



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 as it is
- Accept after minor revision.....**
- Accept after major revision
- Do not accept (*Reasons below*).....

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

Reviewer'sID: JPR- Dr. Himanshu Gaur

Detailed Reviewer's Report

The manuscript addresses a timely and socially significant issue by examining how structural inequality influences the delivery of Applied Behavior Analysis (ABA) services for individuals with Autism Spectrum Disorder (ASD). The proposed **Equity-Centered ABA Framework** is conceptually innovative, integrating behavior analysis, implementation science, healthcare equity, and the social determinants of health to address disparities in service access and sustainability. The topic is highly relevant to clinicians, researchers, policymakers, and service organizations seeking to improve equitable healthcare delivery. The manuscript is generally well organized and presents a persuasive argument that contextual responsiveness can strengthen, rather than compromise, evidence-based practice. However, several aspects require further refinement to enhance the scholarly contribution of the paper. First, the introduction should more clearly articulate the existing research gap by critically reviewing recent empirical studies and explaining why current ABA implementation frameworks inadequately address socioeconomic inequality. The conceptual framework would benefit from a detailed visual model illustrating the relationships among structural determinants, implementation variables, caregiver capacity, intervention fidelity, and treatment outcomes. While the discussion of ethical tensions—fidelity versus feasibility, standardization versus individualization, and equality versus equity—is insightful, each dimension should be supported with practical examples or real-world case scenarios to improve applicability for practitioners. The manuscript would also be strengthened by incorporating empirical evidence from recent implementation science and health equity literature to support the proposed framework rather than relying predominantly on theoretical arguments. The recommendations for contextual assessment, collaborative treatment planning, flexible implementation, supervision, and organizational leadership are valuable but should be expanded into actionable guidelines with measurable indicators for implementation and evaluation. Additionally, the authors should discuss potential barriers to adopting the Equity-Centered ABA Framework, including organizational constraints, funding limitations, workforce shortages, and policy challenges, while suggesting feasible strategies to overcome these obstacles. A dedicated section outlining future research priorities, including validation of the

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framework through mixed-methods, longitudinal, or intervention-based studies across diverse socioeconomic settings, would significantly enhance the manuscript's contribution. Minor revisions are also needed to improve the clarity of certain sentences, ensure consistency in terminology, and remove unnecessary line numbering from the manuscript. Overall, this conceptual article makes an important and timely contribution to the literature by advocating for a more equitable and context-sensitive approach to ABA service delivery. With stronger integration of empirical evidence, clearer operationalization of the proposed framework, enhanced practical guidance, and a more comprehensive discussion of implementation challenges, the manuscript will provide a valuable resource for both researchers and practitioners. Therefore, I recommend **minor revision** before publication.