UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Office of the Vice Chancellor for Research & Innovation

Office for the Protection of Research Subjects
805 W. Pennsylvania Ave., MC-095
Urbana, IL 61801-4822

Notice of Exempt Determination

July 27, 2021

Principal Investigator	Josephine Rudolphi
CC	Kaleigh Evans; Courtney Cuthbertson
Protocol Title	*Youth Ag Leader Needs Assessment*
Protocol Number	22139
Funding Source	USDA-NIFA
Review Category	Exempt 2 (i)
Determination Date	July 27, 2021
Closure Date	July 26, 2026

This letter authorizes the use of human subjects in the above protocol. The University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects (OPRS) has reviewed your application and determined the criteria for exemption have been met.

The Principal Investigator of this study is responsible for:

- Conducting research in a manner consistent with the requirements of the University and federal regulations found at 45 CFR 46.
- Requesting approval from the IRB prior to implementing major modifications.
- Notifying OPRS of any problems involving human subjects, including unanticipated events, participant complaints, or protocol deviations.
- Notifying OPRS of the completion of the study.

Changes to an **exempt** protocol are only required if substantive modifications are requested and/or the changes requested may affect the exempt status.

ILLINOIS
Office for the Protection of Research Subjects

Protocol Form

IRB Number: 22139

Human Subjects Research – Protocol Form

Guidelines for completing this research protocol:

- Please submit typed applications via email. Handwritten forms and hard copy forms will not be accepted.
- For items and questions that do not apply to the research, indicate as "not applicable."
- Provide information for all other items clearly and avoid using discipline specific jargon.
- Please only include text in the provided boxes. The text boxes will expand as they are typed in to accommodate large amounts of text.

Before submitting this application, ensure that the following have been completed.

- Protocol Form is complete.
- Relevant CITI modules have been completed for all members of the research team at www.citiprogram.org.
- Informed consent/assent/parental permission document(s) are provided.
- Relevant waivers and appendices are provided.
- Recruitment materials are provided.
- Research materials (e.g. surveys, interview guides, etc.) are provided.
- Any relevant letters of support are provided.

Instructions on the non-exempt review process and guidance to submitting applications, can be found on the OPRS website. You may also contact OPRS by email at irb@illinois.edu or phone at 217-333-2670.

Submit completed applications via email to: irb@illinois.edu.

ILLINOIS
Office for the Protection of Research Subjects

Protocol Form

Section 1: PRINCIPAL INVESTIGATOR (PI)

The Illinois Campus Administrative Manual allows assistant, associate, and full professors to act as PI. Other individuals may serve as PI after obtaining approval from the necessary party.			
Last Name: Rudolphi	First Name: Josie	Degree(s): PhD	
Dept. or Unit: Department of Agricultural and Biological Engineering	Office Address: ABES, 360C		
Street Address: 1304 W Pennsylvania	City: Urbana	State: Illinois	Zip Code: 60801
Phone: 217-333-8833	E-mail: josier@illinois.edu		
Urbana-Champaign Campus Status: Non-visiting member of (Mark One) ☒ Faculty ☐ Academic Professional/Staff (*Student Investigators cannot serve as PI*)			
Training ☒ Required CITI Training, Date of Completion (valid within the last 3 years): February 15, 2021 ☐ Additional training, Date of Completion,			

Section 2. RESEARCH TEAM

2A. Are there other investigators engaged in the research?
☒ Yes (see attached Research Team Form)
☐ No

2B. If yes, are any of the researchers not affiliated with Illinois?
☐ Yes
☒ No

Section 3. PROTOCOL TITLE

Youth Ag Leader Needs Assessment

Section 4. FUNDING SOURCE

4A. Is the research funded?
☐ Research is **not funded** and is **not pending** a funding decision (Proceed to Section 5).
☒ Research is **funded** (funding decision has been made).
☐ Funding decision is **pending**. Funding proposal submission date:

4B. Indicate the source of the funding.
☐ University of Illinois Department, College or Campus, *please specify*:
☒ Federal, *please specify*: **USDA-NIFA**

Protocol Form

☐ Commercial Sponsorship & Industry[1,2], *please specify*: ☐ State of Illinois Department or Agency, *please specify*: ☐ Other, *please specify*:
4C. Sponsor-assigned grant number, if known:
4D. A complete copy of the funding proposal or contract is attached. ☒ Attached, *please specify title*: Final Narrative
4E. Funding Agency Official To Be Notified of IRB Approval (if Applicable) **Name:** **Agency:** **E-mail:** **Phone:**

Section 5. CONFLICTS OF INTEREST

Please indicate below whether any investigators or members of their immediate families have any of the following. If the answer to any of the following items is yes, please submit the University of Illinois approved conflict management plan. If you have any questions about conflicts of interest, contact coi@illinois.edu.
5A. Financial interest or fiduciary relationship with the research sponsor (e.g. investigator is a consultant for the research sponsor). ☐ Yes ☒ No
5B. Financial interest or fiduciary relationship that is related to the research (e.g. investigator owns a startup company, and the intellectual property developed in this protocol may be useful to the company). ☐ Yes ☒ No
5C. Two or more members of the same family are acting as research team members on this protocol. ☐ Yes ☒ No

Section 6. SUMMARY & PURPOSE OF RESEARCH

6A. In lay language, briefly summarize the objective and significance of the research. Farmers experience worse mental health than their non-farm counterparts. Farmers commonly report symptoms of depression and anxiety and some data suggests the suicide rate in higher among individuals engaged in agricultural production when compared all other occupations. The farm is a place of business and also a residence. Farm youth experience similar stressors as their farm parents. This study will identify the training, resources, and service needs of agricultural youth leaders (4-H leaders, agricultural educators, FFA advisors) to discuss mental health with their youth and respond to mental health crises.
6B. Indicate if your research includes any of the following: ☐ Secondary data (use of data collected for purposes other than the current research project) ☐ Data collected internationally (include International Research Form) ☐ Translated documents (include Certificate of Translation Form and translated documents)

[1] Clarify whether or not sponsor requires specific language in the contractual agreement that impacts human subjects research
[2] Clarify whether or not the sponsor requires the protocol adhere to ICH GCP (E6) standards

☐ Research activities will take place at Carle (include documentation (email or letter) from Carle stating that the review of your Research Services Request Form is complete)
6C. Letters of support from outside institutions or entities that are allowing recruitment, research, or record access at their site(s) are attached. ☐ Yes ☒ Not Applicable

Section 7. PROCEDURES

7A. Select all research methods and/or data sources that apply. ☒ Surveys or questionnaires, *select all that apply*: ☐ Paper ☐ Telephone ☒ Online ☐ Interviews ☐ Focus groups ☐ Field work or ethnography ☐ Standardized written, oral, or visual tests ☐ Taste or smell testing ☐ Intervention or experimental manipulation ☐ Exercise and muscular strength testing ☐ Noninvasive procedures to collect biological specimens (e.g., hair and nail clippings, saliva, etc.) ☐ Noninvasive procedures to collect physiological data (e.g., physical sensors, electrocardiography, etc.) ☐ Procedures involving radiation ☐ Recording audio and/or video and/or taking photographs ☐ Recording other imaging ☐ Materials that have already been collected or already exist, *specify source of data*: ☐ HIPAA-protected data ☐ FERPA-protected data ☐ GDPR-protected data ☐ Other, *please specify*:
7B. List all testing instruments, surveys, interview guides, etc. that will be used in this research. Online survey **Drafts or final copies of all research materials are attached.** ☒ Yes
7C. List approximate study dates. August 15 – December 31, 2021 (study will not start until after IRB approval).
7D. What is the duration of participants' involvement? 20 minutes
7E. How many times will participants engage in research activities? 1
7F. Narratively describe the research procedures in the order in which they will be conducted. We will recruit agricultural youth leaders to complete the online survey. All recruitment and research procedures will occur online. We will recruit via Illinois Extension 4-H and Illinois FFA. In both instances, the PI will provide an email + survey link to representatives of Illinois Extension and Illinois FFA. The representatives will send an email to their members with a link to the survey. Agricultural youth leaders will click on the survey link and be presented the survey information (online consent form). After reading the information, participants will be asked if they consent to the research and want to proceed with the

survey. Clicking "I consent" will imply consent. The survey will take approximately 20 minutes. A copy of the survey is attached. If participants choose to forgo taking the survey they will choose I do not consent and will be manually looped to the end of the survey.

Section 8. PERFORMANCE SITES TO INCLUDE INTERNATIONAL, SCHOOL, AND COLLABORATIVE STUDIES

8A. List <u>all</u> research sites for the protocol. For non-University of Illinois at Urbana-Champaign sites, describe their status of approval and provide contact information for the site. If the site has an IRB, note whether the IRB has approved the research or plans to defer review to the University of Illinois at Urbana-Champaign.	
Performances Sites	
#1	Online
#2	
#3	
If there are additional performance sites, include them on an attachment and check here: ☐	
8B. Is this a multi-center study in which the Illinois investigator is the lead investigator, or the University of Illinois at Urbana-Champaign is the lead site? ☐ Yes ☒ No **If yes, answer 8C and 8D. If no, proceed to Section 8E.**	
8C. Who is the prime recipient of funding, if funded?	
8D. What is the management and communication plan for information that might be relevant to the protection of research subjects (e.g. unanticipated problems involving risks to subjects, interim results, and protocol modifications)?	
8E. If subjects will be recruited from Illinois public or private elementary or secondary schools, additional deadlines and procedures may apply. Criminal background clearances might be required. Special consideration must be given to the exclusion of protected populations. Please contact the School University Research Relations (researchplacements@education.illinois.edu) for more information. Select one: ☐ Illinois schools **will** be used ☒ Illinois schools **will not** be used	

Section 9. SUBJECT ENROLLMENT GOAL & EQUITABLE SELECTION OF SUBJECTS

9A. For each performance site, indicate the estimated total number of participants.				
Performance Site		**# Male**	**# Female**	**Total**
#1	Online	100	200	300
#2				
#3				
TOTALS				
If additional performance sites are included on an attachment, check here: ☐				
9B. Select all participant populations that will be recruited. **Age:** ☒ Adults (18+ years old)				

☐ Minors (≤17 years old)
☐ Specific age range, *please specify*:

Gender:
☒ No targeted gender (both men and women will be recruited/included)
☐ Targeted gender, *please indicate*: ☐ Men/boys ☐ Women/girls ☐ Other, *please specify*:

Race/Ethnicity:
☒ No targeted race or ethnicity (all races and ethnicities will be recruited/included)
☐ Targeted race or ethnicity, *please specify*:

College Students:
☒ No targeted college population
☐ UIUC general student body
☐ Targeted UIUC student population, *provide the instructor or course information, name of the departmental subject pool, or other specific characteristics*:
☐ Students at institution(s) other than UIUC, *please specify*:
Any research with students on UIUC's campus needs to be registered with the Office of the Dean of Students.

Other:
☐ Inpatients
☐ Outpatients
☐ People who are illiterate or educationally disadvantaged
☐ People who are low-income or economically disadvantaged
☐ People with mental or cognitive disabilities or otherwise impaired decision-making capacities
☐ Adults with legal guardians
☐ People who are non-English speaking
☐ People with physical disabilities
☐ Pregnant or lactating women, human fetuses, and/or neonates
☐ Prisoners or people with otherwise limited civil freedoms
☐ Other, *please specify*:

9C. Describe additional safeguards included in the protocol to protect the rights and welfare of the populations selected above.
Information of study participants will be kept confidential and only members of the research team will have access to data. Data will be stored on a password protected server at UIUC. Additionally, no identifying information will be collected.

Section 10. INCLUSION/EXCLUSION

10A. List specific criteria for inclusion and exclusion of subjects in the study, including treatment and control groups.
Participants must report being over the age of 18 and interact with agricultural youth. There are no treatment or control groups.

10B. Explain how the inclusion/exclusion criteria will be assessed and by whom. If special expertise is required to evaluate screening responses or data, list who will make this evaluation and describe their training and experience.
Inclusion criteria will be assessed online when someone begins the survey. The first section of the online survey will ascertain age and agricultural youth leader status. If an individual is not an agricultural youth leader AND over the age of 18, they will automatically be directed to the last page of the survey via a skip logic that is built into the survey.

10C. Drafts or final copies of all screening materials are attached. ☒ Yes ☐ Not Applicable

10D. Describe procedures to assure equitable selection of subjects. Justify the use of the groups marked in Section 9B. Selection criteria that target one sex, race, or ethnic group require a clear scientific rationale.
We will not target one sex, race, or ethnic group.

Section 11. RECRUITMENT

11A. Select all recruitment procedures that will be used.
☐ Student subject pool, *please specify*:
☒ Email distribution
☐ MTurk, Qualtrics Panel, or similar online population, *please specify*:
☐ US Mail
☐ Flyers/brochures
☐ Website ad, online announcement (e.g. eWeek), or other online recruitment, *please specify*:
☐ Newspaper ad
☐ Verbal announcement
☐ Other, *please specify*: social media
☐ Not applicable (secondary data only)

11B. Drafts or final copies of all recruitment materials (including verbal scripts) are attached.
☒ Yes ☐ Not Applicable

11C. For each group of participants, describe the details of the recruitment process.
All recruitment and research procedures will occur online. We will recruit via Illinois Extension and Illinois FFA. In both instances, the PI will provide an email + survey link to representatives of Illinois Extension and Illinois FFA. The representatives will send an email to their members with a link to the survey. Drs. Courtney Cuthbertson and Josie Rudolphi are Extension Specialists and have access to 4-H and youth development educator list serves without Illinois Extension. Gary Ochs, Department of Agricultural Leadership, Education, and Communications has agreed to email the recruitment letter to all high school agricultural educators/FFA advisors in Illinois. Individuals will click on the survey link and prior to completing the survey will be presented the survey information. After reading the consent information (attached), participants will be asked if they want to proceed with the survey. If they have read and understood the consent form and agree to participate, they will click the "I Consent" button to enter the survey. If they choose to forgo participating in the research, they will choose “I do not consent” and will be looped to the end of the survey automatically.

Protocol Form

Section 12. REMUNERATION AND PLAN FOR DISTRIBUTION

Refer to the University Business and Financial Policies and Procedures for further guidance on the compensation process and reporting requirements.

12A. Will subjects receive inducements or rewards before, during, or after participation?
☐ Yes ☒ No
If yes, complete the rest of Section 12. If no, proceed to Section 13.

12B. Select all forms of remuneration that apply.
☐ Cash, *please specify amount:*
☐ Check, *please specify amount:*
☐ Gift Certificate, *please specify amount:*
☐ Lottery, *please specify amount: and odds:*
☐ Course Credit, *please specify amount:* *and specify equivalent alternative activity:*
☐ Other, *please specify*:

12C. Will payment be prorated before, during, or after participation?
☐ Yes, *please specify how:*
☐ No

12D. For each group of participants, describe the details of the remuneration plan, including how, when and by whom they will be notified.

12E. The information listed above is provided on the relevant consent forms.
☐ Yes

Section 13. RISKS & BENEFITS

13A. Describe all known risks to the participants for the activities proposed, such as risks to the participants' physical well-being, privacy, dignity, self-respect, psyche, emotions, reputation, employability, and criminal and legal status. Risks must be described on consent forms.
Risks to participants include emotional distress that results from reflecting and reporting experiences of their agricultural youth.

13B. Describe the steps that will be taken to minimize the risks listed above.
To minimize risks, a list of mental health resources, specific for agricultural populations, will be presented to participants at the end of the survey. These resources include agriculture-specific ones as well as mental health resources.

13C. Indicate the risk level.
☒ **No more than minimal risk**
(The probability and magnitude of harm or discomfort anticipated for participation in the proposed research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests).
☐ **More than minimal risk** (answer 13D)

Protocol Form

13D. If you checked that the research is more than minimal risk, describe the provisions for monitoring the data to ensure the safety of subjects, such as who will monitor data and how often, what criteria will be used to stop the research, etc.

13E. Describe the expected benefits of the research to the subjects and/or to society.
There are no direct benefits to the research participants. Benefits to society include a better understanding of mental health experience of agricultural youth and the program, training, and resource needs of agricultural youth leaders.

13F. Weigh the risks with regard to the benefits. Provide evidence that benefits outweigh risks.
The benefits outweigh the risks. Risks will likely be minimal and situational. Reflecting on stressful experiences and experiencing some psychological discomfort will likely be transient. The benefits to society include informing Extension and other agricultural organizations how to better serve agricultural youth.

Section 14. INFORMED CONSENT PROCESS TO INCLUDE: WAIVERS, ASSENTS, ALTERATIONS, ETC.

14A. Indicate all that apply for the consent/assent/parental permission process.

☐ Written informed consent (assent) with a document signed by
☐ adult subjects ☐ parent(s) or guardian(s) ☐ adolescents aged 8–17 years

☒ Waiver of Documentation (signature) of Informed Consent *(include the relevant Waiver Form)*
☒ adult subjects ☐ parent(s) or guardian(s) ☐ adolescents aged 8–17 years

☐ Waiver of Informed Consent *(include the relevant Waiver Form)*
☐ adult subjects ☐ parent(s) or guardian(s) ☐ adolescents aged 8–17 years

☐ Alteration of Informed Consent *(include the relevant Alteration Form)*
☐ adult subjects ☐ parent(s) or guardian(s) ☐ adolescents aged 8–17 years

14B. List all researchers who will obtain consent/assent/parental permission from participants. Given this is an online survey, we are requesting waiver of documentation of informed consent. Study protocol will be communicated on the first info page of the survey and consent will be implied if participants proceed with the survey.

14C. Describe the method for obtaining consent/assent/parental permission. Given this is an online survey, we are requesting waiver of documentation of informed consent. Study protocol will be communicated on the first info page of the survey and consent will be implied if participants proceed with the survey.

14D. Describe when consent/assent/parental permission will be obtained. At the beginning of the survey.

14E. Will participants receive a copy of the consent form for their records?
☐ Yes ☒ No, *if no, explain*: Participants will be instructed to "save" or "print" a copy of the online consent form (first page of the online survey) for their records.

14F. Indicate factors that may interfere or influence the collection of voluntary informed consent/assent/parental permission.

☒ No known factors
☐ Research will involve students enrolled in a course or program taught by a member of the research team
☐ Research will involve employees whose supervisor(s) is/are recruiting participants
☐ Participants have a close relationship to the research team
☐ Other, *specify any relationship that exists between the research team and participants*:
If applicable, describe the procedures to mitigate the above factors.

14G. Copies of the consent form(s) are attached. ☒ Yes ☐ Not applicable

14H. Will this project be registered as a clinical trial? ☐ Yes ☒ No
If yes, effective January 21, 2019, an informed consent form must be posted on the Federal Web site after the clinical trial is closed to recruitment, and no later than 60 days after the last study visit.

Section 15. DEVICES & DRUGS

Indicate if your research includes any of the following.
☐ Equipment [Researchers collecting physiological data, not testing the device]
(*include Appendix A, the Research Equipment Form*)
☐ Devices [Researchers planning to test devices on human subjects]
(*include Appendix B, the Device Form*)
☐ Materials of Human Origin
(*include Appendix C, the Biological Materials Form*)
☐ Drugs and Biologics
(*include Appendix D, the Drug and Chemical Usage Form*)

☐ MRI AT BIC To use the Beckman Institute Biomedical Imaging Center (BIC) in human subject's research, you must obtain prior approval from the BIC (217.244.0446; ryambert@illinois.edu) and use BIC-approved screening and consent forms. Attach:
☐ BIC approval ☐ BIC screening form ☐ BIC consent form

Section 16. CONFIDENTIALITY OF DATA & PRIVACY OF PARTICIPATION

16A. How is participant data, records, or specimens identified when received or collected by researchers? Identifiers include, but are not limited to, name, date of birth, email address, street address, phone number, audio or video recordings, and SSN.
☒ No identifiers are collected
☐ Direct identifiers are collected
☐ Indirect identifiers (e.g. a code or pseudonym used to track participants);
Does the research team have access to the identity key? ☐ Yes ☐ No

16B. Select all methods used to safeguard research records during storage:
☐ Written consent, assent, or parental permission forms are stored separately from the data
☐ Data is collected or given to research team without identifiers
☒ Data is recorded by research team without identifiers

☐ Direct identifiers are removed from collected data as soon as possible ☐ Direct identifiers are deleted and no identity key exists as soon as possible ☐ Participant codes or pseudonyms are used on all data and the existing identity key is stored separately from the data ☒ Electronic data is stored in a secure, UIUC-approved location, *please specify* Electronic data will be stored online on password protected, dual authentication, UIUC Box. ☐ Hard-copy data is stored in a secure location on UIUC's campus, *please specify* ☐ Other, *please specify*:
16C. How long will identifiable data be kept? There are no identifiable.
16D. Describe provisions to protect the privacy interests of subjects. No identifying information will be collected on this survey. If participants choose to identify themselves or provide identifiable information about others, the research team will ensure that data becomes deidentified and untraceable.
16E. Describe the training and experience of all persons who will collect or have access to the data. Researchers have appropriate CITI training and have conducted several online surveys.

Section 17. DISSEMINATION OF RESULTS

17A. List proposed forms of dissemination (e.g. journal articles, thesis, academic paper, conference presentation, sharing within industry, etc.). Journal articles and conference presentations will be prepared. Additionally, results will be disseminated to Extension and industry partners to better respond to the needs of agricultural youth leaders.
17B. Will any identifiers be published, shared, or otherwise disseminated? ☐ Yes ☒ No **If yes, does the consent form explicitly ask consent for such dissemination, or otherwise inform participants that it is required in order to participate in the study?** ☐ Yes
17C. Do you intend to put de-identified data in a data repository? ☐ Yes ☒ No **If yes, explain how data will be de-identified.**

Section 18. INVESTIGATOR & DEPARTMENTAL ASSURANCES

• I certify that the information provided in this application is complete and correct. • I certify that I will follow my IRB Approved Protocol. • I accept ultimate responsibility for the conduct of this study, the ethical performance of the project, and the protection of the rights and welfare of the human subjects who are directly or indirectly involved in this project. • I will comply with all applicable federal, state and local laws regarding the protection of human subjects in research. • I will ensure that the personnel performing this study are qualified and adhere to the provisions of this IRB-certified protocol.
The original signature of the PI is required before this application may be processed (electronic signatures are acceptable).

ILLINOIS
Office for the Protection of Research Subjects

Protocol Form

Principal Investigator Date: July 21, 2021

If the PI is not eligible to serve as PI under the Campus Administrative Manual, the applicable academic dean, institute director, or campus administrative officer indicates their approval of the researcher to act as Principal Investigator. Please note that departmental assurance only needs to be provided in the initial application.

Name of Authorizing Individual

Signature of Authorizing Individual Date

Online Consent Form

Agricultural Youth Leader Survey Online Consent Form

You are being asked to participate in a voluntary research study. The University of Illinois Urbana-Champaign is identifying the resources and training needs of agricultural youth leaders on mental health-related topics. You are being asked because you were identified as someone who works with an/or interacts with rural youth (e.g., youth educator, 4-H leader, agricultural educator, etc.).

Participating in this study will involve completing one online survey and your participation will last approximately 20 minutes. Your answers are confidential however you should refrain from including any identifiable information within your response. Any information that has a reference or connection to you or someone you mention will be de-identified. Risks related to this research include emotional distress that may occur while reflecting on the mental health experiences of the youth you work and interact with. Benefits to society include a better understanding of the mental health needs of agricultural youth and how Extension can help.

Principal Investigator Name and Title: Josie Rudolphi
Department and Institution: Department of Agricultural and Biological Engineering, University of Illinois
Contact Information:
Email: josier@illinois.edu
Phone: 217-300-8833

What procedures are involved?

The study procedures are to complete the following online survey. This research will be performed online. The survey will not take more than 20 minutes to complete.

Will my study-related information be kept confidential?

Faculty, students, and staff who may see your information will maintain confidentiality to the extent of laws and university policies. Personal identifiers (name, address, birthdate) will not be collected. We will not be able to trace your responses to you.

Will I be reimbursed for any expenses or paid for my participation in this research?

You will not be offered payment for being in this study.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. Your participation in this research is voluntary. Your decision whether or not to participate, or to withdraw after beginning participation, will not affect your current or future dealings with the University of Illinois at Urbana-Champaign or the organization you are affiliated with.

Online Consent Form

Will data collected from me be used for any other research?
Your information will not be used or distributed for future use.

Who should I contact if I have questions?
If you have questions about this project, you may contact Josie Rudolphi (josier@illinois.edu) or Courtney Cuthbertson (cuthbert@illinois.edu) If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects at 217-333-2670 or via email at irb@illinois.edu.

Please print this consent form or screenshot and save the form from this screen if you would like to retain a copy for your records.

If you have read and understood the above consent form and agree to participate, please click the "I Consent" button below to enter the survey.

∅ I consent
I do not consent

ILLINOIS
Office for the Protection of Research Subjects

Waiver of Documentation of Informed Consent

For Requesting a Waiver of the Documentation of Informed Consent
All forms must be typewritten and submitted via email to irb@illinois.edu.

Section 1. PROTOCOL INFORMATION

1A. Primary Investigator: Josie Rudolphi
1B. Protocol Number: 22139
1C. Project Title: - Youth Ag Leader Needs Assessment
1D. Is this research regulated by the US Food and Drug Administration? ☐ Yes ☒ No

Section 2. REQUEST FOR WAIVER OF DOCUMENTATION

A consent procedure which does not document obtained consent through a physical signature may be approved by the IRB under certain conditions. To request IRB approval of a consent procedure which does not document consent through a physical signature, provide a response to **only one** of the following. Note that the IRB may require the investigator to provide subjects with a written statement regarding the research, even though the documentation requirement may be waived.

2A. The only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern. (Note: A waiver of documentation of informed consent is not permissible under this category if the research is subject to FDA regulations.)

2B. The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside the consent.

We are administering online surveys which present "no more than minimal risk of harm to subjects." It does not involve procedures in which "written consent is normally required outside the consent." Specifically, we will collect online consent by asking potential participants to read through the online consent form (see attachment) and click "I consent" if they are interested and willing to participate in the online survey. If participants choose to forgo participating, they will click "I do not consent" and will be unable to contribute to the survey. Furthermore, they will automatically be manually skipped to the end of the survey.

2C. The subjects or legally authorized representatives are members of a distinct cultural group or community in which signing forms is not the norm, the research presents no more than minimal risk of harm to subjects, and there is an appropriate alternative mechanism for documenting that informed consent was obtained.

ILLINOIS
Office for the Protection of Research Subjects

Research Team

For Listing Additional Researchers who are Involved in the Project

All forms must be typewritten and submitted via email to irb@illinois.edu.

When to use this form: If there are collaborating researchers participating in a research study, including those from other institutions, complete this form by listing all collaborating researchers. Include all persons who will be: 1) directly responsible for project oversight and implementation, 2) recruitment, 3) obtaining informed consent, or 4) involved in data collection, analysis of identifiable data, and/or follow-up. **Please copy and paste text fields to add additional research team members.**

Note:

- Changes made to the Principal Investigator require a revised Protocol Form and an Amendment Form.
- A complete Research Team form with all research team members included needs to be submitted every time the research team is updated.

Section 1. PROTOCOL INFORMATION

1A. Principal Investigator: Josie Rudolphi
1B. Protocol Number: 22139
1C. Project Title: Youth Ag Leader Needs Assessment

Section 2. ADDITIONAL INVESTIGATORS

Full Name: Courtney Cuthbertson	**Degree: PhD**	**Dept. or Unit:** Department of Human Development and Family Studies
Professional Email: cuthbert@illinois.edu		**Phone:** 217-333-0833
Campus Affiliation: ☒ University of Illinois at Urbana-Champaign ☐ Other, *please specify*: **Campus Status:** ☒ Faculty ☐ Academic Professional/Staff ☐ Graduate Student ☐ Undergraduate Student ☐ Visiting Scholar ☐ Other, *please specify*:		
Training: ☒ Required CITI Training, **Date of Completion** (valid within last 3 years): ☐ Additional training, **Date of Completion:** 16- Dec- 2019		
Role on Research Team (check all that apply): ☒ Recruiting ☒ Consenting ☒ Administering study procedures ☐ Handling identifiable data ☐ Other, *please specify*:		
☐ **This researcher should be copied on OPRS and IRB correspondence.**		
☐ **This researcher is no longer an active research team member.**		
Date added to research team: July 2021	**Date removed from research team:**	

Research Team

Section 2. ADDITIONAL INVESTIGATORS

Full Name: Cheyanne Dierickx	**Degree:** BS	**Dept. or Unit:** ABE
Professional Email: ckd4@illinois.edu		**Phone:** NA
Campus Affiliation: ☒ University of Illinois at Urbana-Champaign ☐ Other, *please specify*: **Campus Status:** ☐ Faculty ☐ Academic Professional/Staff ☐ Graduate Student ☒ Undergraduate Student ☐ Visiting Scholar ☐ Other, *please specify*:		
Training: ☒ Required CITI Training, **Date of Completion** (valid within last 3 years): 14 OCT 2020 ☐ Additional training, **Date of Completion:**		
Role on Research Team (check all that apply): ☐ Recruiting ☐ Consenting ☐ Administering study procedures ☐ Handling identifiable data ☒ Other, *please specify*: Data entry		
☐ **This researcher should be copied on OPRS and IRB correspondence.**		
☐ **This researcher is no longer an active research team member.**		
Date added to research team: July 2021	**Date removed from research team:**	

Full Name: Sarah Brom	**Degree:** BS	**Dept. or Unit:** Interdisciplinary Health Sci
Professional Email: sebrom2@illinois.edu		**Phone:** NA
Campus Affiliation: ☐ University of Illinois at Urbana-Champaign ☐ Other, *please specify*: **Campus Status:** ☐ Faculty ☐ Academic Professional/Staff ☐ Graduate Student ☒ Undergraduate Student ☐ Visiting Scholar ☐ Other, *please specify*:		
Training: ☒ Required CITI Training, **Date of Completion** (valid within last 3 years): 19 August 2020 ☐ Additional training, **Date of Completion:**		
Role on Research Team (check all that apply): ☐ Recruiting ☐ Consenting ☐ Administering study procedures ☐ Handling identifiable data ☒ Other, *please specify*: Data entry		
☐ **This researcher should be copied on OPRS and IRB correspondence.**		
☐ **This researcher is no longer an active research team member.**		
Date added to research team: July 2021	**Date removed from research team:**	

ILLINOIS
Office for the Protection of Research Subjects

Research Team

Full Name: Evelyn Knittle	**Degree:** BS	**Dept. or Unit:** Crop Sci
Professional Email: knittle2@illinois.edu	**Phone:** NA	
Campus Affiliation: ☐ University of Illinois at Urbana-Champaign ☐ Other, *please specify*: **Campus Status:** ☐ Faculty ☐ Academic Professional/Staff ☐ Graduate Student ☒ Undergraduate Student ☐ Visiting Scholar ☐ Other, *please specify*:		
Training: ☒ Required CITI Training, **Date of Completion** (valid within last 3 years): 27 October 2020 ☐ Additional training, **Date of Completion:**		
Role on Research Team (check all that apply): ☐ Recruiting ☐ Consenting ☐ Administering study procedures ☐ Handling identifiable data ☒ Other, *please specify*: Data entry		
☐ **This researcher should be copied on OPRS and IRB correspondence.**		
☐ **This researcher is no longer an active research team member.**		
Date added to research team: March 22, 2021	**Date removed from research team:**	

Full Name: Kaleigh Evans	**Degree:** MS	**Dept. or Unit:** ABE
Professional Email: evans37@illinois.edu	**Phone:** NA	
Campus Affiliation: ☒ University of Illinois at Urbana-Champaign ☐ Other, *please specify*: **Campus Status:** ☐ Faculty ☒ Academic Professional/Staff ☒ Graduate Student ☐ Undergraduate Student ☐ Visiting Scholar ☐ Other, *please specify*:		
Training: ☒ Required CITI Training, **Date of Completion** (valid within last 3 years): 15 February 2021 ☐ Additional training, **Date of Completion:**		
Role on Research Team (check all that apply): ☒ Recruiting ☒ Consenting ☒ Administering study procedures ☐ Handling identifiable data ☒ Other, *please specify*: Data entry		
☐ **This researcher should be copied on OPRS and IRB correspondence.**		
☐ **This researcher is no longer an active research team member.**		
Date added to research team: June 9, 2021	**Date removed from research team:**	

Illinois FRSAN Needs Assessment
Agricultural Youth Leader
Email Invitation

Subject: Agricultural Youth Leader – Survey Invitation

Greetings!

We are inviting you to participate in an important research project to inform Extension resources and programs for agricultural youth leaders about youth stress and mental health.

Farmers and agricultural workers have worse mental health than the general population. We realize the farm is a place of work and residence and youth are often exposed to the stressors of farming. The goal of this project is to identify your needs, as an agricultural youth leader, to provide support and resources to farm and rural youth in distress.

Participation in this research project is voluntary. Additionally, you can stop participating at any time during the study. The survey will not take more than 20 minutes and will not collect any identifying information (name, address, etc.). The survey can be completed on a smartphone, laptop, or tablet.

To complete the survey please click here: (survey link)

Or copy and paste this address into your web browser: (Survey web address)

We appreciate your participation!

Sincerely,

Courtney Cuthbertson Assistant Professor & Extension Specialist Human Development and Family Studies University of Illinois Email: cuthbert@illinois.edu Phone: 217-333-0083	Josie Rudolphi Assistant Professor & Extension Specialist Agricultural and Biological Engineering University of Illinois Email: josier@illinois.edu Phone: 217-300-8833

Consent

Agricultural Youth Leader Survey Online Consent Form

You are being asked to participate in a voluntary research study. The University of Illinois Urbana-Champaign is identifying the resources and training needs of agricultural youth leaders on mental health-related topics. You are being asked because you were identified as someone who works with an/or interacts with rural youth (e.g., youth educator, 4-H leader, agricultural educator, etc.).

Participating in this study will involve completing one online survey and your participation will last approximately 20 minutes. Your answers are confidential however you should refrain from including any identifiable information within your response. Any information that has a reference or connection to you or someone you mention will be de-identified. Risks related to this research include emotional distress that may occur while reflecting on the mental health experiences of the youth you work and interact with. Benefits to society include a better understanding of the mental health needs of agricultural youth and how Extension can help.

Principal Investigator Name and Title: Josie Rudolphi
Department and Institution: Department of Agricultural and Biological Engineering, University of Illinois
Contact Information:
Email: josier@illinois.edu
Phone: 217-300-8833

What procedures are involved?
The study procedures are to complete the following online survey. This research will be performed online. The survey will not take more than 20 minutes to complete.

Will my study-related information be kept confidential?
Faculty, students, and staff who may see your information will maintain confidentiality to the extent of laws and university policies. Personal identifiers (name, address, birthdate) will not be collected. We will not be able to trace your responses to you.

Will I be reimbursed for any expenses or paid for my participation in this research?
You will not be offered payment for being in this study.

Can I withdraw or be removed from the study?
If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. Your participation in this research is voluntary. Your decision whether or not to participate, or to withdraw after beginning participation, will not affect your current or future dealings with the University of Illinois at Urbana-Champaign or the organization you are affiliated with.

Will data collected from me be used for any other research?
Your information will not be used or distributed for future use.

Who should I contact if I have questions?
If you have questions about this project, you may contact Josie Rudolphi (josier@illinois.edu) or Courtney Cuthbertson (cuthbert@illinois.edu) If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects at 217-333-2670 or via email at irb@illinois.edu.

Please print this consent form or screenshot and save the form from this screen if you would like to retain a copy for your records.

If you have read and understood the above consent form and agree to participate, please click the "Consent" button below to enter the survey.

- ○ I consent
- ○ I do not consent

Background and Demographics

What is your age in years? *(Enter age in years)*

What is your role related to agricultural or farm youth?

- ○ 4-H leader
- ○ 4-H program coordinator
- ○ 4-H volunteer
- ○ Extension educator (not 4-H)
- ○ FFA advisor/Agricultural Educator
- ○ [ ] Educator, other (please specify):
- ○ Coach
- ○ [ ] Other (please specify)
- ○ I do not have a role related to agricultural or farm youth

How long have you worked with agricultural or farm youth in your current role? *(Please enter the number of years you have worked with agricultural or farm youth)*

What is/are the county/counties where you work?

How many youth do you currently interact (teach, advise, etc.) with on a regular (e.g. weekly?) basis?

What is your gender?

What is your race?

- White
- Asian
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Not listed, please specify:

Are you of Spanish or Latino origin?

- Yes
- No

Youth Mental Health

When you think of youth mental health issues, what comes to mind?

What are the mental health concerns specific to agricultural or farm youth?

Based on what you have observed among the youth you interact with, what are the biggest challenges/stressors youth currently experience?

How often do mental health issues arise with the youth you work with? *(examples of mental health issues include anxiety, depression, stress)*

- Daily
- Weekly
- Monthly
- A few times a year
- Never

How often do you talk about the following topics with the youth you advise?

	Daily	Weekly	Monthly	Yearly	Never (I have never talked about this)
Anxiety	O	O	O	O	O
Depression	O	O	O	O	O
Low self-esteem	O	O	O	O	O
Low confidence	O	O	O	O	O
Stressors	O	O	O	O	O
Stress management, coping mechanisms	O	O	O	O	O
Suicide	O	O	O	O	O
Traumatic experiences or events	O	O	O	O	O
Isolation, loneliness	O	O	O	O	O
Disordered eating and/or eating disorders	O	O	O	O	O

How confident are you talking about the following topics with the youth you advise? Please respond to each topic below by indicating the single most appropriate response.

	Very Confident	Somewhat confident	Not at all confident
Anxiety	○	○	○
Depression	○	○	○
Low self-esteem	○	○	○
Low confidence	○	○	○
Stressors	○	○	○
Stress management, coping mechanisms	○	○	○
Suicide	○	○	○
Traumatic experiences or events	○	○	○
Isolation, loneliness	○	○	○
Disordered eating and/or eating disorders	○	○	○

Professional readiness and development

Please indicate your level of agreement with each statement by checking the single most appropriate response.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident I can verbally ask a youth if they are suicidal or have considered self-harm.	○	○	○	○	○
I am confident I can listen nonjudgmentally to a youth with a mental health problem.	○	○	○	○	○
I am confident I can provide reassurance to a youth with a mental health problem.	○	○	○	○	○
I am confident I can advise a youth with a mental health problem(s) on self-care strategies.	○	○	○	○	○

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident I can refer a youth with mental health problem(s) to appropriate, professional help.	O	O	O	O	O

Please indicate your level of agreement with each statement by checking the single most appropriate response.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have the skills to verbally ask a youth if they are suicidal or have considered self-harm.	O	O	O	O	O
I have the skills required to listen non judgmentally to a youth with a mental health problem.	O	O	O	O	O
I have the skills necessary to give reassurance to a youth with a mental health problem.	O	O	O	O	O
I have the skills to advise a youth with a mental health problem(s) on self-care strategies.	O	O	O	O	O
I have the skills to refer a youth with mental health problem(s) to appropriate, professional help.	O	O	O	O	O

Do you know where to find high quality resources for mental health topics? Please indicate your level of agreement for each topic by indicating the single most appropriate response.

I know where to find high quality resources on…

I know where to find high quality resources on…

Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Anxiety					
Depression					
Low self-esteem					
Low confidence					
Stressors					
Stress management, coping mechanisms					
Suicide					
Traumatic experiences or events					
Isolation, loneliness					
Disordered eating and/or eating disorders					

Do you know where to refer a youth who needs more information or help with mental health? Please indicate your level of agreement with the statements below by indicating the single most appropriate response.

I know where to refer a youth who needs more information or help with…

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Anxiety					
Depression					
Low self-esteem					
Low confidence					
Stressors					
Stress management, coping mechanisms					
Suicide					
Traumatic experiences or events					
Isolation, loneliness					
Disordered eating and/or eating disorders					

What barriers, if any, have you encountered to discussing mental health with the youth you advise/interact with? *(Select all that apply)*

- ☐ Time: There is not enough time to have conversations with the youth I interact with
- ☐ Confidence: I am not confident discussing these topics with the youth I interact with
- ☐ Knowledge: I am not knowledgeable enough on these topics to discuss them with the youth I interact with
- ☐ Appropriate: I do not think it is appropriate that I discuss these topics with the youth I interact with
- ☐ Role: I do not think it is my place to discuss these topics with the youth I interact with
- ☐ Resources: I do not have access to resources that could be helpful, which discourages me from discussing these topics with the youth I interact with
- ☐ ________ Other: please specify:
- ☐ ________ Other: please specify:

What type of resources would help you feel more prepared to handle mental health issues that may arise with the youth you work with?

____

Preferred Training Programs

Which of the following training environments are you most likely to participate in to help you feel more confident/prepared to discuss mental health topics with the youth you interact with?

- ○ In person
- ○ Online, self-paced, on-demand
- ○ Online, live (Zoom)
- ○ ________ Other, please specify:

What is your preferred training setting?

- ○ Individual, one-on-one training
- ○ Small group training (0-10 individuals)
- ○ Medium sized training (11-25 individuals)
- ○ Large group training (26+ individuals)
- ○ ______ Other, please specify:

Length: How long would you be willing to participate in a youth stress/mental health training? *(Select all that apply)*

- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 3-4 hours
- ☐ More than 4 hours
- ☐ ______ Other, please specify:

Please indicate your level of interest in learning more about or participating in training on these youth/adolescent mental health topics *(not all interested, somewhat interested, very interested, extremely interested).*

	Not at all interested	Somewhat interested	Very interested	Extremely interested
Anxiety	○	○	○	○
Depression	○	○	○	○
Low self-esteem	○	○	○	○
Low confidence	○	○	○	○
Stressors	○	○	○	○
Stress management, coping mechanism	○	○	○	○
Suicide	○	○	○	○
Traumatic experiences or events	○	○	○	○
Isolation, loneliness	○	○	○	○
Disordered eating and/or eating disorders	○	○	○	○

Perceptions

Please indicate your level of agreement with the statements below by indicating the single most appropriate response.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
People with depression could snap out of it if they wanted.	O	O	O	O	O
Depression is a sign of personal weakness.	O	O	O	O	O
Depression is not a real medical illness.	O	O	O	O	O
People with depression are dangerous.	O	O	O	O	O
It is best to avoid people with depression, so you don't become depressed yourself.	O	O	O	O	O
People with depression are unpredictable.	O	O	O	O	O
If I had depression, I would not tell anyone.	O	O	O	O	O
I would not employ someone if I knew they had been depressed.	O	O	O	O	O
I would not vote for a politician if I knew they had been depressed.	O	O	O	O	O

Please indicate your level of agreement with the statements below by indicating the single most appropriate response.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Most people believe that people with depression could snap out of it if they wanted.	O	O	O	O	O
Most people believe that depression is a sign of personal weakness.	O	O	O	O	O

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Most people believe that depression is not a medical illness.	○	○	○	○	○
Most people believe that people with depression are dangerous.	○	○	○	○	○
Most people believe that it is best to avoid people with depression so that you don’t become depressed yourself.	○	○	○	○	○
Most people believe that people with depression are unpredictable.	○	○	○	○	○
If they had depression, most people would not tell anyone.	○	○	○	○	○
Most people would not employ someone they knew had been depressed.	○	○	○	○	○
Most people would not vote for a politician they knew had been depressed.	○	○	○	○	○

Powered by Qualtrics

Agricultural Youth Leader Survey Thank You

Thank you for participating in an important research project to inform Extension resources and programs for agricultural youth leaders about youth stress and mental health. Your response has been recorded.

Farmers and agricultural workers have worse mental health than the general population. We realize the farm is a place of work and residence and youth are often exposed to the stressors of farming. With your help, we hope to identify your needs, as an agricultural youth leader, to provide support and resources to farm and rural youth in distress.

If you are in need of support related to stress or mental health, the following resources below may be useful to you. For local and regional farm stress and mental health resources you can also visit www.farmstress.org

Please email Josie Rudolphi (josier@illinois.edu) if you have questions about this survey.

Mental Health Resources

Hotlines, Crisis Lines, Text Lines:

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Crisis Text Line: Text "GO" to 741741
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline: 1-800-662-HELP (4357)
- **Iowa Concern Hotline for Rural and Farm Individuals: 1-800-447-1985**

Iowa Concern Hotline is a 24-hour a day, 7-day a week free, confidential resource for anyone with concerns or questions about farm finances, crisis and disaster

response and personal health issues. Access to an attorney is also available to help provide legal education. The Iowa Concern Hotline will respond to callers from inside and outside of Iowa.
Website: https://www.extension.iastate.edu/iowaconcern/

Websites:

- American Farm Bureau Federation – Rural Resilience: https://www.fb.org/programs/rural-resilience/
- American Farm Bureau Federation – Farm Town Strong: https://farmtownstrong.org/
- Rural Health Information (RHI) Hub – Rural Response to Farmer Mental Health and Suicide Prevention: https://www.ruralhealthinfo.org/topics/farmer-mental-health
- SAMHSA Treatment Locator: https://findtreatment.samhsa.gov/
- Psychology Today – Find a Therapist search: https://www.psychologytoday.com/us/therapists/
- Michigan State University Extension – Managing Farm Stress: https://www.canr.msu.edu/managing_farm_stress/
- North Dakota State University Extension – Farm and Ranch Stress: https://www.ag.ndsu.edu/farmranchstress
- University of Minnesota Extension – Coping with Rural Stress: https://extension.umn.edu/rural-stress
- National Farmers Union – Farm Crisis Center: https://farmcrisis.nfu.org/