

VA provides the specific responses below to the two recent OMB questions; these responses are incorporated into Supporting Statement A via track changes.

OMB comments & question 1): The added hypotheses are helpful, but they still aren't the research question. There should be questions that this research seeks to answer. What does the VA hope to learn from this survey?

VA reply: The Community Opinion Survey seeks to answer the following general questions

1. Do population subgroups express differential response rates among survey item domains?
 - 1a. what are the response frequencies to each survey item among specified demographic subgroups during the initial baseline and any repeated survey distributions
 - 1b. what are the response frequencies to each survey domain clusters among specified demographic subgroups during the initial baseline and any repeated survey distributions
 - 1c. which population subgroups endorse survey domain attitudes and beliefs at higher or lower proportions
 - 1d. what response trends and patterns are evident among population subgroups when compared across time and community location
 - 1e. what response trends and patterns are evident among population subgroups when compared across time and location
2. Are population subgroup response rates associated with presence or absence of specified VA sponsored community-based interventions for suicide prevention?
3. Do population subgroup response rates change over time in expected directions following implementation of specific community-based programs and interventions?

OMB comments & question 2): The PO still isn't specific regarding the interventions that are going to be used in this study, and that is a critical component. Are the interventions the items listed in the second hypothesis?

VA reply: Additional details of the interventions referenced in the study hypotheses are provided here. VA utilizes three intervention categories that collectively comprise VA's "Suicide Prevention 2.0 Community-based Interventions":

1. Governor's Challenge (GC) Initiative: States that participate in the GC Initiative agree to develop and implement specific programs tailored to meet state priorities within a common framework. The framework guides the collective effort across states to address three VA strategic priority areas: 1) Identify Service Members, Veterans, and their Families (SMVF) and screen for suicide risk; 2) Promote connectedness and improve care transitions; and 3) Increase lethal means safety and safety planning.
2. Community-based Coalitions Initiative: VA personnel serve as Community Engagement and Partnership Coordinators (CEPC) within designated communities across the United States. CEPCs engage with suicide prevention-oriented community coalitions to facilitate programs and activities within the three VA strategic priority areas described above. CEPCs report their activities in a common database as markers of coalition status and actions.

3. Together With Veterans (TWV): VA sponsors Veteran peer-led suicide prevention support and advocacy groups in designated rural communities across the United States. TWV groups follow common operating procedures to achieve specified program goals.