


**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

	STATE EMPLOYEE INFORMATION
Name:	Benjamin Wood
Title or Position:	Director, Division of Community Health Planning and Engagement
State Agency:	Department of Public Health
Agency Address:	250 Washington Street, Boston, MA
Office Phone:	413-406-6429
Office E-mail:	Ben.wood@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
	PARTICULAR MATTER
Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	In my role at DPH I am expected to participate in activities that involve Health Resources in Action (HRIA) that in varying ways can include decisions, recommendations and the rendering of advice related to contracts or ongoing work between HRIA and DPH.
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	<p>Related to the Community Health and Healthy Aging Funds I provide oversight to a memorandum of agreement between HRIA and DPH to implement the Funds.</p> <p>Related to the SSO Preparatory Fund I provide oversight to a staff member who manages a contract between HRIA and DPH.</p> <p>Related to Mass in Motion I provide oversight to a staff member who manages a contract between HRIA and DPH.</p> <p>Related to the COVID Community Intervention Grant program I provide advice and recommendations to the implementation of this program but do not oversee the contract between HRIA and DPH.</p>
	FINANCIAL INTEREST IN THE PARTICULAR MATTER
Write an X by all that apply.	<input type="checkbox"/> I have a financial interest in the matter.

	<input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input checked="" type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.
Financial interest in the matter	<p>To be clear, this disclosure is meant to convey that I am beginning a conversation with HRiA about future employment. I do not know the specifics nor do I have an official offer. I am filing this disclosure to let DPH know that I am going to have specific conversations about employment with HRiA. I will let my supervisor know of any additional details or changes that may occur from discussion with HRiA.</p> <p>I was provided advice by the Ethics Commission that any conversation about employment can be considered negotiation so I am filing this disclosure to be transparent about my intent to do so.</p>
Employee signature:	
Date:	05-05-21

DETERMINATION BY APPOINTING OFFICIAL


	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Ruth P. Blodgett
Title or Position:	Bureau Director, Bureau of Community Health and Prevention
Agency/Department:	Department of Public Health
Agency Address:	250 Washington St Boston MA
Office Phone:	617-694-2524
Office E-mail	Ruth.blodgett@mass.gov
	DETERMINATION
Determination by appointing authority: Write an X by your selection.	<p>As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.</p> <p><input type="checkbox"/> I am assigning the particular matter to another employee, or</p> <p><input checked="" type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.</p>
Appointing Authority signature:	

Date:	5/11/21
Comment:	<p>Ben works on several existing projects with HRiA in collaboration with other DPH staff. He can remain involved in the programmatic work, but will:</p> <ul style="list-style-type: none"> ▪ not participate in any decision making on changes in scope or funding amounts or recommendations on future projects ▪ raise any performance issues on existing projects with supervisor before they are addressed with HRiA ▪ provide his supervisor a regular update on activities for shared visibility of activities/engagement <p>In addition there is a project he has manages directly. If he decides to pursue this further (he has not yet had a conversation so does not yet know his level of interest) we will need an additional strategy to manage the community health and healthy aging fund.</p>

Attach additional pages if necessary.

File copy with:

State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108

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	APPOINTING AUTHORITY INFORMATION
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Title or Position:	Bureau Director, Bureau of Community Health and Prevention
Agency/Department:	Department of Public Health
Agency Address:	250 Washington St Boston MA
Office Phone:	617-694-2524
Office E-mail	Ruth.blodgett@mass.gov
	DETERMINATION
Determination by appointing authority: Write an X by your selection.	<p>As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.</p> <p><input type="checkbox"/> I am assigning the particular matter to another employee, or</p> <p><input checked="" type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.</p>
Appointing Authority signature:	