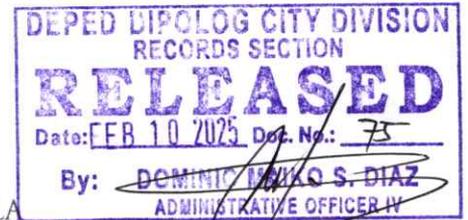




Republic of the Philippines
Department of Education
REGION IX – ZAMBOANGA PENINSULA
SCHOOLS DIVISION OF DIPOLOG CITY



07 February 2025

DIVISION MEMORANDUM
No. 75, s. 2025

HEALTH COMPETENCY FRAMEWORK FOCUS GROUP DISCUSSION FOR ZNNHS

To: **Assistant Schools Division Superintendent
Chiefs, CID and SGOD
Joselito S. Tizon, ZNNHS
All Others Concerned**

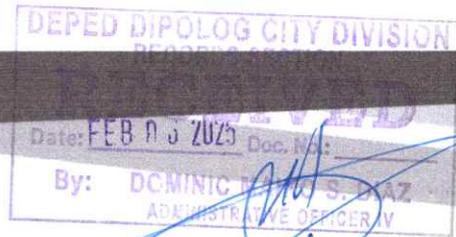
1. This refers to the letter from the Career Clinic dated 06 February 2025 regarding the **Health Competency Framework Focus Group Discussion (FGD)**, which is scheduled to take place **onsite (face-to-face) from 17 to 21 February 2025**.
2. As such, school heads are required to identify the requested participants, ensure their attendance, and secure parental consent as necessary.
3. Attached are the official letter and project briefer for your reference.
4. For clarification, you may contact SGOD-SMN.
5. Immediate dissemination of this memorandum is enjoined.


MA. LIZA R. TABILON EdD., CESO V
Schools Division Superintendent

Encl.: Letter, Project Briefer
Reference: As stated
To be indicated in the Perpetual Index
under the following subjects:
SGOD CID
JBC/20250207-DM-FGD
SGOD-SMN/ February 07, 2025



Address: Purok Farmers, Olingan, Dipolog City
Email: dipolog.city@deped.gov.ph
Website: www.depeddipolog.net
Facebook: DepEd Tayo – Division of Dipolog City



Career Clinic

Your Partner in Enterprise Excellence Through People

6 February 2025

MA. LIZA R. TABILON, CESO V
Schools Division Superintendent
Dipolog City

Dear Superintendent Tabilon,

Through the Department of Health (DOH) - Health Promotion Bureau (HPB), Career Clinic Enterprise Solutions Inc. (CCESI) is providing consultancy services aimed at developing a Health Competency Framework for early, basic and higher education across the Philippines. This undertaking is part of the efforts of a multi-sectoral collaboration among national agencies—DOH, DepEd, CHED, TESDA, LEB, DILG and DSWD—towards transforming schools to become Healthy Learning Institutions. It is envisioned to be a guide on what students should know and be able to do to make informed health-related decisions for themselves and advocate for health-sustaining behaviors within relationships and their community. It will help inform schools on learning approaches, curricular design, and materials/resources that may be adapted and developed. Annex A provides a Project Briefer for more information.

In order to ensure that the Health Competency Framework is contextualized to the Philippine context and is responsive to the priority issues of end-users such as students and teachers, we are to conduct focus group discussions (FGDs) across NCR, Luzon, Visayas and Mindanao with the following objectives:

- To identify students' general perceptions on health, including but not limited to: most important health-related issues they are facing, how they access health information, how relationships and society influence their health behaviors, among others
- Identify students' current perceptions and adherence to desired health-promoting behaviors
- Determine how the school community, teachers, parents and barangays can help influence and reinforce health-promoting behaviors of students
- Determine challenges and opportunities in promoting health through school-based health education

In line with this, we are pleased to inform you that Dipolog Pilot Demonstration School and Zamboanga del Norte National High School have been pre-selected to participate in this pioneering endeavor. Your participation would mean that online FGDs with selected students, teachers, parents, and school administrators from the school will be conducted from **February 10-14, 2025**. Each FGD will be facilitated by 2-3 members from our team and will run from 1.5 hours but may extend up to 2

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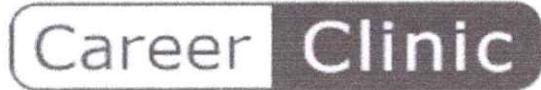
hours. In order to ensure smooth coordination of the FGDs, we would like to request for assistance in the following preparatory activities:

1. Participant Selection:

Assist in selecting the following participants, preferably a mix of male and female. Student participants and teachers/parents/school administrators will be invited through an online platform.

ONLINE FGDs (6 sessions)
February 10-14, 2025
<ol style="list-style-type: none">1. K-G3 Students (3 pax per grade level)2. Grades 4-6 Students (4 pax per grade level)3. Grades 7-10 Students (3 pax per grade level)4. Grades 11-12 Students (5 pax per grade level)5. School community of K-G6 students<ul style="list-style-type: none">○ Teachers of Grades K-3 students (2 pax)○ Teachers of Grades 4-6 students (2 pax)○ Parents of Grades K-3 Students (2 pax)○ Parents of Grades 4-6 Students (2 pax)○ School administrators of K-G6 students (2 pax)6. School community of G7-12 students<ul style="list-style-type: none">○ Teachers of Grades 7-10 students (2 pax)○ Teachers of Grades 11-12 students (2 pax)○ Parents of Grades 7-10 Students (2 pax)○ Parents of Grades 11-12 Students (2 pax)○ School administrators of G7-12 students (2 pax)

Ethics clearance was secured for this project through the DOH Single Joint Research Ethics Board (Ethics Approval - Annex B). The indicative FGD Questions and excerpts from the research protocol on ethical considerations are also provided (Annex C). Should you have questions or clarifications, kindly contact Ms. Margaret Golpe via email: margaretrgolpe@gmail.com or Viber (0968 277 6241) as our Research and Logistics Assistant. Thank you for considering this request. We look forward to your positive response and hope to collaborate with you on this important project.



Your Partner in Enterprise Excellence Through People

Sincerely,

A handwritten signature in black ink, appearing to read "Cesar Baltazar".

CESAR BALTAZAR, PhD
Project Leader
Career Clinic Enterprise Solutions, Inc.

ANNEX A. PROJECT BRIEFER

Conduct of Research for the Development of an HLI Competency Framework for Early, Basic and Higher Education

Background and Introduction

In light of Filipinos continuing to face disease and death from non-communicable diseases that may, for the most part, be modifiable or even be preventable, the health sector recognizes the need to invest in health promotion to influence health behaviors in various settings and contribute to better health outcomes and well-being through its Health Promotion Framework Strategy (HPFS) 2030. One of the core strategies in the HPFS includes advocating for 'Healthy Learning Institutions' (HLIs) (more commonly known as Health Promoting Schools), that are important settings for promoting health and well-being of students through meaningful learning experiences, engaged and empowered teachers, parents, school personnel, and the local community; supportive school policies and practices, school health services and the physical environment (WHO, n.d.). The HPFS highlighted seven areas where extensive interventions such as health education must focus on: i) diet and physical activity, ii) environmental health, iii) immunization, iv) substance use, v) mental health, vi) sexual and reproductive health, and vii) violence and injury prevention.

Because the pathways by which education affects health behaviors and outcomes are complex, the strategy entails a holistic perspective and active partnership with sectors beyond health such as education and social welfare (Stars, 2018). Acknowledging this need, the DOH has partnered with national agencies such as the Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), and agencies governing different levels of education in the country - Department of Education (DepEd), Early Childhood Care and Development Council (ECCD-C), Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA) and Legal Education Board (LEB). A copy of the Joint Administrative Order 2022-0001 for the Healthy Settings Framework can be accessed here: <https://tinyurl.com/JAOhealthysettings>. One of the core strategies of their cross-sectoral and collaborative work is to institutionalize a health competency framework in early, basic, and higher education towards schools becoming Healthy Learning Institutions (HLI) across the country. As the lead convenor of this technical working group, the DOH contracted the services of Career Clinic and Enterprise Solutions, Inc. (CCESI) to co-develop this health competency framework through this research project.

Research Objectives and Approach

The purpose of the study is to develop a comprehensive health competency framework for the identified priority health areas, and across early, basic, and higher education.

1. Identify the **optimal health competencies** of students, teachers, and the school community in the seven priority health areas in early, basic and higher education through literature review and experts' consultation/key informant interview

2. Identify the **actual health competencies** and concerns of students, teachers, and the school community in the seven priority health areas in early, basic and higher education through focus group discussions in NCR, Northern Luzon, Central Visayas and Central Mindanao of students, teachers and the school community.

3. Based on gaps analysis from the optimal health competencies and the actual health competencies, develop the **applicable health competency framework** that is age-appropriate, appropriate to early, basic, and higher education, and grounded in the challenges and context of the students, teachers and the school community.

ANNEX B. ETHICS APPROVAL FROM THE DOH SINGLE JOINT RESEARCH ETHICS BOARD



Republic of the Philippines
Department of Health
SINGLE JOINT RESEARCH ETHICS BOARD

SJREB FORM 4
CERTIFICATE OF EXEMPTION FROM ETHICS REVIEW

Version Number: 2.0
Effectivity Date: October 31, 2023

Date: August 2, 2024

This is to certify that the following protocol and related documents have been reviewed and granted exemption from review by the SJREB for implementation

SJREB Protocol No.:	SJREB-2024-49	Sponsor Protocol No.:	N/A
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Coordinating Investigator:	CESAR BALTAZAR, PhD	Sponsor:	DOH - Health Promotion Bureau
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Title:	Development of Health Learning Institutions Competency Framework for Students, Teachers, Parents and School Communities in Early, Basic and Higher Education
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Protocol Version No.:	Version 1	Version Date:	July 30, 2024
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ICF Version No. and Date:	Informed Consent Form HLI Competency Version 1 July 30, 2024
Other Documents:	N/A

SJREB Chair	Signature	Date
Dr. Jacinto Blas V. Mantaring III		7 Aug 2024

- NOTE:** This approval is given based on the following provisions:
- Abide by the provisions of the Data Privacy Act of 2012
 - Final/Closure Reports should be submitted at the end of the study.
 - Any amendment to the protocol should be submitted to SJREB for re-evaluation of exemption

ANNEX C1. FGD INDICATIVE DISCUSSION POINTS

FGDs will be conducted in English but can be delivered in a combination of Tagalog and English (Taglish). In case local language translation is necessary, a local language translator will be present.

FGD Group	Indicative Discussion Points
<p>School community, Teachers, and Parents</p> <ul style="list-style-type: none"> ● Grades K-3 and 4-6 ● Grades 7-10, 11-12 and bachelor / undergraduate students ● Technical Vocational, Legal Education 	<p>Designing and developing healthy public policy and programs</p> <ul style="list-style-type: none"> ● What are the existing policies in health education and literacy in schools? What are the barriers to implementation for these policies and programs? ● What are policy and program gaps in health literacy in schools? <p>Creating supportive environments:</p> <ul style="list-style-type: none"> ● What are the critical factors in integrating health literacy in the curriculum? ● What are the needed capabilities and competencies in integrating health literacy and education in the curriculum? ● What are the critical elements and indicators factors that determine the success of these policies and programs? ● What are critical factors in enabling teachers and faculty to support health literacy integration in the curriculum? ● What role do parents play in enhancing initiative for health literacy in schools and learners? <p>Developing Personal Skills</p> <ul style="list-style-type: none"> ● What types of health education materials and resources (including medium of instruction) would be most effective in promoting health literacy? ● How can we increase involvement of students in the creation and promotion of a health-literate school environment? ● What competencies and capabilities are needed for teachers to effectively implement initiatives for health literacy and education?

<p>Parents / legal guardians of Pre-K Students</p>	<p>Developing Personal Skills</p> <ul style="list-style-type: none"> ● What is the importance of health literacy for students' learning? ● What are the critical factors that increase learning interest and engagement of students for health education and literacy <p>Creating supportive environments</p> <ul style="list-style-type: none"> ● In what ways does the school or curriculum currently support or hinder health literacy among students? <p>Strengthening Community Action</p> <ul style="list-style-type: none"> ● What are the critical factors that facilitate (or hinder) student participation in initiative for health literacy
<p>Students</p>	<p>Developing Personal Skills</p> <ul style="list-style-type: none"> ● What is the importance of health literacy for students' learning? ● What are the critical factors that increase learning interest and engagement of students for health education and literacy <p>Creating supportive environments</p> <ul style="list-style-type: none"> ● In what ways does the school or curriculum currently support or hinder health literacy among students? <p>Strengthening Community Action</p> <ul style="list-style-type: none"> ● What are the critical factors that facilitate (or hinder) student participation in initiative for health literacy

ANNEX C.2. EXCERPT FROM THE RESEARCH PROTOCOL: ETHICAL CONSIDERATIONS

Informed consent

Informed consent will be sought from all participants without subjecting them to coercion, undue influence, or inducement. The informed consent process will begin when initial contact is made with a potential participant meeting the inclusion criteria, and this continues throughout the study. Through repetition and explanation, potential participants will be informed about the objectives, rationale, and methods of the study. The process will be conducted in language and manner that suits the individual's

capacity and level of understanding. The prospective participants will be given the opportunity to ask questions and such queries will be answered honestly, promptly, and completely.

The participants will be provided with the following information, whether orally or in writing:

- That the individual is invited to participate in the research which is being undertaken by the principal investigator and his team from Career Clinic and Enterprise Solution Inc.
- The reasons for considering the individual suitable for the study, and that participation is voluntary
- The purpose of the research and the procedures to be carried out
- The expected duration of the individual's participation and the possibility of early termination of the study, or the individual's participation in it
- Any foreseeable risks, pain, discomfort, or inconvenience to the individual associated with participation in the research
- The direct benefits, if any, expected to manifest to individuals from participating in the research
- Whether money or other forms of material goods will be provided in return for the individual's participation
- The social value or the expected benefits of the research to the community or to society at large, or contribution to scientific knowledge
- The provisions to ensure respect for the privacy of research participants and the confidentiality of records
- The participants are free to withdraw from the research at any time without having to give any reason and without penalty or loss of benefits to which he/she is entitled
- The sponsors or funders of the research, the institutional affiliation of the researchers, and the nature and sources of funding for the research
- That DOH SJREB has approved or cleared the research protocol
- The contact information of persons designated to respond to queries on the details of the proposal, issues relating to the rights of participants, related concerns and grievances, and management of research-related injuries.

The informed consent will be documented with an actual signature of the prospective participant on the informed consent form.

As for the participants who are minors (less than 18 years of age), a version of informed consent form in language appropriate to the child's age and development will be used. This version of the consent form shall discuss the information enlisted earlier in much clearer and simpler terms, most particularly on the purpose of the research and the reasons why they are being invited to participate.

Vulnerability

This study will involve minors (those who have not reached 18 years of age) that may require special protection, as they may have limited capacity to understand the consent assent process and/or relational vulnerability to adults. Nonetheless, the voluntary nature of their participation will be emphasized

during the informed consent process, which shall require informed consent from both the minors to exercise their autonomy and their parents/guardians. The following rule shall be followed:

- If the minor participant is less than 12 y/o, who during the research turn older than 12 but younger than 15 years, they should sign an assent form
- If the minor participant is aged between 12 and 15 years, who during the research turn older than 15 years, they should co-sign the consent form signed by their parent or legally authorized representative (LAR)
- If the minor participant is younger than 18 years, who during the research turn 18 y/o, they should sign a newly administered consent form (apart from what was signed by their LAR or parents).

Participants, including the minors, may opt not to fill out the forms at all. The child's dissent should be upheld and respected. It will be their choice whether to participate or not. The choice that they make has no bearing on the participants' job or any work-related evaluations or reports/students' academic standing and will not cause any disadvantage in the school or community to which they belong.

Risks, benefits, and safety

This study involves minimal risk. The risk of participating in the study is no more likely and no greater than the typical risks involved while in a school or community setting. Some topics that will be covered during the interviews may be related to participants' personal experiences and answering such questions may result in emotional distress. To mitigate and address this potential problem, participants will be informed of their right to withdraw their participation or the available services when experiencing emotional distress brought about by participating in the study. The principal investigator will serve as the primary contact person for participants needing support or referral. The investigator's contact information will be provided to the participants.

There will be no anticipated expenses to be incurred by the participants in the course of the study. There will be no direct benefit for the participants except [2] for the reimbursement of travel expenses, phone load, or internet fee, as applicable. While there will be no direct benefit, they will indirectly be affected by the potential improvements in the quality of how health literacy is integrated in the education system. A token of appreciation will be provided to all participants.

During face-to-face encounters, if any, the facilitators and participants will observe basic social hygiene (i.e., hand disinfection, cough etiquette, wearing of mask when sick) to ensure everyone's safety during the interviews, the focus group discussion, and validation meeting. The session will take place in a room where there is adequate ventilation without violating the participant's privacy .

Privacy and confidentiality

Researchers will adhere to the principles of transparency, legitimate purpose, and proportionality in the collection, retention, and processing of personal information. Participant privacy will be respected.

Unless legally required, all information will be kept confidential. Records linking individuals to specific information will not be released.

This study complies with the Data Privacy Act of 2012. Only demographic data will be collected; no identifiable information will be obtained. Participants will be assigned unique codes and referred to by these codes in study documents.

Researchers will avoid identifying individuals or groups that could be harmed or stigmatized by disclosure, unless legally mandated. Group research methods may compromise privacy and anonymity. To minimize potential harm, the study design and questions were carefully considered. Research assistants, transcribers, and translators received clear instructions about confidentiality.

Participants will be advised to treat discussions and disclosures as private and confidential. Relevant forms and materials will be securely stored in a locked cabinet with the key held by the principal investigator. Digital files will be stored on dedicated computers with regular backups. Access is restricted to the principal investigator and research assistant through password protection.[5] Completed information sheets will be shredded after three years, and digital files permanently deleted after ten years, unless otherwise required by law or regulation.

Monitors, auditors, the DOH SJREB, and other regulatory authorities may access participant records for verification or clarification purposes only.

Justice

Participants will come from different backgrounds and settings ensuring equitable representation of key stakeholders and sectors involved in HLI. The selection of participants to be included in this study will not bring any health or social inequalities.

Participants will be reimbursed for travel costs and other expenses incurred when taking part in the study.

Transparency

The researchers will be transparent about aspects of the study that may have an impact on the rights, health, and safety of participants, or with respect to information that may have a bearing on the decision of participants to give or withhold their informed consent. The researchers will also disclose information about their affiliations, financial interests, or other loyalties that may affect their objectivity and the integrity of the research output. Participants will be encouraged to be truthful in declaring their health conditions and to be candid in expressing their concerns about their involvement in research.

Study findings will be disseminated to participants and concerned parties through sending out research summaries, or conducting research symposia, or both. Study findings will also be submitted for publication in a peer-reviewed journal.

Participants will be allowed to access their data anytime during the course of the study after submitting a written request to the principal investigator. Other researchers may also request access to the study's data through a formal letter of request in accordance with institutional policies. To fully protect the participants, identifiers will be removed from the data. An evaluation of each data request will be made to ensure that special circumstances do not exist that would permit anyone to deduce the identification of the participants. Data will be shared on the basis of an agreement, provided that the data will be used solely for personal use or research, no individuals will be identified in any manner, and data will be secured by electronic safeguards. Once the purpose of data sharing has been met, the data will be returned or destroyed.

This study is funded by the Department of Health. This protocol reflects the expertise of the authors and the information presented is not to be misconstrued as that of the DOH.

