

Working Well: A Global Survey of Health Promotion and Workplace Wellness Strategies

Executive summary
November 2012

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Executive summary

Employers worldwide are increasingly recognizing the value of employees' health and their overall well-being to their organizations. Employers cite their commitment to promoting health and wellness as a business strategy and show continued desire to expand health promotion initiatives. In practice, however, employer recognition of health and wellness program value translates unevenly into program design and delivery. Perhaps due to continuing maturation of wellness offerings, employers' stated goals and objectives for their health and wellness programs, and the design and measurement of these initiatives, are not yet consistently aligned.

For the fifth year, Buck Consultants' survey **Working Well: A Global Survey of Health Promotion and Workplace Wellness Strategies** investigates emerging trends in employer-sponsored health promotion and wellness programs.

This year's findings show:

Employers recognize their role in employee well-being. Only 13% of respondents believe that managing employee health is *not* the role of their organization. This represents a dramatic shift downward from 2010, when 25% of employers cited this as a reason for not having a wellness program. Overall, 61% indicated that the recent economic downturn had little or no impact on their health promotion initiatives.

Employers agree on top goals for their wellness programs. Though the top three program objectives vary slightly by geography, all employers, regardless of location, cite improving worker productivity (reducing presenteeism) as one of their top three objectives. An overwhelming majority of employers also include reduction in employee absences due to sickness or disability and improving workforce morale and engagement in their top three.

Program focus: move more, relax and eat better. Though different by specific geographic region, the majority of employers cite physical activity, stress, and workplace safety as the top three issues driving wellness program design. Chronic disease is a high priority for organizations in the United States' employer-sponsored health benefit delivery system, but ranks much lower for most other regions.

55%

cite lack of budget as a top reason for not having plans for a wellness program.

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Organizations are going global. Globalization of health promotion programs has risen significantly over the last five years. Among participating multinational organizations, 49% have a global health promotion strategy, up from 34% in 2008.

Responsibility for wellness and health promotion still falls under Human Resources. While responsibility for wellness programs varies widely by type of resource and geography, suggesting that cultural and geographic practices may dictate different means to achieve similar ends, six out of seven regions report Human Resources as the majority owner of wellness initiatives.

More employers focus on “knowing your numbers.” Biometric screening programs are on the rise, driven by an increase in prevalence among United States employers, and employers in Asia and Africa/Middle East (where biometric screenings occupy the top position). Also highly prevalent are other, more traditional wellness program elements such as immunizations/flu shots, health appraisals, and employee assistance programs (EAP).

Employers recognize value in extending wellness initiatives to family members of their employees. Seventy-one percent of respondents, up from 65% in the 2010 survey, include family members in some aspect of their health and wellness programs. The most common elements include health appraisals, online programs and telephonic programs. Spouses and domestic partners are included more frequently than children.

36%

have measured specific outcomes from health promotion programs.

42%

extend health assessments and 41% extend online programs to spouses.

Penalty-type incentives are on the rise. Incentives, in the form of rewards and sometimes penalties, are most popular in the US, though also offered in other regions. Gifts/merchandise continue to be the most widely reported incentive reward used by employers, but use of penalties such as health insurance premium increases, is rising rapidly. The data shows that some incentives have a direct correlation to program participation levels, but initiatives that require long-term lifestyle changes (such as physical exercise and nutrition) are not as greatly influenced by incentives as are more immediate programs (such as health assessment and biometric screenings).

Staying the course. The disparity between employers' reaction to the economic downturn with respect to investing in their wellness initiatives becomes apparent when comparing those who measure results and outcomes and those who do not. Employers who measured outcomes of their wellness programs were less deterred by the difficult fiscal outlook and more likely to have increased their investment in health promotion. Employers who did not measure outcomes, on the other hand, more often reported a decrease or no change in their commitment to wellness, citing the economic downturn as a reason to do so. The likely conclusion is that employers who measure program outcomes do so with a greater focus on driving business results and thus especially understand the value of continuing their wellness initiatives during hard economic times.

Executive summary

Though employers indicate specific goals and objectives for their wellness programs, most still do not measure any specific results. Overall, only 36% of employers indicate that they have measured specific outcomes from their health promotion programs. The likelihood of measurement increases with employer size, although even among the largest employers (20,000+ employees), only 47% report having measured specific outcomes. Lack of resources increased by 9% as the top reason for failure to measure from 2010. In order to justify continued and/or increased investment in wellness programs, employers may increase attention to preparing regular management briefings to secure more resources (only 31% do so), or otherwise reallocating resources that measure return on investment (ROI).

Communications and culture. Employers are learning from experience that effective and engaging communications are critically important in order to get employees' attention and motivate ongoing participation in wellness activities. Perhaps due to economic conditions, use in 2012 of most channels was basically flat or sometimes lower than in 2010. However, use of social media and mobile technologies continues to increase, while other traditional modes of communication, such as newsletters, health fairs and mailing to the home, continue to decline in priority. Respondents understand the importance of a culture of health, with 28% reporting a strong culture today and 79% intending to pursue a culture of health for the future.

Adding value over time. While significant results from a wellness program can take years to realize, some initiatives result in quicker payoff than others. For example, employers in their first year of a wellness program reported a high prevalence of improved organization image (medium to high reported impact: 68%), while external recognition was the least affected category (medium to high reported impact: 26%). Reducing health risks is an

area that respondents see as continuing to gain momentum as wellness efforts mature. While only 52% of organizations reported medium to high impact in year one, this statistic increased to 84% for wellness programs five years and older.

No single driver behind health care cost trend reduction. There is little difference in the prevalence of top program components for US organizations that experienced a reduction in health care cost trend. We can conclude that implementing certain programs does not guarantee results; other success factors such as incentive levels, communications, and management support must be considered.

Methodology

1,356

respondents

45

countries

General approach. The 1,356 organizations that responded to the survey are based in 45 countries and employ more than 17 million people. Forty-four percent of respondents employ workers in multiple countries. Participants ranged from small employers to large multinational corporations, with an average employee population of approximately 14,700 and a median of approximately 1,300. They represented all major industry sectors. Participating organizations are listed at the end of this report.

Survey questionnaire. The survey questionnaire was offered online in English (British and American), Chinese, French (Continental and Canadian), German, Japanese, Korean, Portuguese and Spanish (Castilian and Latin American). The questionnaire was designed so that respondents could complete it in 30 minutes or less. Target participants were senior or mid-level professionals with responsibility for corporate wellness strategy, execution and measurement.

Currency conversion. Non-US currencies were converted to US dollars using average daily exchange rates averaged over a one-year period, from March 1, 2011 to February 29, 2012.

Global breadth. Over the years this study has been conducted, participation has steadily increased from 555 employers in 2007 to 1,356 in 2012. To draw out as much useful and credible information as possible, we have consolidated geographies into broader regions. Due to significant participation from US employers, we frequently present US and Canadian results separately, rather than combined as North America, because we have sufficient participation to demonstrate differences in the two countries' approaches to wellness.

Selection bias. Responses to the survey were provided by employers who chose to participate, not by a scientifically randomized sample of employers. As a result, responses likely are skewed to some extent by a "selection bias" toward organizations with an interest in wellness. Therefore, results should not be interpreted as indicative of all employers, but as relative markers of the prevalence of various program strategies and approaches, and as indicators of movement and trends among the organizations surveyed.

Report exhibits. The exhibits in this report are, in general, ranked in descending order by prevalence or priority. For questions where participants indicated their response on a scale from 1 to 5, the ranking between categories is determined by the weighted average rating for each item. For questions that assess the current prevalence of specific practices as well as the participants' intent to add those practices in the future, the ranking is based on the current prevalence only.

17

million employees

About the survey

About the survey. Buck Consultants' *Working Well: A Global Survey of Health Promotion and Workplace Wellness Strategies* is in its fifth year. The survey investigates emerging trends in employer-sponsored health promotion and wellness programs.

Understanding the data. The data presented in this survey represent the actual practices of participants. Buck Consultants is committed to providing every participant with the information needed to make the best possible use of the results and a rapid response to all questions. Participants are encouraged to contact us with any questions.

Workplace wellness. The term "wellness" is not defined or used consistently around the world. As defined for this report, wellness refers to programs designed to improve the health and well-being of employees (and their families) in order to enhance organizational performance and reduce costs. Wellness programs typically address specific behaviors and health risk factors, such as poor nutrition, physical inactivity, stress, obesity and smoking. These factors commonly lead to serious and expensive health problems and have a negative impact on workforce productivity.

Terminology. Health promotion, health improvement, health and well-being, and disease prevention are other terms used by employers to refer to workplace wellness initiatives. This report uses the terms wellness and health promotion interchangeably. Wellness or well-being is increasingly used to encompass a spectrum of personal issues beyond physical and mental health, such as financial security, community involvement and career success.

Custom cuts. Special data cuts and analyses are available upon request. Please contact us regarding fees and timing.

How to reach us. Please direct any questions or requests for special analyses to Buck Consultants' survey support team at hrsurveys@buckconsultants.com or 1.800.887.0509.

Feedback. Buck Consultants is interested in your comments about this survey. Please let us know if there are any important issues related to global wellness you would like us to consider including in the next release.

Translation. The executive summary will also be available in other languages. For more information, please visit www.bucksurveys.com.

Buck Consumerism 360[®]™

As you review results of this year's Global Survey of Health Promotion and Workplace Wellness Strategies, one conclusion will become evident – employers, regardless of geographical and cultural differences, will be well served by a flexible, strategic framework that extends consumerism beyond health care purchasing and lifestyle decisions to influence employee engagement in issues that impact their Career, Health, and Wealth[®].

We believe Consumerism 360[°] allows companies to connect strategy to program design, implementation and communication, as well as predefined metrics for success. The payoff from this integrated approach will be a workforce that is better engaged in using available resources, who make more informed decisions about their Career, Health, and Wealth, and whose behavior is in alignment with the company's business and financial goals.

Buck's framework – Consumerism 360[®]™. Rapid changes in the political and economic environment, along with rising health care costs and retirement planning uncertainties, have forced employers to revisit their HR strategies and programs. One philosophy receiving renewed emphasis is shared responsibility between the employer and the employee.

Consumerism 360[°] proposes an employer-employee relationship built on the concept that employers can create a workforce of informed and engaged consumers who are empowered through four levers of incentives, information, infrastructure, and imperatives to take on increased responsibility for all elements of their Career, Health, and Wealth.



Consumerism 360[°] is a philosophical “contract” that requires both employer and employee to meet specific commitments in order to achieve mutual goals. It represents the middle ground on a spectrum that ranges from paternalism, wherein the employer takes full responsibility for every aspect of employees' security needs, to individualism, wherein the employee, as a free agent, independently purchases health care, funds his or her own retirement, and pursues career development opportunities.

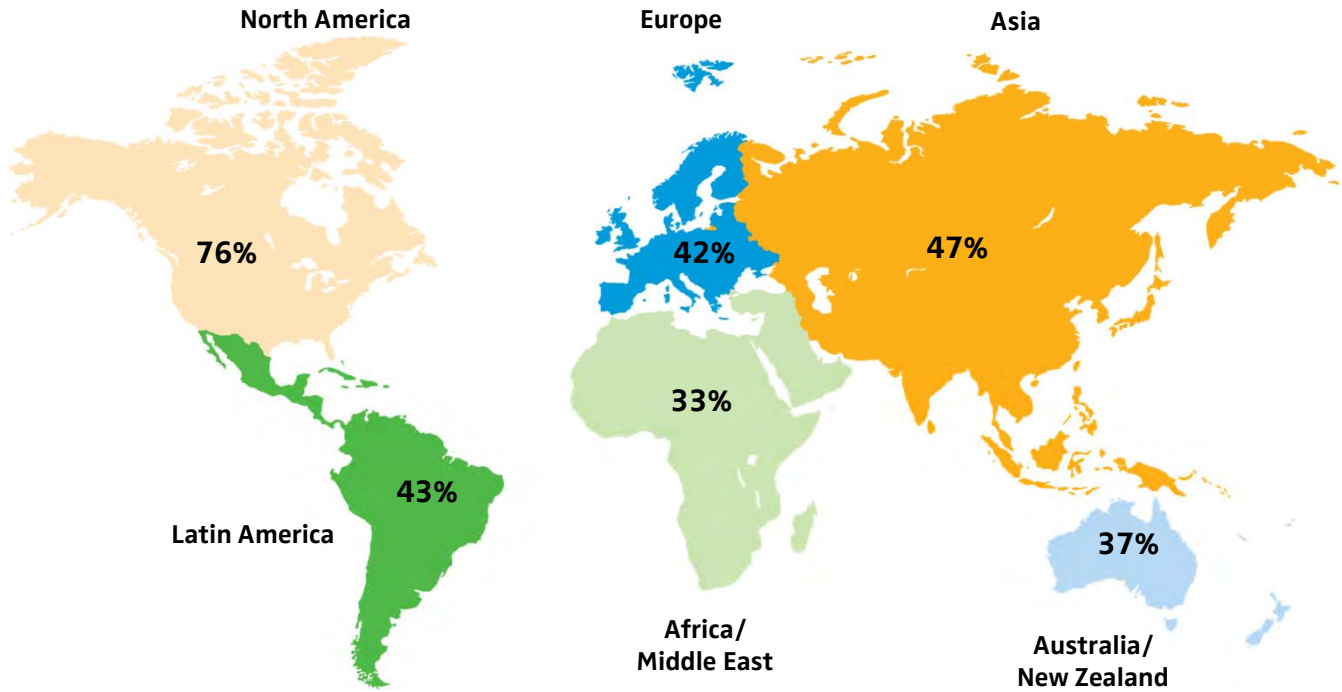
Under Consumerism 360[°], the employer provides an array of programs and decision-making support, and employees are responsible for making choices that maximize their personal benefits. In addition, the employer clarifies key elements of the employment value proposition: why employees should join the organization, choose to stay, and be motivated to maximize their contributions. Shared responsibility and mutual accountability come “full circle” — or 360[°].

To learn more about Buck Consultants and Consumerism 360[°], visit www.buckconsultants.com/Consumerism360.

Global prevalence

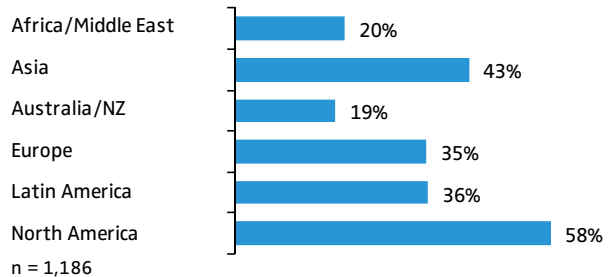
Among participating employers, wellness programs are most widespread in North America, but have a strong and growing foothold in other regions. Programs have fundamentally different objectives and offerings by region.

Percentage of companies offering health promotion to employees – by region



58%
of respondents have employees in North America.

Location of employees*



*Respondents were allowed to select more than one answer.

Successes and vision

Greatest successes and long-term vision. At the conclusion of the survey questionnaire, three open-ended questions were posed:

- What are the greatest successes you've achieved with your health promotion and wellness programs?
- What specific, measurable goals or metrics do you hope to achieve in the next few years?
- Describe your long-term vision for the future of your health promotion and wellness programs.

More than half of the participants responded—a very high response rate for write-in questions—further demonstrating the continuing and rising passion around workplace health promotion.

Greatest successes. Respondents cite a variety of successes, including high participation rates in programs, as well as increased employee awareness, engagement and accountability. Some mention specific programs that are highly successful due to their popularity among employees. Some participants cite success in achieving awards and other recognition for their health promotion programs. Others mention getting their leadership's support as a key success factor.

Others share individual success stories, such as early detection (through screening programs) of serious health conditions and life-threatening illnesses.

“Formal and informal acknowledgement that wellness is a corporate cultural norm and business priority.”

“Health and wellness happens organically — we offer onsite yoga and other fitness classes; massage; free, healthy food — so, it's part of the environment and office space. Our challenge is putting it all under one umbrella of wellness so that employees recognize the importance of a balanced, healthy life at work and at home.”

“Flat health spend trend past two years, Best Places to Work awards.”

“Development of a brand and key objectives, unified and integrated health management services across carriers and business segments.”

“Reversal of metabolic syndrome by 42% through program participation; increased treatment plan adherence, reduction in health care costs for members with chronic diseases.”

“Working with our key stakeholders in our business segments to bolden the effort to achieve best-practice healthy work environments. Currently, key sites at all of our key business segments are getting 'graded' and developing action plans to improve in 2013.”

Successes and vision

Measurable goals. A large number of participants share very specific, measurable goals they hope to achieve in future years. Given the low percentage of respondents that indicate they have previously measured specific outcomes, this signifies a growing intent to quantify the success of health promotion programs.

“Ability to measure claim cost trends through our own data warehouse information rather than relying on vendor. Same for clinical outcomes for metabolic syndrome, diabetes, heart disease.”

“Better year-round participation and engagement that reduce healthcare costs specifically related to lifestyle conditions.”

“Offer more options and various options for the different populations we employ.”

“Monitor healthcare spend of those who participate in wellness vs. those who choose not to. Also monitor our overall health care cost trends.”

“We hope to continue our participation at 80% for receiving our discounted health premiums.”

“We hope to eventually move to outcomes-based rewards with our biometrics and see improvements specifically in BMI. We have introduced new tobacco cessation programs and will eventually go tobacco free campus and we hope to see reduced tobacco use. We hope to be able to measure that our health care costs are decreasing because of the programming.”

“Lowered unscheduled absenteeism, reduced health utilization, raised morale, [helped] attract and retain employees.”

“People with chronic conditions are managing their health, i.e.; fewer ER/urgent care visits, EBM [evidence based medicine] being practiced, etc.”

Successes and vision

Long-term vision. Respondents described their vision for the future of their health promotion programs. Many touched on the strategic role of wellness as a key organizational value in creating a culture of health.

"Wellness brand is solidly established and recognized globally. Health and wellness programming and assessments are offered and delivered on a common global platform."

"To create a culture of wellness that is supported and promoted by upper level management 'walking the walk.' To create a culture that cares about being healthy and enthusiastically utilizes the company's programs to increase wellness."

"To establish a true health and wellness culture throughout the organization with employees who consciously choose healthy lifestyle habits such as a significant reduction in the number of employees who are smokers, overweight, and where a majority of our employees actively engage in some regular form of exercise during breaks and on non-work hours, healthy food options are routinely selected for all company-sponsored events, employees positively impact the health habits of their families."

"Enhance the health and well-being of employees and their families while improving quality of care, managing cost, and increasing employee engagement. "

"Employee health as a stated business value; local wellness teams; greater participation in consumer-driven health plan designs; advanced incentive designs; increased on-site screenings; integrated health, disability and absence management programs."

Respondent profile

Industry

	Percent of total
Accommodations, Hospitality & Food Services	2.4%
Aerospace & Defense	1.6%
Agriculture, Forestry, Fishing & Hunting	0.9%
Associations & Membership Organizations	2.1%
Construction	2.7%
Consulting & Professional Services	6.3%
Educational Services	4.0%
Energy/Utilities	5.1%
Financial Services	9.1%
Government & Public Administration	4.6%
Healthcare Providers & Services	9.6%
High Technology	6.7%
Life Sciences	3.5%
Manufacturing, Materials & Mining	20.9%
Media & Information	1.5%
Real Estate	1.0%
Rental & Leasing	0.1%
Retail/Wholesale	4.8%
Telecommunications	2.0%
Transportation & Warehousing	2.9%
Other	8.3%

n = 1,356

Number of employees

	Percent of total
More than 20,000	12.4%
10,001 to 20,000	8.6%
5,001 to 10,000	8.4%
1,001 to 5,000	25.2%
501 to 1,000	9.5%
500 and less	35.9%

n = 1,216

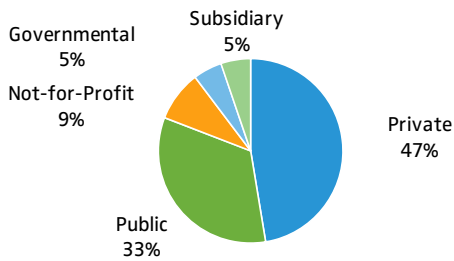
Annual revenue (USD)

	Percent of total
\$10 billion and greater	19.1%
\$3 billion to \$9.99 billion	19.9%
\$1 billion to \$2.9 billion	27.9%
\$100 million to \$999.9 million	19.8%
Less than \$100 million	13.3%

n = 933

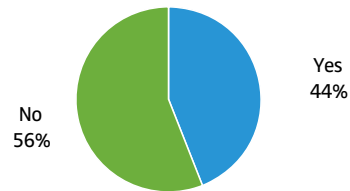
Respondents by organization type

n = 1,342



Workforce is in multiple countries

n = 1,356



Participant list

21st Century Pay Solutions Group	Alexandra Health	ANH Refractories	Barnabas Health
361 Degree Consultancy	Alfa Laval (India)	Anheuser-Busch Companies	Barnes Group
3M	Alliant	Anyang Xinsheng Machine	Barry-Wehmiller Companies
84 Lumber Company	Allina Health (Allina Hospitals & Clinics)	AOL	BASF
AAA NCNU IE	Allison Transmission	APL	Baxter International
Aalst Chocolate	ALM Media	Apple	Bay Area Medical Center
ABB (Finland)	Almatis	Applied Materials	Bayer
ABB (UK)	Alpen-Adria-Universität Klagenfurt	APWU Health Plan	BBM
Abendi	Alran	Arakawa Health Center	BCA
Aberdeenshire Council	Alstom Group	ARAMARK	BCD Travel
ABHOW	Alstom Projects India	Aramco Services Company	Bechtel
Accesstech Engineering	Altera	Arch Coal	Bed Bath & Beyond
Accor	Altus Group	Archstone Communities	Beijing Mass Transit Railway Operation
Ace Hardware Corporation	Alu-Cek Industria e Comercio	Argo Group	Beijing Niulanshan Distillery
Acument Global Technologies	Amara Raja	Argon Critical Care System Singapore	Beijing Thermolectric Branch Company of Shenhua Guohua International Electric Power Co.
Ada County	Ambiel RH	ArlenGroup	Bell Helicopter Textron Canada Itée
Adiel Prado	Amdocs	Arrow Electronics	benCorp
Adobe	AMEC	Arte Gráfica	Bens Consultoria
ADP	Ameren	Associação Viking	Berlutini Calçados
Advanced Integration Technology	American Capital	Associated British Ports	Berry Plastics
Advanced Technology & Materials	American Commercial Lines	Astellas Pharma Europe	Bessemer Group, The
Advent Software	American Dental Partners	Aston Martin Lagonda	Best Western International
Advocacia Geral da União - PRU5	American Express Services	AstraZeneca	Bio Soja Fertilizantes
AECOM	American Friends Service Committee	Atapco	BJC HealthCare
AF Qualivida	American institute for Preventive Medicine	Athlon	Blaauwklippen Agri Estates
AFSCME Council 31	American Management Association	Atmel Corporation	Black Hills Corporation
Agilent Technologies	American Red Cross	AU Optronics	Blackbaud
Agnes Scott College	American Specialty Health	Ausenco	Blimdom - Planejamento e Projetos Culturais
Agrale	American University	Autodesk	Blue Cross Blue Shield of Massachusetts
Agrium	Americas Styrenics	Avanade	Blue Shield of California
Agrocerec Multimix Nutrição Animal	Ameriprise Financial	Avert Society	BlueCross BlueShield Association
Agrosabor Industrial	Ameritas Life Insurance	Avic-Xinhang Yubei Steering System	BlueCross BlueShield of TN
AGROSEGURO	Amica	Aviva	BMO Financial Group
AIDA ENGINEERING	AMPLUS	awe	BMSI
Aimco	Amtext	AXA Equitable	BNY Mellon
AIPSO	Amway	AxisMed	Body Mechanics Physiotherapy and Wellness Centre
Air Liquide	Amylin Pharmaceuticals	AZ Dept of AG	Boehringer Ingelheim (Canada)
Air Products	Analog Devices	Baker Hughes (Argentina)	Boehringer Ingelheim (Singapore)
Aisin Seiki	Ananya Occuational Health Centre	Baker Hughes (US)	Boehringer Ingelheim (US)
Akamai Technologies	Anchortec	Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.	Bombardier (UK)
Alberto Soares	Andrew May	Ball State University	
Alcast do Brasil	Anglo American	Barclays (Kenya)	
Aldo Componentes Eletronicos		Barclays (Singapore)	
		Barclays (US)	

Participant list

Bombardier (US)	Calpine Corporation	Chico's FAS	Colgate-Palmolive
Bombardier Produits Récréatifs	Cambridge Industrial Trust Management Limited	Children's Mercy Hospitals	Colonial Pipeline Company
Booz Allen Hamilton	Cameron do Brasil	Children's Place Retail Stores, The	Color People
BorgWarner	CAMP Centro de Convivência	China CDC	Columbus Mckinnon Corporation
Boston Scientific (Belgium)	Cape Cod Healthcare	China Datang Corporation	Columbus State Community College
Boston Scientific (Brazil)	Capital BlueCross	Chipotle Mexican Grill	Comcast
Boston Scientific (Canada)	Capital Services Group	Chongqing International Composite Material	Commerce Bank
Boston Scientific (China)	Caramuru Alimentos	Chongqing Tiema Industries Group	Community Cofffee Company
Boston Scientific (Costa Rica)	Carbocloro	Chongqing Yingtianhui Chlor-alkali Chemical	Companhia de Saneamento Básico do Estado de São Paulo
Boston Scientific (France)	CARE	CHS	Companhia Energética de Brasília
Boston Scientific (Germany)	Career Education	Chuangju Herun Technology Development	Companhia Regional de Habitações de Interesse Social
Boston Scientific (India)	CareFirst BCBS	Cia Consultores	Compensados Drabecki
Boston Scientific (Italy)	Cargill (Singapore)	Ciba Vision	ConAgra Foods
Boston Scientific (Mexico)	Cargill (US)	CIBC	Concessionária Ecovias
Boston Scientific (Singapore)	Carlson	CIBC Mellon	Concord Associates
Boston Scientific (South Korea)	Casas André Luiz	Cielo	Congressional Federal Credit Union
Boston Scientific (Spain)	CAT Ozires Silva	Cigna España	ConnectiCare, Inc. & Affiliates
Boston Scientific (UK)	Catholic Health Initiatives	Cirque du Soleil	Constroen Construções e Engenharia
Boston Scientific (US)	CBRE	Cisco	Construcil
BP (China)	CDHU	Citizens Bank	Construtora Jole
BP (Singapore)	CEBRACE Cristal Plano	Citrix Systems	Construtora Novo Tempo
Brampac S/A	CEFET-RJ	City and County of Denver	Context Partners
Brasil Trekking	Celanese	City Gas	Converge Asia
Brisbane City Council	Center for Families and Children	City of Casper	Cookson Electronics
Bristol-Myers Squibb	CenterPoint Energy	City of Chandler	Cooley
Britex Soluções Ambientais	Central Bank of Nigeria	City of Fort Worth	Cooper Green Mercy Hospital
Broadridge Financial Solutions	Centro Educacional Nossa Senhora de Fátima - CENSF	City of Hope	Cooperativa
Brown Shoe Company	Centro Integrado Prestadores Serviços	City of Marietta	Corinthian Colleges
Brownells	Centromed Farmacias	City of Mesa	Correios
BS Indústria e Comércio de Produtos Metalúrgicos	Ceramica Artistica Burguina	City of San Jose	Corumbá Concessões
Bticino de México	Cerner	Clariant	Corus Entertainment
Buck Consultants	CETC	Classified Ventures	Cory
Buffalo & Fort Erie Public Bridge Authority	CGI	Clayton County Water Authority	Country Financial
Bull HN Information Systems	CH2M HILL	Cleveland State University	County of Los Angeles
Bundesanstalt für Immobilienaufgaben	Chanel	CLR Comercial de Combustiveis	County of Monterey
Burger King	Changan Automobile Group	CME Group	Courts (Singapore)
Business to Person	Channel 4	CNO Financial Group	Covenant HealthCare
BYD Auto	Charles Schwab	CNOOC Fudao	Covidien (UK)
C. Latreille & Cia	Chattem	Cobb EMC	CPFL Energia
C. R. Bard	CHB Com Sistemas	Coca-Cola Enterprises	CPTM
CA Technologies	Chenoweth & Associates	COFCO Group	CR Power
Cable&Wireless Worldwide	Cherokee County BOE	Colégio Monte Virgem	
CACI	Chevron Phillips Chemical		
Cadence Design Systems	Chiaperini Industrial		

Participant list

Cray	Dover Corporation	Erickson Living	FM Global
Credeal Manufatura de Papéis	Draeger (US)	Ericsson	FM Insurance
Cromadora Jota	Draeger Safety Asia	Erie Insurance Group	FMC Technologies
Crown Castle	DSC Logistics	Erminia Maria Latreille e Cia	Ford Motor Company
Crown Embalagens Metálicas	DSM	Ernst & Young LLP	Fort Recovery Industries
CRS Empreendimentos Imobiliários	DST Systems	Escola da Fazenda	Fort Worth Transportation Authority
CSAC Excess Insurance Authority	DSW	ESPM-Jr	Fortum
CSB Battery	Duke Realty	Essex Property Trust	Foster Wheeler
CSI Leasing	Dynaforce International	Ethan Allen Global	Four Seasons Hotels and Resorts
CSIC	Dynegy	ETLA	FPIinnovations
CTSI-Global	Earth Arts	Exar	Francis E. Parker Memorial Home
Culligan International	Eastman Chemical Company	Excel Marco Singapore	Franklin County Cooperative Health Benefits Program
CVS Caremark	Eastport Maritime	Excelitas Technologies	Franklin International
Cycle & Carriage Group of Companies	Eaton Corporation	Excommerce Assessoria Internacional - EPP	Frederick Memorial Hospital
Dacota Condutores Elétricos	EBS	Exelis Systems Corporation	Freescale Semiconductor
Daiichi Sankyo	EDC Mining Limited	F&N Foods	Freight Links Express (Malaysia)
Daimler	Eden School	Fabrica de Ideias	Freight Links Express (Singapore)
Dana	Editora Abril	Fairchild Semiconductor	Freshfields Bruckhaus Deringer
Danone Dumex (M)	Edward Jones	Fairview Health Services	Frisch's Restaurants
Dayspring Medical	EGGER (UK)	FAW Group	F-Secure
Dayton Power and Light	Einstein Healthcare Network	Fayetteville Public library	Fujifilm (Japan)
DealerTrack	Eisai	Federação das Industrias do Estado da Bahia	Fujifilm (Spain)
Deckers Outdoor	EKA Chemicals do Brasil	Federal Reserve Bank of Dallas	Fujitec
Deere & Company	Electrocomponents	FEI Company	Fundação Antares de Educação e Cultura
Delcan	Elektro	Fei Yue Family Service Centre	Fundação de Medicina Tropical
Dell	Eletrobras Furnas	Feinmetall Singapore	Doutor Heitor Vieira Dourado
Delpak Embalagens	Eletronorte Eletrobras	Ferramentaria Itupeva	Fundação Dom Cabral
DeltaAfrik Engineering	Eli Lilly	Ferrovia	fundp
Denihan	Elizabethtown College	Fiacbras	GAC (Singapore)
DENTSPLY International	Elkay	Fifth Avenue Committee	Gap
Department of Premier and Cabinet	Elster Medição de Energia	Fifth Third Bank	Gate Gourmet London
Depository Trust & Clearing, The	Embraer	First American	Gavi Automotiva
Deutsche Bahn	EMCOR Group (UK)	First Commonwealth Bank	Gaylord Entertainment
Diageo	Emergent BioSolutions	First Insurance Co. of Hawaii	GCCC
Dick's Sporting Goods	ENA	First Solar	GED Brazil
Dinsmore & Shohl	Energy Market Authority	FirstEnergy	General Cable
Discovery Communications	Energy Resources Conservation Board	FirstPerson Benefit Advisors	General Mills
Discovery Networks Asia Pacific	EnerNOC	Fleet Management Systems	Genesis Health System
Distilled Spirits Council	Engenvap	Fletcher Civil Infrastructure	Genesys
Dolby Laboratories	Engimplan Engenharia de Implantes	Flexibag Industria e Comercio de Embalagen	Gentiva Health Services
Domino's Pizza	EOH Health	Florida Blue	George Smith
Domtar	EP Minerals	Florida College System Risk Management Consortium	George Washington University
Dongfeng Motor Group	ePrimeCare	Fluor	Georgia State University
Doosan Infracore	Equifax		
	Equinix		

Participant list

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