

## What is the "prison implementation penalty"?

### The "Prison Implementation Penalty": Core Idea

The "prison implementation penalty" is a term used to describe how prisons and jails adopt evidence-based healthcare even more slowly and less completely than the already-slow general health system.

In healthcare overall, it is often estimated that research evidence takes about **17 years** to become routine practice, and fewer than **1 in 5** evidence-based practices are ever widely adopted (Berk et al., 2024; Khan et al., 2025). In carceral settings, this delay is **longer**, and uptake is **more limited** (Berk et al., 2024).

### Definition and Key Features

- The prison implementation penalty is the "extended lag in adopting evidence-based healthcare practices and the limited uptake of such interventions in US prisons and jails" compared with community healthcare (Berk et al., 2024).
- It reflects **unique cultural and logistical barriers** in carceral environments where **security and discipline are prioritized over healthcare**, making implementation especially difficult (Berk et al., 2024).
- Because incarcerated people are legally entitled to healthcare, this systematic delay is described as a **failure to uphold legal mandates** and a violation of the "equivalence of care" principle (care in prison should match community standards) (Berk et al., 2024; Blackaby et al., 2023).

### How It Shows Up

Aspect	What happens in prisons/jails	Citations
Speed	Evidence-based practices arrive later than in community care	(Berk et al., 2024; Blackaby et al., 2023; Zielinski et al., 2020)
Coverage	Fewer prisons implement proven interventions	(Berk et al., 2024; Kronfli et al., 2024; Blackaby et al., 2023)
Evidence base	Very few rigorous implementation trials in prisons	(Blackaby et al., 2023; Zielinski et al., 2020)

FIGURE 1 Delays and weak uptake of evidence-based care in prisons.

### Broader Implications

- The penalty **worsens health inequities**, because groups disproportionately incarcerated already face higher burdens of illness and social disadvantage (Berk et al., 2024; Blackaby et al., 2023; Zielinski et al., 2020).
- Reviews find a **paucity of high-quality evidence** on how to close these gaps in prison healthcare, leaving policymakers with little guidance on effective implementation strategies (Blackaby et al., 2023; Zielinski et al., 2020).

## Summary

The prison implementation penalty is the extra delay and extra failure in bringing proven health interventions into prisons and jails—beyond the usual research-to-practice lag. It is driven by carceral culture, resource and system constraints, and contributes directly to poorer, inequitable care for incarcerated people.

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