



# UNIVERSITY OF MARYLAND

OFFICE OF THE PRESIDENT

Main Administration Building  
College Park, Maryland 20742  
301.405.5803 TEL 301.314.9560 FAX

December 4, 2019

James D. Fielder, Jr.  
Secretary of Higher Education  
Maryland Higher Education Commission  
6 N. Liberty Street  
Baltimore, MD 21201

Dear Secretary Fielder:

Thank you for the opportunity to respond to Morgan State University's objections to our new academic program proposal for a Doctor of Public Health program. The attached response has been prepared by the University of Maryland School of Public Health.

Our faculty leadership in the School of Public Health and Senior Vice President and Provost's Office are available to provide more information if necessary. I look forward to the Commission's response.

Sincerely,

A handwritten signature in black ink, appearing to read "Wallace D. Loh".

Wallace D. Loh  
President

Enclosure

MDC

cc: Antoinette Coleman, Associate Vice Chancellor for Academic Affairs, University System of Maryland  
Mary Ann Rankin, Senior Vice President and Provost  
Boris Lushniak, Dean, School of Public Health

University of Maryland College Park School of Public Health's response to Morgan State  
University's objection letter regarding the UMD SPH DrPH program proposal

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The University of Maryland College Park (UMD) has reviewed the objection letter from Morgan State University (MSU) regarding our recent proposal to offer a DrPH program. MSU outlines a number of objections and asserts that there is unreasonable duplication between the proposed UMD DrPH program and MSU's existing DrPH program, and that the newly proposed UMD program would result in harm to MSU.

We agree there is some overlap between the two programs, as the accrediting body, Council on Education in Public Health (CEPH), requires certain competencies across all accredited DrPH programs; therefore, both the proposed UMD DrPH and the MSU DrPH must have similar features. However, the MSU program is a generalist degree, while the UMD program is a specialized degree focused on advanced leadership.

**Our program is not unreasonable duplication that would cause demonstrable harm to another institution.**

The online delivery and experience-related admissions requirements of the proposed UMD DrPH program make it distinct from existing UMD academic doctoral programs and from MSU's existing DrPH program in area of specialization, objectives of the program, related academic content, and response to market demands.

Between 2002 and 2015, ASPPH data showed that enrollments in DrPH programs increased 250%, from 605 to 1,526, and are continuing to rise (MSU's DrPH enrollment increased from 31 full time students in 2015 to 52 in 2018). In the last 15 years, the DrPH has grown in importance nationally, as it has become clear that there is an increased need for senior public health leaders educated at the doctoral level. CEPH states in its accreditation criteria that there may be many concentrations or specializations in DrPH programs as evidenced by the 81 accredited DrPH programs across 35 institutions. The DrPH program at MSU provides a generalized concentration, whereas UMD's proposed program addresses the role of executive leadership in an evolving public health field. Other concentrations are offered at different accredited institutions, but these have not been addressed within a publicly-funded institution in the state of Maryland. Furthermore, the proposed UMD program will be delivered almost entirely online, serving full-time public health leaders located beyond the commuting distance from the school.

Below, we outline our specific response to each objection in accordance with the Code of Maryland Regulations, COMAR 13B.02.03.09.

1. **Differences in Admissions Requirements:** The University of Maryland College Park proposal identifies their entry requirements and student prior experience as being distinguishing features. In fact, the proposal incorrectly characterizes both. We do expect that our students have some experience and expect that they will be full-time working professionals; this is the reason why the program is an evening-based program. Our entry requirements include having a Master's degree in Public Health or some related field. The proposal may be referring to the developmental period of the program before the initial accreditation when entry into the DrPH program was allowed with an undergraduate degree mirroring many PhD programs. However, from initial accreditation until the present, a master's degree or other advanced professional degree (e.g. MD, JD, etc.) has been a requirement for admission into our DrPH program. Thus, the proposed UMD program is not distinguishable based on subsection section 2f of COMAR 13b.02.03.09.

Response:

There was a misstatement in our document referring to MSU's admission requirements.

Original statement: "The program does not require a **Master's** degree for admission and does not have a leadership focus embedded within the curriculum."<sup>1</sup>

Correct statement: "The program does not require a **Master's of Public Health** degree for admission and does not have a leadership focus embedded within the curriculum."

**Morgan State's DrPH program admissions requirements are stated as:**

*To be considered for the DrPH program, applicants must have earned a Master's Degree in a health or social science discipline from an accredited College or University with a minimum academic grade point average (GPA) of 3.0 or above. If the earned master's degree is not the MPH degree, transcripts will be evaluated to determine if the core MPH level courses, or equivalent content, were taken in achieving the required Master's degree. Students admitted with a degree other than the MPH may be required to fulfill additional course requirements<sup>2</sup>*

**UMD's proposed admission requirement are:**

*Additionally, admissions requirements at SPH include having previously earned a MPH, and at least 3 years post-graduate experience as a public health practitioner with a resume showing increasing responsibility and leadership positions.<sup>3</sup>*

Nowhere in MSU's visible, publicly available DrPH admissions requirements is a statement requiring a minimum number of years of public health experience, nor is there a stated requirement for demonstrably increasing responsibility and leadership positions. In contrast, UMD is requiring a minimum of 3 years of public health experience and increasing leadership roles. While some MSU DrPH students would qualify for admission to the newly proposed UMD program, our proposed admission requirements are clearly differentiated from those of their program.

2. **Distinction of Being an Online Degree Offering:** A second distinction UMD attempts to make is the fact that their program is online/primarily online. However, the fact is that

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<sup>1</sup> 19450 UMD New Academic Program Proposal to MHEC, p. 3.

<sup>2</sup> Morgan State University. Doctor of Public Health. Available from:

[https://www.morgan.edu/school\\_of\\_community\\_health\\_and\\_policy/public\\_health/doctor\\_of\\_public\\_health.html](https://www.morgan.edu/school_of_community_health_and_policy/public_health/doctor_of_public_health.html). Last accessed 11/27/19.

<sup>3</sup> 19450 UMD New Academic Program Proposal to MHEC, p. 7.

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Morgan State has implemented an Online Master of Public Health with an area of concentration in Executive Health Management. Several of the courses provided in this online format are currently available to our doctoral students who wish to pursue interests in this area. The majority of the competencies that UMD indicates it wishes to offer its DrPH as distinguishing, are available and offered to our DrPH students either as electives or augmented courses. We view this availability as mitigating the argument that the online delivery makes the UMD proposal unique. We assert that the proposed program does not offer an alternative delivery that is substantially different per subsection 2c for COMAR 13b.02.03.09.

Response:

We recognize that MSU has an online MPH with a concentration in Executive Health Management which requires three (3) years of prior work experience in a health-related profession.<sup>4</sup> However, the available courses for that program are not specifically identified on their website or MPH program guide. The concentration courses required according to MSU's program guide are shown in the following graphic:<sup>5</sup>

***HPM Courses***

Incoming MPH students choosing to follow the Health Policy focus area must enroll in two Health Policy and Management courses found below and choose one elective course within the department's course offering:

PUBH 742 Health Services Planning and Evaluation .....	3
PUBH 712 Public Health and the Law .....	3

MSU School of Community Health and Policy  
Academic Policies and Procedures Handbook- MPH Curriculum

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Further, the departmental course listing from the MSU MPH program guide does not indicate which courses are available online (see following graphic).<sup>6</sup> A review of the required courses for each program clearly illustrate where there are significant differences.

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<sup>4</sup> SChP Online. Admission Requirements. Available from: [https://www.morgan.edu/school\\_of\\_community\\_health\\_and\\_policy/schp\\_online.html](https://www.morgan.edu/school_of_community_health_and_policy/schp_online.html). Last accessed on 11/27/19.

<sup>5</sup> Morgan State University. Public Health Program Academic Policies & Procedures Student Handbook. Chapter 4 – MPH Curriculum. (Page 3) Available from: <https://view.joomag.com/msu-schp-public-health-program-chapter-4-mpH-curriculum-rev-7141-jan-2016/0637942001452535592?short>. Last accessed on: 11/27/19.

<sup>6</sup> Morgan State University. Public Health Program Academic Policies & Procedures Student Handbook. Chapter 4 – MPH Curriculum. (Page 6) Available from: <https://view.joomag.com/msu-schp-public-health-program-chapter-4-mpH-curriculum-rev-7141-jan-2016/0637942001452535592?short>. Last accessed on: 11/27/19.



requirements per year on campus, and the program has been structured to comply with CEPH's "distance education" criterion for all primarily online programs. All current online DrPH programs at peer institutions use the same format. While UMD School of Public Health does also offer online MPH programs, there is no evidence to suggest that our proposed blended doctoral program is either competitive with or comparable to an online MPH program. In addition, the offering of online electives for the current in-person DrPH through MSU would not qualify that program as primarily online or comparable to the proposed UMD DrPH program, in which the vast majority of coursework is completed remotely. Further, because of the online UMD DrPH format's ability to draw from further distances (within and external from Maryland), it is less likely we are competing with the same full-time public health worker pool.

3. **Generalist vs Specialization:** An additional distinguishing characteristic proposed by UMD seems to rest in the language of specialization versus generalist degree. For clarification, the accrediting agency (Council on Education for Public Health – CEPH) regards a generalist degree as an area of specialization as it specifies the focus of any generalist degree. What UMD has presented as a specialization in fact mirrors the core foundational knowledge and set of competencies that any DrPH degree, including our generalist degree, would have to cover. Several of the new courses proposed by UMD appear to respond to the new required core DrPH competencies required for accreditation. The competency areas and expectations listed under educational learning outcomes for the UMD specialization beginning at the bottom of page 5 of the proposal are already resident in the DrPH program of Morgan State University. Of the five specialization specific learning outcome statements, only two are truly unique from our review and vantage point, and uniqueness is only reflected in one two-credit course (Leadership in Crisis). While the document depicts how the curriculum aligns with the foundational competencies for all DrPH programs (Appendix C), a similar alignment of the curriculum to the specialization learning outcomes (i.e., competencies) was not provided. Our assertion of duplication responds to subsection 1b (specialization) and 1d (academic content) of COMAR 13b.02.03.09.

Response:

MSU correctly points out that any CEPH-accredited DrPH program must address 20 "foundational competencies" in addition to other requirements. Any concentration within a DrPH must then articulate at least 5 separate competencies specific to that concentration that are distinct from, or more advanced than, the foundational competencies. The proposed UMD DrPH program is designed to scaffold learning from course to course, culminating in the Field Experience and Capstone project. Several of the required courses, therefore, meet some portions of the 20 CEPH mandated competencies as well as having been intentionally designed to address the 5 program specific competencies. These courses include: Transformational Leadership and Systems Thinking; Crisis Management and Risk Communication; Health Policy Analysis and Advocacy; Strategic Planning in Public Health; Big Data and Predictive Analytics; Leadership in Crisis; and Understanding the Role of Technology in PH Practice and Communications. Of those 7 courses, only 2 courses appear to have analogs in the non-elective courses at MSU; those are primarily intended to meet portions of the 20 CEPH competencies required of all DrPH programs and only introduce or build upon the 5 program competencies: Health Policy Analysis and Advocacy, Big Data and Predictive Analytics.

We disagree with MSU's assessment that our 5 concentration competencies do not meet CEPH's requirement, though this is for CEPH to determine as part of their typical review. The fact that we will require at least 3 years of post-graduate public health work experience, with

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increasing levels of responsibility and leadership, further adds distinction to the coursework we will offer, as students will arrive in our program at an advanced leadership and practitioner level.

As we review the 81 CEPH-accredited DrPH programs at 35 universities in North America, 10 programs are accredited with a leadership-focused concentration, with only 3 of those offered as primarily online programs (UI, UNC, USF). There are 5 Generalist or unspecified "Public Health" DrPH degrees, including MSU, listed with no additional specified concentration, and none are offered online. In our view, the UMD program is distinctly different from the MSU program and is targeting a different student interest area.

4. **Impact on the HBI:** All of the above notwithstanding it is an established fact that the University of Maryland College Park, as a public state institution, is a well-resourced institution while Morgan State University, as a public state institution, has historically been denied adequate resources as evidenced by the pending coalition case. UMD already dominates the public doctoral marketplace with its eight (8) PhD programs in public health – each having very limited distinction among themselves. Because of its resource and historical advantage, the institution's entry into the DrPH public institution marketplace, in any form, would assuredly undermine the ability for Morgan to both sustain and grow its current program. The fact that College Park only wants to grow to a cohort of 12 per year, if this is the case, is further indication that this is more about being present in the DrPH market than about meeting workforce demand as denoted in the proposal. We assert that the proposed program is too similar to an existing program at an HBI per subsection 2g for COMAR 13b.02.03.09.

Response:

MSU is correct in stating that we have 8 PhD programs, but believe they are incorrect - both conceptually and substantively - in stating that these programs have "very limited distinction among themselves." This is a specious comment. First, the 8 programs have individual MHEC approval, which means they are not concentrations or a specialization in one PhD in the MHEC portfolio. Rather, they were approved separately as new PhD programs in the school. Secondly, they cross six independent academic units in our school and include degree programs in Environmental Health Sciences; Kinesiology; Family Science; Maternal and Child Health; Health Services; Epidemiology; Biostatistics and Bioinformatics; and Behavioral and Community Health. A general program description is available on our web page (<https://sph.umd.edu/degrees/doctor-philosophy-programs>), as are individual programmatic details on each academic unit's web pages. We invite both MSU and MHEC to review these programs and see the clear differences between them. If, after review, MSU still believes there is limited distinction among these programs, we ask that MSU provide additional reasons for their beliefs.

While we agree with MSU that our public state institutions bear an important responsibility for serving local and regional workforce demands, we disagree with the comparison that a PhD is somehow similar to a DrPH program. CEPH has fundamentally different accreditation criteria for the two degrees, and UMD has two distinct sets of doctoral program policies for "research" vs "practice" doctoral programs. Similarly, MHEC categorizes practice doctoral degrees separately from PhD degrees. Finally, the dominating force in the public health doctoral marketplace in our region belongs to Johns Hopkins University, which has 25 PhD and 8 ScD programs, and an additional 5 DrPH programs. Maryland residents deserve more options for publicly-supported degree programs to support their career aspirations, not less.

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With regard to workforce development, while UMD's program is arguably small, our specific focus on executive leadership is targeted to meet a specific workforce need. In effect, we are focused on the substance, type, and quality of future workforce leaders, rather than quantity. One of the most recent recommendations of the Governmental Public Health Workforce Development Task Force, as summarized by the Association of Schools and Programs of Public Health (ASPPH), is as follows:

“Schools and programs should explore options for full-fledged academic degrees (e.g. online and hybrid core public health courses, certificates, short courses, just-in-time training, and webinars) that are appropriate for working professionals and link to a continuum of learning.”<sup>7</sup>

UMD is not proposing to train ground level practitioners nor mid-level managers of public health agencies or programs but rather executive-level leaders. As outlined above, we are proposing a predominantly online degree, focused on a particular sub-set of current public health practitioners with emerging leadership credentials. By focusing on a small niche of potential students, we are emphasizing our interest in supporting our regional workforce needs rather than “undermining” the important general workforce needs filled by the MSU program. CEPH states in its accreditation criteria that there may be many concentrations or specializations in DrPH programs – for example, DrPH in general public health, DrPH in community health, DrPH with concentrations in social and behavioral sciences and global health, etc.<sup>8</sup> MSU's program falls into one of these categories; UMD's proposed program falls into another, with many others not addressed within the state at a publicly-funded institution. This suggests there is ground as yet uncovered, but greatly needed.

In summary, both of these programs are needed to support a public health workforce that is growing steadily. In fact, we don't think all of UMD's students will be from Maryland given the emphasis on online education; we see our program as adding to the suite of related offerings supported by MHEC, thus making Maryland more competitive nationally.

**5. Program of Study Length of Time:** The UMD proposal suggests that the time to completion for their proposed DrPH is substantially different from ours as the degree requirement is for completion of a capstone instead of a dissertation. The UMD proposed plan of study would have students complete the degree in three years with capstone completion occurring over three terms/semesters. While our degree program appears as if it is designed for a four-year completion rate (two years of courses and two years to complete the dissertation), the degree program could be completed in three years. Our students enroll in their first dissertation course the beginning of the third year, just as the proposed plan of study for UMD has its DrPH students begin the capstone process in the third year. In our accelerated plan DrPH students may enroll in their first dissertation level class during the second semester of year two depending on prior course completions. Another similarity between our program and the proposed program that has implications for the length of study is how the field practicum is integrated into the curriculum. Our DrPH students are prepared to utilize the practicum experience as a catalyst for the dissertation. This linkage of the practicum courses with the development of the dissertation is similar to what is described in

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<sup>7</sup> Association of Schools and Programs of Public Health. Teach & Research: Framing the future. Available from: <https://www.aspph.org/ftf-reports/workforce-development/>. Last accessed on 11/27/19.

<sup>8</sup> Council on Education for Public Health. Accreditation criteria, Schools of Public health and public health programs, Amended October 2016, p.5, footnote 4.



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the UMD proposal to link the field experience with the capstone. In fact, the capstone projects described in the UMD proposal are not different from the types of dissertations our students are encouraged to complete.

Response:

The program length for a doctoral level degree will be roughly similar across institutions, as stipulated by either university or accreditation requirements that outline the required advancement beyond the prior degree (e.g., MPH). We fail to understand the relevance of a program's length of study or time to degree for COMAR 13b.02.03.09. UMD's proposed program has been designed from the ground up to address the newest (2016) accreditation criteria from CEPH, which specifically articulate the requirement of an "integrative learning experience" that results in a product that demonstrates "advanced practice designed to influence program, policies or systems addressing public health."<sup>9</sup> Under UMD's requirements for a practice-based doctoral program, that final project must be a Capstone Project rather than a dissertation, which has historically emphasized research and creation of new knowledge.

6. **Uniqueness.** There is nothing noteworthy in the degree that would prevent the same areas of interest to be addressed under the UM's current PhD in Public Health. As noted, University of Maryland offers eight PhD concentration areas, including a PhD in Behavioral and Community Health. The online description of this degree is highly consistent with the proposed DrPH area of concentration. It would be in many ways a replication of their own degree. Supporting this idea, the DrPH proposed by UM would be offered under the Behavioral and Community Health Department, signaling even further that the proposed degree is in alignment with an existing PhD it offers.

Additionally, even the distinction made between the University of Maryland College Park relative to the Bloomberg degree i.e. qualifying exam and dissertation, are not necessarily discriminating features; it has been established that both DrPH and PhD programs can share these characteristics and therefore undermines the necessity for College Park to initiate a DrPH degree program of its own.

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<sup>9</sup> Council on Education for Public Health. Accreditation criteria, Schools of Public health and public health programs, Amended October 2016.

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Response:

As stated previously, UMD does offer eight (8) PhD degree programs in our School of Public Health; however, we disagree fundamentally with the assertion presented by MSU that such an offering is duplicative to anything UMD offers, or offered by MSU. As outlined in several places above, the PhD is a research-based degree while the DrPH is a practice-based degree – the underlying foci and competencies are quite distinct, as is evidenced by the many other schools of public health nationally with both degree programs. CEPH clearly distinguishes between Professional (*i.e.*, DrPH) and Academic (*i.e.*, PhD) degrees in their accreditation criteria documentation in the following ways:<sup>10</sup>

- ✓ “Professional public health degrees are offered at the graduate level and include the MPH and DrPH, as well as any graduate degrees that are intended to prepare individuals for public health practice in a manner equivalent to the MPH or DrPH degree.” (Definitions, p. 50)
- ✓ “Academic public health degrees often include the MS and PhD. These degrees are offered in public health fields but are not intended to function as MPH or DrPH equivalents. They prepare students for further study or for academic or scholarly positions in public health fields.” (Definitions, p. 50)
- ✓ The DrPH is the professional doctoral degree “... designed to produce transformative academic and practice leaders with expertise in evidence-based public health practice and research. These individuals are able to convene diverse partners; communicate to effect change across a range of sectors and settings; synthesize and translate findings; and generate practice based evidence that advances programs, policies, services and/or systems addressing population health. (D3, p18-19)
- ✓ The PhD is an academic degree “... designed to prepare public health researchers and scholars (eg, PhD, ScD) ... engage in research appropriate to the degree program; and produce ***an appropriately advanced research project*** (dissertation) at or near the end of the program of study.” (D18. Academic Public Health Doctoral Degrees, 32)

CEPH further requires two components with different expectations for the DrPH when compared with the dissertation in the PhD degree:

- ✓ Regardless of the amount or level of prior experience, all DrPH students engage in one or more ***applied practice experiences*** in which students are responsible for completion of at least one project that is meaningful for an organization and to advanced public health practice. (D6. DrPH Applied Practice Experience, p 22.)
- ✓ As part of an ***integrative learning experience***, DrPH candidates generate field-based products consistent with advanced practice designed to influence programs, policies or systems addressing public health. The products demonstrate synthesis of foundational and concentration specific competencies. (D8. DrPH Integrative Learning Experience, p.24)

The proposed UMD DrPH program has been designed from the beginning to meet CEPH's accreditation criteria, which clearly outlines the distinction from the PhD degree. We think that for MSU to suggest we are simply folding a few courses into an academic PhD program in order to deliver the same quality workforce training as someone wanting a practice-oriented DrPH misses the clear distinction between these two programs and dismisses the clear differences in accreditation criteria to which we must be responsive.

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<sup>10</sup> Council on Education for Public Health. Accreditation criteria, Schools of Public health and public health programs, Amended October 2016.

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With regard to the second point in Objection #6 (some elements of a PhD and DrPH program may have some similarity), this is nothing new, but as outlined above these programs are required to be distinctly different in their core elements, as stipulated by both CEPH accreditation requirements and the UMD campus policies around doctoral programs.

**Morgan State University's summary paragraph:**

Addressing the workforce issues, we assert that Morgan has the capacity to absorb an additional 12 students per cohort, has the faculty and expertise to address the interdisciplinary leadership training, and is uniquely positioned to fill this niche in the state higher public education space. It should not be overlooked that Morgan State was the first HBCU to have a doctoral degree in Public Health in the nation. It is further noted that Morgan was constrained in offering a DrPH versus a PhD at the time the program was initiated, considering the practice space reflected by the DrPH to be more in alignment with an HBCU in general and the Morgan mission specifically. This historical decision implemented a constraint that should also have the benefit of protection from encroachment by other public institutions. In closing, from our perspective, the assertions of the University of Maryland College Park in presenting its proposal obscures the commonality between the DrPH offered by Morgan and the proposed UMD DrPH degree. It is hoped that we have clearly made the case that duplication is indeed present.

**UMD Response and Summary:**

MSU is to be applauded for their early engagement in advanced public health practice and as the first HBCU in the nation with a DrPH, established at a time when the importance of the DrPH was only beginning to be recognized. Since that time, the importance of the DrPH to the nation's public health workforce has increased and is particularly evidenced by the significant emphasis on the DrPH in CEPH's newest (2016) accreditation criteria. There is a national push for more programs to support both a growth in public health leadership careers, and an increasing turnover of such positions as the "Baby Boom" generation moves to retirement age.

When the UMD School of Public Health was launched in 2007, we focused our mission on serving the people of our state and region. Our school has always been focused on practice. We leveraged our strengths to focus our attention on our MPH programs in our first decade and have been reaccredited based on our successes in that arena. But an accredited School of Public Health without a DrPH program is not serving the breadth of today's workforce needs, and arguably the state and region are not fully served with just a single generalist, predominantly face-to-face DrPH offering as exists at MSU. As the only public school of public health in the mid-Atlantic region, UMD has worked to develop a narrowly focused and unique predominantly online DrPH program in Executive Leadership with an emphasis on students with existing advanced career experience in public health. These two programs complement each other in a way that is simply not addressed by MSU "absorbing another 12 students per cohort" into their DrPH program. MSU is offering a different program and its content and mode of delivery would not satisfy the practitioners that UMD is seeking to serve. We're not suggesting that one program is better than the other or more important than the other. We are asserting that they are different programs, serving different needs.

We value the MSU DrPH program and look forward to working to ensure that our 2 programs continue to collectively support the workforce needs of Maryland and the region. We respectively disagree with the objections raised by MSU and hope that MHEC will see the distinctiveness and importance of the UMD DrPH in Executive Leadership program as additive to the suite of offerings approved and supported by the state.