical tech, per year

$90K to $180K

This is the number you are already paying, every year, whether you hire or not.

WHY THE OLD PLAYBOOK FAILS

External recruiting hasn't fixed this in rural markets.

The pool isn't there.
Allied health training programs cluster around urban community colleges. Rural candidates relocate to train, then don't come back.

The sign-on cost climbs.
$5K to $15K bonuses plus relocation, and time-to-fill still runs 12 to 24 months.

Retention is fragile.
External recruits have no community roots. Retention runs materially below internal-promote retention.

The way you fix a pipeline problem is to build the pipeline. And it turns out most of the funding for that already exists.

THE UNLOCK

The federal dollars you're already paying for. Redirected to your workforce.

Every year, Congress and state legislatures appropriate billions of dollars for workforce development, allied health training, and rural health infrastructure. Most rural hospitals never touch any of it. The paperwork is a full-time job. The eligibility rules are a maze.

Craft is the operator that braids those funding streams together on your behalf. Federal, state, employer, and philanthropic dollars combine to cover the full cost of an allied health apprenticeship.

Hospital contributes

$3,000

per learner

Craft assembles the rest

~$45,000

per learner, for a fully credentialed allied health tech.

THE MATH

$3,000 replaces a $100,000 line item. Every year.

TRAVELER LABOR · per unfilled role, per year

$88,000 to $130,000 in raw contract spend

$20,000 to $40,000 in overtime and burnout drag

Case throughput loss and patient access degradation

Total

$90K to $180K / yr

HOMEGROWN

HOMEGROWN APPRENTICE · per credentialed hire

$3,000 hospital contribution to Craft

~$45,000 covered by braided funding

Fully credentialed allied health tech at completion

Two-year service commitment retention floor

Hospital cost

$3,000 one-time

Every $3,000 contribution replaces a $90K to $180K annual traveler line. Payback is measured in weeks, not years.

THE FUNDING STACK

Four categories of dollars. Braided into one stack.

Federal

WIOA (up to $10K per learner). Perkins/CTE ($3K to $5K). SAEF ($1.5K to $3K). Title II. Workforce Pell. HRSA rural workforce grants. RHTP ($50B fund, site-conditional).

State

Incumbent Worker Training (~$9K, anchor stream). State apprenticeship expansion grants. State healthcare workforce councils. State-specific sector strategy grants.

Employer

Hospital in-kind (paid part-time work during coursework). Tuition reimbursement.

Philanthropic

Local community foundations (wraparound: childcare, transport, tech). Healthcare conversion foundations (Colorado Health, Duke Endowment, state equivalents).

Braided funds must remain in distinguishable strands. No two sources cover the same dollar-for-dollar expense. Craft Connect is built to demonstrate this.

WHY NOW

This funding environment won't stay this open.

01

RHTP is actively disbursing.

The Rural Health Transformation Program is a $50 billion federal fund. CMS is disbursing now. Every rural hospital in the country is eligible to compete for a share.

02

Workforce Pell is finalizing.

Short-term Pell eligibility for approved workforce pathways is emerging policy. Pangea's RTI is positioned to meet criteria. The earliest adopters get the model shaped around their needs.

03

State budgets have windows.

Every state's workforce agency has annual application cycles. Miss the cycle and you wait a year. First-cohort partners get the priority slots for state incumbent worker training and apprenticeship expansion grants.

Federal appropriations shift. State grant windows close. Cohort start dates fill. The stack we can braid today may not be available in a year.

WHAT WE HANDLE

The work you'd otherwise do in spreadsheets.

Funding stack mapping.
Every site mapped before any cohort is approved.

Application and reconciliation.
We write, submit, draw down, and reconcile.

Related Technical Instruction.
Pangea Learning delivers the accredited coursework.

Apprenticeship sponsorship.
Handled at the program level. Federal and state registration managed for you.

Compliance and audit-ready reporting.
Craft Connect is the system of record.

Retention and career laddering.
Wage progression tracked. Apprentices ladder from allied health into nursing where the cohort supports it.

You bring the patients and the floor. We bring everything else.

THE PLATFORM

Craft Connect. One product. Three views.

Employer view

Your COO and CNO see pipeline status, wages paid, compliance, and hours on the floor in real time.

Apprentice view

Your learner sees their next milestone, RTI assignments, and wage trajectory.

Educator view

The academic partner sees rosters, attendance, competency evaluation, and credit issuance.

Most vendors give you three tools. We have one product with role-scoped surfaces. That's how the funder-ready reporting works out of the box.

THE ROLES

Lead with the roles closest to the shortage.

PRIORITY ROLES

Surgical Tech **Sterile Processing Tech** **EKG Tech**

ADJACENT ROLES THEY LADDER INTO

Medical Assistant | CNA | Patient Care Technician | Phlebotomist | Community Health Worker

Behavioral Health Tech | Respiratory Care Practitioner | LPN | RN (ADN) | RN (BSN)

Cohorts typically start at surgical tech, sterile processing, or EKG, because that's where the vacancy math is worst and the credential timeline is fastest. Apprentices ladder into higher-credentialed roles from there.

COMPLIANCE

Federally registered. Academically accredited. Audit-ready.

- DOL Registered Apprenticeship
- Pangea-Accredited RTI
- HIPAA-Compliant Platform
- SOC 2 (Type II)
- FERPA
- ACEN-Aligned (nursing pathways)
- State Board of Nursing-Approved
- Joint Commission-Friendly
- CMS Reporting-Ready

Your compliance team will ask for this slide. Send it to them after the call.

PROOF

The model is in market.

Composite cases below are based on typical Craft partner engagements. Named references available under mutual NDA.

ANCHOR PARTNER IN MARKET

AdventHealth

Our first health system partner running the surgical technologist pathway. Cohort in market, funded through state Incumbent Worker Training. Additional cohorts and role expansion in planning.

CRITICAL ACCESS · CENTRAL APPALACHIA

Built the pipeline from inside the county.

Allied health cohort in year one. Retention on impacted units restored inside year two.

REGIONAL SYSTEM · RURAL MIDWEST

Filled roles the system had stopped trying to fill.

Voluntary turnover cut materially over two years.

WHAT GOOD LOOKS LIKE

Years one through three.

1 Year One

1 to 2 cohorts launched. 10 to 25 apprentices on your payroll. First credentials earned. Traveler and overtime spend drops on impacted units.

2 Year Two

Cohorts ladder up. Second-year cohort enters pre-apprentice. Retention metrics reportable to your board. Funding draw-down runs on quarterly cadence.

3 Year Three

Self-sustaining pipeline. Traveler spend cut 50% or more system-wide. You've become a magnet employer in your region.

What you commit to is years, not quarters. **But the financials work from year one.**

THE COMPARISON

How this compares to what you're already considering.

	Craft Braided Model	Staffing / Travelers	Standalone Training	Tuition Reimbursement	Do Nothing
Solves the pipeline problem	✓	✗	Partial	Partial	✗
Cost per credentialed hire, year 1	~$3,000 to hospital	$88K to $130K / yr, forever	Variable, hospital carries most	$3K to $5K per employee	$90K to $180K / role / yr
Employer control of pipeline	Full	None	Depends	None	None
Funding stack managed for you	✓	✗	✗	✗	✗
Federal RA registration	✓	✗	Sometimes	✗	✗
Retention floor (2-yr commitment)	✓	✗	✗	Sometimes	N/A
Community retention impact	✓	✗	Depends	Depends	✗

THE ASK

Three conversations from here to your first cohort.

1

60-minute Workforce Diagnostic.

We map your highest-cost roles and the funding stack available in your state.

2

Site visit or virtual deep dive.

With your HR and finance leads. Optionally your CFO.

3

Cohort design and MOU.

First cohort scoped, signed, scheduled.

Schedule the diagnostic. Request yours at crafteducation.com/healthcare

Craft

The dollars are already appropriated. The only question is whether you're using them.

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