



REVIEWER'S REPORT

Manuscript No.: IJAR- 58182

Title: When Evidence-Based Practice Meets Structural Inequality: Toward an Equity-Centered Framework for Delivering ABA Services in Low-Income Communities.

Recommendation:

Accept after minor revision.

Rating	Excel.	Good	Fair	Poor
Originality	✓			
Techn. Quality	✓			
Clarity	✓			
Significance	✓			

Reviewer Name: Dr. Bishwajit Rout

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

- Significance:** The study contributes meaningfully to behavior analysis by extending implementation considerations beyond procedural fidelity toward contextual feasibility and equitable access. It advances discussion regarding how social determinants influence intervention sustainability and encourages interdisciplinary integration across public health, implementation science, and behavioral practice to improve service accessibility and long-term treatment outcomes.
- Strength:** The manuscript's major strength lies in its conceptual originality and interdisciplinary integration. The Equity-Centered ABA Framework successfully combines behavioral science, healthcare equity, and implementation principles while maintaining alignment with evidence-based practice. The ethical discussion and operational applications also enhance practical relevance for clinicians, organizations, and training environments.
- Key Insight:** The central insight is that treatment effectiveness depends not only on intervention quality but also on environmental conditions supporting implementation. Structural inequality influences caregiver capacity, treatment continuity, and contextual feasibility. Sustainable behavioral outcomes therefore require integrating scientific rigor with adaptable implementation strategies that maintain evidence-based integrity while improving equitable access.

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The paper titled “*When Evidence-Based Practice Meets Structural Inequality: Toward an Equity-Centered Framework for Delivering ABA Services in Low-Income Communities.*” proposes an Equity-Centered ABA Framework integrating behavior analysis, implementation science, healthcare equity, and social determinants of health. It frames socioeconomic disadvantage as a key implementation variable influencing caregiver capacity, treatment feasibility, fidelity, and sustainability for autism services. The framework highlights ethical tensions (fidelity vs. feasibility, standardization vs. individualization, equality vs. equity) and offers recommendations for contextual assessment, flexible delivery, supervision, and policy. It strengthens evidence-based practice through contextual responsiveness without compromising core principles, advancing equitable ABA delivery in disadvantaged communities.

Suggestions for Improvement:

1. Explain how proposed framework advances existing culturally responsive ABA literature.
2. Clarify theoretical boundaries separating implementation variables from broader social determinants.
3. Critically compare framework assumptions with conventional treatment fidelity models.
4. Strengthen explanation of causal pathways linking structural barriers and outcomes.
5. Clarify framework constructs operationally. Present explicit relationships among caregiver capacity and implementation outcomes.
6. Include visual logic demonstrating mechanisms across all framework dimensions. Develop structured ethical decision protocols.
7. Explain how clinicians resolve conflicting ethical priorities consistently. Introduce evaluation criteria for contextual adaptation effectiveness and accountability.
8. Include measurable organizational benchmarks. Present examples illustrating adaptation across different service environments.
9. Clarify generalizability limitations explicitly. Propose mixed-method designs for evaluating framework effectiveness longitudinally.
10. Align concluding statements with acknowledged evidence limitations explicitly.
11. Differentiate foundational sources from emerging conceptual scholarship.

This manuscript offers an original and timely conceptual contribution by integrating healthcare equity, implementation science, and applied behavior analysis into a unified framework. The

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theoretical framing is compelling and professionally relevant. However, publication readiness requires major revision to strengthen conceptual boundaries, improve operational clarity, define implementation metrics, and provide explicit empirical validation pathways. Recommendation: Minor Revision before publication consideration. Addressing the identified weaknesses will make it suitable for publication in IJAR.

I recommend this paper for publication after minor revision.