Health promotion sciences
https://healthpromotionjournal.ir
ISSN on-line: 3115-7564
https://doi.org/10.1000/f6j5bt78
Article Type: Narrative Review
Pourhaji, F.,et all (2026). Independence Mechanisms in Health Education/Promotion and Public Health Departments: A Realist Review. *Health promotion sciences*, 2(1), 5-17.

Independence Mechanisms in Health Education/Promotion and Public Health Departments: A Narrative Review

Fatemeh Pourhaji[1,2], Alireza Hidarnia*[3], Shamsodin Niknami*[3], Mohammad Hossein Delshad*[1,2]

[1.] Department of Public Health, School of Health, Torbat Heydariyeh University of Medical Sciences, Torbat Heydariyeh, Iran.
[2.] Public Health Research Center, Torbat Heydariyeh University of Medical Sciences, Torbat Heydariyeh, Iran.
[3.] Professor, Health Education and Health Promotion Department, Tarbiat Modares University, Faculty of Medical Sciences, Tehran, Iran.
*Corresponding author: Alireza Hidarnia hidarnia@modares.ac.ir
No. 218, Department of Health Education and Health Promotion, Faculty of Medical Sciences, Tarbiat Modares University, Ghisa St., Jalae Ale Ahmd Ave., Tehran, Iran.
P.O. Box 14115-111; Tel: +98 (21) 82884547; Fax: +98 (21) 82884555.

ABSTRACT. As administrators try to restructure in the name of efficiency, the organizational structure of public-health schools is increasingly challenged. A recurrent question is whether Public Health (PH) and Health Education and Health Promotion (HEandHP) should remain distinct academic disciplines or be merged or absorbed into more public health fields. Drawing on philosophical foundations, professional associations, competence frameworks, staff requirements and documented organizational results, this narrative review summarizes the global evidence for (a) the independence of HE and PH as separate units, (b) the independence of PH as a separate unit and (c) the structural separation of the two units. The five areas in which we have reviewed the evidence are the WHO Essential Public Health Functions (EPHF), professional associations and certification, competence frameworks, philosophical bases and documented risks of departmental mergers. Peer reviewed publications from 2010 to 2026 as well as official reports from the WHO, CEPH, ASPHER, SOPHE, IUHP and NCHEC were also sources of information. The organizational structure of the Iranian schools of public health is discussed qualitatively as an illustrative national context. Instead of relying on a specific, independently verified institutional data set, this debate is based on the general prevalence of classic departments reported in the Iranian literature on higher education in the field of medicine. There were five converging findings. First, HE, HV, and PH are based on different philosophical traditions. Secondly, the various branches maintain separate professional associations and certificates. Thirdly, each is based on a different competence framework (the 22 CEPOL core competences versus the eight NCHEC core competences). Fourth, the WHO's 12 European PHD Units need a diverse and specialized staff, which is best trained in the different departments. Fifth, there are significant risks associated with documented departmental mergers and proposals for restructuring. These risks include loss of professional identity, weakened specialized competencies and resistance from stakeholders, which sometimes delayed or partly modified proposed mergers, but did not always reverse them. The five traditional departments, including HE and HE, remain the dominant organizational model in the Iranian medical science university system, while new areas (e.g. G. Health policy and health information technology are still relatively under-represented in the official department structures. The evidence is in favour of keeping the PH and HE&HP separate. The merging of these departments could compromise the capacity of the workforce, professional identity and the development of specialized skills. Instead of structural mergers, cross-disciplinary cooperation should be pursued through research centres, joint programmers and networks of expertise.

Keywords: health education; health promotion; public health; academic departments; professional identity; competency-based education; essential public health functions; organizational structure

Received on February 07, 2026
Accepted on April 29, 2026
ePublished: May 01, 2025

1. Introduction

1.1 The global context of departmental structure

The organisational structure of the public health schools has an impact on labour force development, research capacity and educational quality. The debate on separation of departments

is growing as organisations around the world are under pressure to maximise resources and increase administrative efficiency.

There is a recurrent question whether public health education and promotion (HEHP) should remain separate academic disciplines, merge or be integrated into more general public health disciplines. This issue has implications that go far beyond administrative facilitation: departmental structures influence careers, research priorities, student identity, faculty recruitment, and curricula. The decision to maintain or remove these restrictions therefore has a direct impact on the training of future health professionals and ultimately on the health of the population as a whole.

1.2 The specific challenge

This article discusses a three-level challenge: tier 1: the need for HE&HP to continue as an independent service. The HE&HP is a unique body of knowledge, methodology and expertise, which cannot be reduced to epidemiology, biostatistics or the management of health services. Its focus on programming, empowerment of communities and behavioural modification requires specialised training, which can best be provided by a dedicated academic unit. Tier 2: Reasons why PH should remain a separate unit. Public health has a unique professional identity, competency profile and career development profile due to its focus on disease prevention, population surveillance and systemic intervention. It is not a sub-speciality in any other area, including clinical medicine. Tier 3: The reasons why these two divisions should not be combined. Despite their complementary roles, HE&HP and PH are philosophically, professionally and functionally distinct. Combining them would blur these distinctions and reduce the capacity of each area to contribute meaningfully to public health.

1.3 Research gap and questions

Despite the high stakes involved in departmental structure, systematic evidence synthesis on the best organisation of HE, HPA and PH is still lacking and policy decisions are often motivated by administrative convenience rather than empirical data. To fill this gap, the review asks the following questions: - what philosophical and conceptual bases distinguish HE&HP from PH and other public health disciplines, as well as what are the documented risks and results of a merger or attempts at a merger? - what are the professional organisations, certification and competence frameworks for each area?

2. Methods

2.1 Study design and data sources

To address a policy issue that spans several policy areas, this review used a narrative evidence review structure with elements of a rapid evidence-based assessment. This method is suitable for the synthesis of heterogeneous evidence (peer reviewed studies, official reports, competence frameworks and institutional case studies). This work is presented in accordance with the established guidelines for narrative reviews, including SANRA criteria, as narrative reviews are not systematic reviews.

Evidence comes from official reports from WHO, CEPHR, ASPHER, SOPHE, IUHP and NCHEC; documented institutional case studies on departmental reorganisation; and peer reviewed literature indexed in PubMed and Google Scholar (2010-26). The search terms are all combined as follows: health education, health promotion, health policy, health policy, health services, department, merger, restructuring, and professional identity. Priority was given to literature published between 2020 and 2026, while important older studies were kept where they were relevant.

Note on national context data. *An earlier draft of this review quoted a specific data set (MOHME, 2025) which reported the exact percentages of the different faculties for 45 Iranian medical schools. Upon verification, this data set could not be traced to any available and cited source and was deleted. Instead, section 3.6 and section 4.5 below describe a general and qualitatively documented structure of the departments in Iranian medical schools, without the use of fictitious statistics. Readers seeking quantitative confirmation in the Iranian context should consider this an open empirical question for further exploratory research (section 4.6).*

2.2 Inclusion criteria and analysis framework

Sources were consulted which discussed the philosophical basis for these areas, the professional associations or certification specific to each area, the staff requirements or EHFF requirements, the documented results of departmental mergers or interdisciplinary cooperation models without structural mergers. The evidence analysis used five pillars: (1) philosophical and conceptual foundations; (2) professional organisations and certification; (3) competence and staff requirements; (4) EHFF requirements; and (5) documented organisational results and risks. Figure 1 summarises the whole process of collecting and synthesising evidence.

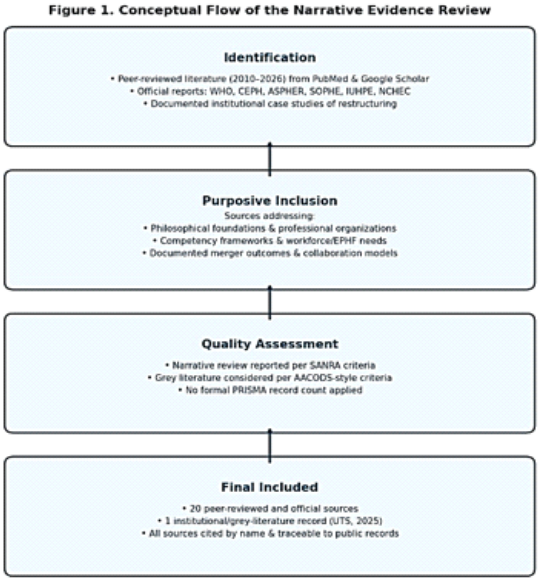

Figure 1. summarises the whole process of collecting and synthesising evidence

Note. *This diagram represents the qualitative evidence-gathering and synthesis process described in Section 2 (Methods). Consistent with the narrative-review design and the limitations disclosed in Section 4.6, no formal risk-of-bias tool, PRISMA-style record count, or grey-literature critical-appraisal instrument was applied quantitatively; source selection was purposive and thematic rather than exhaustive or systematically counted.*

3. Results

3.1 Philosophical and conceptual foundations: three distinct disciplines

The philosophical underpinnings of public health, health promotion and health education highlight the differences that justify their separation as distinct academic disciplines. Modernist tradition of health education. Health education, rooted in modernist traditions, places great emphasis on changing individual behaviour through the development of skills and the transfer of knowledge. The commitment to methodical, evidence-based design of interventions and quantifiable results is reflected in frameworks such as the PRECEDE-PROCEED (Green and Kreuter, 2005).

Post-modernist tradition of health advocacy. Health promotion, on the other hand, is based on a post-modernist and critical tradition that favours community participation, structural change, and empowerment. The Ottawa Charter (1986) called for action to tackle social determinants outside the health sector, framing health as an integral part of daily life (Laverack, 2007; Tones, 2003). Public health (population-based tradition). PH is rooted in a population-based tradition which favours systemic intervention, disease prevention and surveillance (Ashton .,2022) warned that important population health disciplines are marginalised when public health is confined to a biomedical or clinical context.

Key findings: These differences are not only academic; they shape curricula, research priorities and professional practice and are best maintained by a separation of departments (Table 1).

Table 1. Philosophical Foundations of Health Education, Health Promotion, and Public Health

Dimension	Health Education	Health Promotion	Public Health
Intellectual tradition	Modernist (behavioral science, educational theory)	Post-modernist (critical theory, empowerment)	Population-based (epidemiology, biostatistics)
Primary focus	Individual knowledge, attitudes, behaviors	Social determinants, structural change, empowerment	Population surveillance, disease prevention, health protection
Key concepts	Behavior change, health literacy, program planning	Empowerment, participation, social justice, policy	Surveillance, epidemiology, prevention, systems
Professional credential	CHES, MCHES	IUHPE registration	CPH

Note. Sources: Tones (2003); Laverack (2007); Green & Kreuter (2005).

3.2 Independent professional organizations and certifications

Further evidence for the separation of HE, HPA and PH comes from the existence of distinct professional ecosystems. HE and HP. The only professional association specialising in this area is SOPHE, which was founded in the year 1950. The Certified Health Education Specialist (CHES) and Master of Health Education Specialist (MCHES) degrees, which recognise specific competences other than those of more general public health professions, are supervised by the NCHEC, while IUHPE operates an independent international accreditation framework (Blavos et al., 2024) .PH. The National Board of Public Health Examiners (NBPHE) provides certification in public health, and the American Public Health Association (APHA) and the Association of School and College Programs in Public Health (APSPPH) serve the broader public health community.

Key finding: the merger of these departments would undermine the professional identity and institutional recognition that each of them has built up on its own over the decades.

3.3 Distinct competency frameworks and workforce needs

HE, HP and PH use different competence frameworks. Competencies are ranked according to the eight areas of expertise in the NCHEC Health Education Specialist Practice Analysis II (HESPI II., 2020): assessment, planning, implementation, evaluation, advocacy, communication, management and ethics (Kesselmann et al., 2020). Instead, the CEPH Core competencies for Public Health (Council for Education for Public Health [CEPH], 2024) highlight evidence-based methods, public health biology, systems thinking and policy. The key public health functions require both specific expertise and basic competences (MacKay et al.,2024).

According to recent national analyses of the development of the core curriculum of the MPH programme (Pennel et al., 2026), there is a trend towards more broad and flexible basic requirements for general public health education. The depth of competence and community-based competence that the HE&HP specialised curriculum provides is harder to replicate in the broader core of the MPI, reinforcing rather than weakening the case for HE&HP as a stand-alone unit. This is because generic PH courses are becoming more flexible and less prescriptive. The same differences in the demands of the workforce are apparent: the HE and PH workforces focus on behavioural change, community involvement and communication on health, while the PH workforces focus on surveillance, data analysis, policy development and interventions at the system level.

3.4 Essential Public Health Functions (EPHF) and departmental structure

WHO's renewed EPHF list (Zhang et al., 2023) specifies twelve functions, including health promotion, staying in communication, surveillance, and disease prevention. Delivering this full range requires a diverse workforce with specialized competencies (Hunter et al., 2023): health promotion and communication call for different training than surveillance and disease prevention do. Merging departments risks blurring the boundaries between these specialized functions and weakening the capacity to train professionals for specific EPHFs (MacKay et al., 2024).

3.5 Risks of merging departments

According to documented evidence, there are significant risks associated with the combination or attempt to combine HE and HP and PH. loss of professional identity. The formation of professional identity is more difficult in situations where the relationship between disciplines and professions is unclear (Pach et al., 2025). Because they blur disciplinary lines, mergers create confusion. reduction of specialised ability. The shift to accreditation based on competence shows how specialised content may deteriorate if structural requirements are abandoned (Levy et al., 2022).

documented opposition from the institution. Although the results vary, proposals for mergers of health units often face strong opposition from stakeholders. Concerns about loss of professional identity have led to considerable opposition to the University of Qatar's proposal for the merging of three medical schools (health sciences, medicine and pharmacy) into one cluster in 2023, which requires a feasibility review by the top management (Al-Kubaisi & Elbanna., 2024).

A different model is to be found at the University of South Florida, where a similar restructuring has been administratively completed, eliminating traditional departments in favor of a single faculty. However, the transition has revealed serious implementation problems and raised persistent concerns about the retention of specialised expertise (Petersen., 2022); Rather than serving as an example of effective resistance, the case serves as a cautionary tale about the dangers of identity. Similar to this, a petition with more than 1,250 signatures and support from the Council of Australian Public Health Institutions (CAPHIA) has sparked sustained opposition to the proposed closure of the independent School of Public Health at the University of Technology Sydney (UTS., 2025).

Persistent opposition resulted in a revised plan which maintained some of the programmes, even though restructuring was eventually carried out. Indeed, taken together, these cases show that while mobilising stakeholders is a coherent response to proposed mergers, its effectiveness in preventing restructuring altogether varies. In fact, this underlines the fact that real, early involvement of stakeholders, rather than mobilisation after the fact, is a more reliable defence against the risks described here *(Table 2)*.

Table 2. Documented Cases of Merger or Restructuring in Academic Institutions

Institution & year	Restructuring action	Documented outcome / source	Key lesson
University of South Florida, ~2020–2022	Eliminated traditional departments; created a unified faculty.	Implementation challenges and identity concerns documented; no reversal found in available literature (Petersen, 2022).	Structural flexibility is possible but carries real implementation and identity risks.
Penn State–Geisinger, 1997–2000	High-profile merger of academic-medicine entities.	Consolidation unwound after about three years owing to cultural incompatibility and governance misalignment (Mallon, 2003).	Mergers without cultural alignment and clear mission integration are prone to failure.
Qatar University, 2023–2024	Proposed merging Health Sciences, Medicine, and Pharmacy into a single "Health Education Cluster."	Faced significant stakeholder resistance; required top-management feasibility review (Al-Kubaisi & Elbanna, 2024).	Stakeholder buy-in and preservation of professional identity are critical preconditions for restructuring.
University of Technology Sydney, 2025	Plan to dissolve the standalone School of Public Health.	Mobilized sustained stakeholder resistance (1,250+ signatures; CAPHIA advocacy). Closure ultimately proceeded, though sustained opposition contributed to a revised plan preserving some programs (UTS, 2025).	Dissolving specialized units without genuine stakeholder alignment carries severe reputational and operational risk, even where restructuring proceeds.

Note. *An earlier draft of this table also included a 2016 University of Saskatchewan case; that entry has been permanently removed because no citable, independently verifiable source could be located for it.*

3.6 The Iranian context: a qualitative illustration

The Iranian higher education system for medical sciences is a qualitative example of the above-mentioned general trend. The five traditional departments that are the most common and long-standing organizational models in Iranian medical schools are environmental health, public health, occupational health, biostatistics and epidemiology, and health education and promotion.

In the same system, emerging areas such as nutrition, health information technology, health policy and economics, and climate change are relatively under-represented as autonomous units within the same system. This pattern suggests that the main structural problem in Iran is not an overabundance of traditional departments, but rather a relative lack of specialised diversity. It is therefore essential to keep existing separate departments, such as HE and HP, separate from PH, while also allowing for new departments in the development areas. This discussion is qualitative as described in section 2.1; it is not based on a specific, independently verifiable institutional census and no specific numbers from the review are to be quoted section 4.6 (Table 3).

Table 3. Markers of Disciplinary Distinctiveness: HE&HP versus PH

Marker	HE&HP	General PH	Implication for structure
Primary professional organization	SOPHE (founded 1950); devoted exclusively to HE&HP.	APHA (founded 1872); broad umbrella for public health.	HE&HP has a dedicated advocacy and identity home separate from general PH.
International body	IUHPE; independent accreditation framework (CompHP).	ASPHER / WFPHA; schools of public health and workforce systems broadly.	Global standards for HP maintained by a distinct international body.
Certification credential	CHES / MCHES (NCHEC); role-specific competencies.	CPH (NBPHE); broad foundational public health knowledge.	Credentials validate different scopes of practice.
Competency framework	HESPA II (2020): 8 Areas of Responsibility, 193 sub-competencies.	CEPH Foundational Competencies: 22 competencies.	Curricula map to fundamentally different competency architectures.
Philosophical tradition	Modernist and post-modernist.	Population-based (epidemiology, biostatistics).	Merging obscures distinct epistemological foundations.

Note. Sources: Knowlden et al. (2020); Council on Education for Public Health [CEPH] (2024); Blavos et al. (2024).

4. Discussion

4.1 Synthesis of evidence

The five conclusions drawn from the evidence examined - philosophical distinctiveness, professional distinctiveness, competence distinctiveness, EHFF requirements and the documented risks of merger attempts - support the maintenance of two separate, independent services.

4.2 Theoretical framework: professionalization theory

The Freidmann theory of professionalization, which argues that a profession is defined by a specialised knowledge base, professional autonomy, a distinct professional identity, institutional recognition, and defined career paths, is a useful lens in this context. Each of HE, HP and PH complies independently with those requirements. De Carvalho et all, (2024) supported the idea of separate departments by demonstrating how specialised training paths promote professional development and enhance professional independence.

This pattern is supported by comparative international evidence from related health fields. Cao and et all., (2026) discovered that, in contrast to integration into more comprehensive, generalist programs, the strength of a profession's identity in infection-prevention education tracks the existence of specialized credentialing pathways and curricular structures. This dynamic is directly comparable to the HEandHP–PH relationship studied here.

4.3 Addressing counterarguments

Some contend that departmental mergers foster interdisciplinarity or that HE and HP are only subspecialties of PH. We argue that collaborating across different disciplines is a more effective way to achieve interdisciplinarity than removing disciplinary boundaries. According to Frenk et al., (2010) contended that while maintaining the breadth of disciplinary training offered by specialized departments, health-professional education should foster transformative, interprofessional learning.

4.4 Alternative models: collaboration without merger

Establishing interdisciplinary research centers that connect faculty from different departments is one way to accomplish interdisciplinary collaboration without the need for departmental mergers. Creating programs for joint degrees (The an MPH with a focus on health promotion). Encouraging shared administrative resources and professional networks. Zuber and et al., (2023) discovered that improving the functional connections between institutions enhances the impact on public health, favoring a collaborative model over structural consolidation.

4.5 Implications for Iran

These findings are likely to have implications for Iranian public health schools. The current structure, which is usually made up of five traditional units (section 3.6), is qualitatively in line with the international evidence previously examined. The merger would compromise the capacity of the Iranian Primary Healthcare Network to train professionals with a range of specialised skills, including health educators who are well-functioning at community level. Instead of consolidating existing units, the policy implication is to reinforce existing autonomous units and to consider new ones in emerging areas. However, as mentioned in section 4.6, this impact is based on qualitative and international evidence rather than on verified quantitative data specific to Iran and needs to be confirmed by specific local research.

4.6 Limitations

There are different limitations to this review. First, the conclusions should be interpreted as a summary of the best available evidence rather than as an exhaustive or biased estimate, as it is a narrative rather than a systematic review and does not contain a formal risk assessment or PRISMA-style accounting of records identified, screened and included. Secondly, the documented case studies on mergers (section 3.5) are a small, random sample, the results of which should not be generalised, and the empirical evidence base on departmental structures is limited, with only a few controlled and comparative studies. Third, the results of one context may not be directly applicable to another, owing to the cultural and institutional differences of the different countries. Fourth, at the time of writing, the authors did not have a verified and reliable quantitative data set on the composition of Iranian public health schools. Therefore, sections 3.6 and 4.5 are qualitative and should be considered as hypotheses for exploratory research rather than definitive findings. Future research should focus on a systematic census of departmental structures in Iranian medical universities, context-specific analyses in different regions, and longitudinal studies of the results of departmental restructuring.

Based on the evidence reviewed, we propose the following recommendations (Table 4 for a comprehensive matrix): Health ministries: Keep separate HE and PH units, with targeted funding for the development of both faculties, and consider setting up new units in emerging areas (Climate change health, health information technology). University management: Rather than investing in structural mergers, recognise the distinctiveness of HE&HP and PH and finance cooperative initiatives such as research centres and joint programmes. Accreditation bodies: Ensure that accreditation standards recognise the unique status of both areas and avoid requirements which may inadvertently encourage department consolidation. Professional associations: Use statements on the value of separation of departments to promote the maintenance of professional identity. Teachers and researchers should develop their professional identity through the publication of research demonstrating the unique and quantifiable contribution of HEIs and PHs to public health, including primary quantitative studies in national contexts such as Iran.

Table 4. Evidence-Based Policy Recommendations for Public Health Departmental Structure

Stakeholder	Recommendation	Evidence base	Implementation strategy
Ministries of health	Maintain separate departments for HE&HP and PH; consider new units for emerging fields.	Philosophical distinctiveness; WHO EPHF requirements; qualitatively documented dominance of classical departments in Iranian medical-sciences higher education.	Issue national policy guidance; fund faculty development; mandate EPHF-aligned workforce planning.
University leadership	Recognize distinct identities of HE&HP and PH; invest in structured collaboration rather than mergers.	Documented merger/restructuring cases (USF, Qatar University, UTS); collaboration-without-merger models.	Establish research centers and joint degree programs; protect departmental budgets and hiring lines.
Accreditation bodies (CEPH, ASPHER)	Ensure standards recognize the distinct status of HE&HP and PH; avoid criteria that incentivize consolidation.	CEPH competency-flexibility shift; risk of curricular erosion in vulnerable domains.	Maintain competency-based criteria; validate discipline-specific competencies; monitor curricular erosion.
Professional associations	Advocate for professional-identity protection; clarify career pathways and credentialing.	Independent certification ecosystems; risks of role ambiguity in merged settings.	Develop position statements; align advocacy with accreditation standards.
Educators and researchers	Strengthen professional identity through scholarship, including verified local/national data collection.	Freidsonian professionalization theory; specialization–legitimacy evidence.	Conduct applied research on EPHF delivery; publish in field-specific journals; commission verifiable national censuses of departmental structure.

Note. *HE&HP = Health Education and Health Promotion; PH = Public Health; EPHF = Essential Public Health Functions; CEPH = Council on Education for Public Health; ASPHER = Association of Schools of Public Health in the European Region.*

5. Conclusion

The retention of two separate, independent units, Health Education and Promotion and Public Health, in the Public Health schools was supported by the international evidence summarised in the review. Five conclusions emerge from the evidence: documented risks associated with merger attempts, distinctiveness of competences, distinctiveness of professions, distinctiveness of philosophies, and EHFF requirements.

The main lesson is that two separate departments are necessary for two separate fields. Public health, health promotion and health education all reflect different labour market demands, occupational communities and intellectual traditions. Bringing them together would weaken specialised skills, erode professional identity and make it harder to prepare professionals for the variety of roles required by current public health systems. While cross-sectoral cooperation remains essential, it should be pursued through professional networks, joint programmes and research centres, rather than through structural mergers that eliminate departmental identities. Based on the qualitative and international evidence reviewed here, it appears that Iranian public health schools would benefit from maintaining their current departmental structure and expanding into new fields. This conclusion should now be directly tested through dedicated, verifiable fieldwork on the ground.

Declarations

Acknowledgments

The authors thank the Research Deputy of Torbat Heydariyeh University of Medical Sciences and Torbat Heydariyeh University of Medical Sciences.

Authors' Contributions

SHN, F.P: Conceptualization, methodology, data curation, writing – original draft. **AH, SHN, M.H.D:** Supervision, writing – review and editing, project administration, funding acquisition. Both authors read and approved the final manuscript.

Availability of Data and Materials

All data supporting the findings are included within the article and its tables. The full evidence table is available from the corresponding author upon reasonable request.

Conflict of Interest

The authors declare no conflict of interest.

Consent for Publication

Not applicable.

Ethical Considerations

This study As a Narrative review of published studies, no primary data collection from human participants was conducted.

Funding

No funding was available for this research

Artificial Intelligence Disclosure

No artificial intelligence tools were used in drafting, writing, or analysis. All intellectual content was produced solely by the authors. During the preparation of this work, the author(s) used Python (version 3.x) with relevant libraries such as matplotlib to generate and visualise figures and charts (including the scree plot, factor loadings, and model fit indices), and also used Claude (Anthropic), a large language model, to improve language, enhance clarity, edit grammar, and assist with manuscript revisions during the peer review response process. After using these tools, the author(s) reviewed and edited the final content as needed and take full responsibility for the integrity, accuracy, and final content of this publication.

References

Al-Kubaisi, N., & Elbanna, S. (2024). Restructuring the health education cluster in a public university. The CASE Journal, 20(2), 275–287. https://doi.org/10.1108/TCJ-05-2022-0090

Ashton, J. (2022). Healing the schism: Epidemiology, medicine and the public's health. Journal of the Royal Society of Medicine, 115(11), 451–452. https://doi.org/10.1177/01410768221139146

Blavos, A., Hancher-Rauch, H., Gardner, A. J., Lam, V., Haidar, S., Brookins-Fisher, J., & Thompson, A. (2024). Advocacy skill development in public health education curriculum: A pilot study. Health Promotion Practice, 27(4), 607–612. https://doi.org/10.1177/15248399241287207

Cao, Y.-L., Shan, J., Bao, X.-Y., Jin, M., Huai, W., Jin, Y.-C., Jin, Y.-X., Zhang, Z.-X., & Kuang, J.-Q. (2026). Global landscape and professionalization of infection preventionist education: Comparative insights and future directions. Frontiers in Public Health, 13, 1736787. https://doi.org/10.3389/fpubh.2025.1736787

Council on Education for Public Health [CEPH]. (2024). Accreditation criteria: Schools of public health & public health programs. https://ceph.org/documents/505/2024.Criteria.pdf

De Carvalho, I. L. M., De Souza Aperibense, P. G. G., Frugoli, A., Peres, M., Gómez-Cantarino, S., & Santos, F. B. O. (2024). A Freidsonian analysis of the professional trajectories of public health nursing specialists in Minas Gerais, Brazil, 1988–1992. Revista da Escola de Enfermagem da USP, 58. https://doi.org/10.1590/1980-220x-reeusp-2024-0191en

Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., Fineberg, H., Garcia, P., Ke, Y., Kelley, P., Kistnasamy, B., Meleis, A., Naylor, D., Pablos-Mendez, A., Reddy, S., Scrimshaw, S., Sepulveda, J., Serwadda, D., & Zurayk, H. (2010). Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. The Lancet, 376(9756), 1923–1958. https://doi.org/10.1016/S0140-6736(10)61854-5

Green, L. W., & Kreuter, M. W. (2005). Health program planning: An educational and ecological approach (4th ed.). McGraw-Hill.

Hunter, M. B., Ogunlayi, F., Middleton, J., & Squires, N. (2023). Strengthening capacity through competency-based education and training to deliver the essential public health functions: Reflection on roadmap to build public health workforce. BMJ Global Health, 8(3), e011310. https://doi.org/10.1136/bmjgh-2022-011310

Knowlden, A. P., Cottrell, R. R., Henderson, J., Allison, K., Auld, M. E., Kusorgbor-Narh, C. S., Lysoby, L., & McKenzie, J. F. (2020). Health Education Specialist Practice Analysis II 2020: Processes and outcomes. Health Education & Behavior, 47(4), 642–651. https://doi.org/10.1177/1090198120926923

Laverack, G. (2007). Health promotion practice: Building empowered communities. Open University Press.

Levy, C., Phillips, L., Murray, C. J., Tallon, L. A., & Caron, R. (2022). Addressing gaps in public health education to advance environmental justice: Time for action. American Journal of Public Health, 112(1), 69–74. https://doi.org/10.2105/AJPH.2021.306560

MacKay, M., Ford, C., Grant, L. E., Papadopoulos, A., & McWhirter, J. E. (2024). Developing competencies in public health: A scoping review of the literature on developing competency frameworks and student and workforce development. Frontiers in Public Health, 12, 1332412. https://doi.org/10.3389/fpubh.2024.1332412

Mallon, W. T. (2003). The alchemists: A case study of a failed merger in academic medicine. Academic Medicine, 78(11), 1090–1104. https://doi.org/10.1097/00001888-200311000-00005

Pach, J., Stoffels, M., Schoonmade, L., Van Ingen, E., & Kusurkar, R. (2025). The impact of educational activities on professional identity formation in social sciences and humanities: A scoping review. Educational Research Review. https://doi.org/10.1016/j.edurev.2025.100704

Pennel, C. L., Agana-Norman, D. F. G., Stalnaker, L. A., Wiltz-Beckham, D., & Luna, M. (2026). Evolution of Master of Public Health core curriculum: Trends and insights. Public Health Reports, 141(1), 130–135. https://doi.org/10.1177/00333549241296787

Petersen, D. J. (2022). Form follows function: A new structure for a school of public health in the 21st century. Journal of Public Health Management and Practice, 28(2), E324–E332. https://doi.org/10.1097/PHH.0000000000001350

Tones, K. (2003). Health education and health promotion: Different philosophical traditions. Health Education Journal, 62(4), 309–324. https://doi.org/10.1177/0141852X0306200403

University of Technology Sydney [UTS]. (2025). Restructure proposal and staff/stakeholder advocacy record concerning the School of Public Health [Institutional/grey literature; petition and open-letter records].

Zhang, Y., McDarby, G., Seifeldin, R., Mustafa, S., Dalil, S., Schmets, G., Azzopardi-Muscat, N., Fitzgerald, J. F., Mataria, A., Báscolo, E., & Saikat, S. (2023). Towards applying the essential public health functions for building health systems resilience: A renewed list and key enablers for operationalization. Frontiers in Public Health, 10, 1107192. https://doi.org/10.3389/fpubh.2022.1107192

Zuber, A., Pearson, J., Sebeh, Y., Jarvis, D., & Bratton, S. (2023). Essential public health functions are not enough: Fostering linkages between functions through National Public Health Institutes improves public health impact. BMJ Global Health, 8(6), e011728. https://doi.org/10.1136/bmjgh-2023-011728

How to cite this article: Pourhaji, F.,et all (2026). Independence Mechanisms in Health Education/Promotion and Public Health Departments: A Narrative Review, 2(1), 5-17.