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**Survey Analysis and Reporting for the 1996
Health Care Survey of DoD Beneficiaries**

TRICARE Working Paper

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SURVEY ANALYSIS AND REPORTING FOR THE 1996 HEALTH CARE SURVEY OF DOD BENEFICIARIES

EXECUTIVE SUMMARY

Objective

This research on knowledge and attitudes about TRICARE was conducted to identify what Department of Defense (DoD) health care beneficiaries know and think about TRICARE. Knowledge and opinions were examined by geographic location, gender, beneficiary type, regular source of care (use only), and health care region. In addition, this working paper describes beneficiaries' current enrollment and their plans for future enrollment in TRICARE.

Procedure

In the spring and summer of 1996, the 1996 Health Care Survey of DoD Beneficiaries was mailed to a stratified sample of 156,838 active duty personnel, retirees, survivors and their adult family members. The questionnaire contained items concerned with the beneficiaries' knowledge about, and opinions of, the TRICARE system and their current enrollment status and plans for future enrollment.

Findings

- About one half of all DoD beneficiaries said they had heard of TRICARE, while 80 percent reported having little or no knowledge about TRICARE. Only 5.5 percent reported knowing "a great deal" about TRICARE. U.S. catchment area beneficiaries were more familiar with and knowledgeable about TRICARE than U.S. noncatchment area beneficiaries, and overseas beneficiaries. Active duty personnel and active duty family members were more likely to have heard of TRICARE than any of the two retiree groups.
- Nearly one half of all beneficiaries said they had received no information about TRICARE.
- Mailed information was the most cited source of information about TRICARE for DoD beneficiaries overall, as well as for U.S. catchment or noncatchment area beneficiaries in general, and active duty family members, and retirees under age 65. Active duty personnel were more likely to cite a TRICARE presentation, while retirees age 65 and over cited the base newspaper.
- Overall DoD beneficiaries do not feel they have clear information on TRICARE enrollment procedures. Nearly three quarters of DoD beneficiaries expressed a need for more information.
- Even though all beneficiaries were generally apprehensive about TRICARE, beneficiaries in U.S. catchment areas, and active duty family members were

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slightly more positive about TRICARE. Beneficiaries in TRICARE regions were somewhat more positive about TRICARE than beneficiaries in non-TRICARE regions. Retirees, age 65 or over, were the least positive.

- Nearly two thirds of U.S. catchment area beneficiaries indicated they were not enrolled in TRICARE Prime. Beneficiaries enrolled in TRICARE Prime are most likely enrolled with a military, versus civilian, primary care manager. About one third of the beneficiaries indicated that they would most likely be enrolled in TRICARE Prime within the next 12 months.

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SURVEY ANALYSIS AND REPORTING FOR THE 1996 HEALTH CARE SURVEY OF DOD BENEFICIARIES

Introduction

This report provides a detailed look at how military beneficiaries view and understand the TRICARE system. The information in this report comes from the 1996 Health Care Survey of DoD Beneficiaries. The 89,701 respondents represent the views of the approximately 6.5 million adult beneficiaries of the Military Health Services System (MHSS). The report summarizes responses to questions about TRICARE and provides detailed analysis by geographic location, beneficiary type, gender, and source of care for use in evaluation of health care delivery for military beneficiaries.

Report Organization

The report begins with a short overview of the questionnaire and the sample of beneficiaries for the 1996 survey. Next, the report describes the analysis of the data. Tables in this report present findings by beneficiary location, gender, beneficiary type (active duty personnel; active duty family members; retirees, survivors and their family members under age 65; and retirees, survivors and their family members age 65 or over), and source of care.

The 1996 Questionnaire

The 1996 Health Care Survey of DoD Beneficiaries provides detailed information on health care delivery from the point of view of the beneficiary. This section briefly describes the questionnaire. The survey has nine major sections, including:

- "Your Health and Daily Activities"—This section contains the 12 questions that comprise the Health Institute's SF-12 Health Survey¹, a widely used and validated instrument that measures distinct aspects of personal health.
- "Preventive Health Care and Health Habits"—This section asks beneficiaries 17 questions about personal health habits and whether an individual received specified preventive exams.
- "Place of Medical Care and Health Insurance Coverage"—This section contains 10 questions about the beneficiaries' usual source of care and the type of health insurance coverage and who pays the premiums for private health insurance.
- "Medical Care at Military Facilities"—This section asks beneficiaries 12 questions about past use of military medical care, nights in a military hospital, ease of access to the military health care system ("process measures"), overall satisfaction with military health care, and reasons for not using military medical facilities, along with 32 questions rating specific aspects of military health care.

¹The 1996 questionnaire includes the SF-12 Health Survey, item numbers 1 to 8, reproduced with permission of the Medical Outcomes Trust, copyright© 1994 The Health Institute; New England Medical Center.

- "Medical Care at Civilian Facilities"—This section asks beneficiaries 12 questions about past use of civilian medical care, nights in a civilian hospital, ease of access to the civilian health care system ("process measures"), overall satisfaction with civilian health care and satisfaction with CHAMPUS (TRICARE Standard) benefits, along with 32 questions rating specific aspects of civilian health care.
- "Dental Care"—Beneficiaries are asked three questions regarding their use of dentists or dental clinics in this section of the questionnaire.
- "TRICARE"—This section contains 18 questions that look at beneficiaries' level and source of knowledge about TRICARE, their opinions about TRICARE and their current and future TRICARE enrollment plans.
- "Facts About You"—This section asks for demographic information, such as length of time in residence, source of eligibility for military health care, marital status, education, ethnicity and race, and age as well as other factors contributing to an explanation of health-related behaviors and opinions.

Sampling and Response Rates

The sample of beneficiaries for the 1996 survey were selected at random in catchment areas in the United States and overseas and in noncatchment areas. For noncatchment areas, beneficiaries were sampled separately within each of 12 regions, Alaska and overseas. To be eligible for the survey, an individual's record in the Defense Enrollment Eligibility Reporting System (DEERS) had to indicate that the individual was:

- Eligible for military health care benefits as of October 28, 1995; and
- Age 18 or older.

Within each catchment area, the sample was stratified by six beneficiary groups: (1) active duty personnel; (2) active duty family members; (3) retirees under age 65; (4) family members under age 65 of retirees; (5) retirees age 65 and older; and (6) family members age 65 and older of retirees. Stratification means dividing the survey population into mutually exclusive subsets (strata) and then sampling individuals independently from each stratum. Stratification serves two main purposes:

- Stratification ensures that the sample is large enough at the catchment area level and within each beneficiary group to identify with specified precision differences in answers between catchment areas and beneficiary types.
- Stratification also permits a more nearly optimum allocation of sample within catchment areas, within beneficiary groups, and within the catchment areas of a region as a whole.

The number of beneficiaries sampled in each catchment area and beneficiary group depends on how confident we want to be that our findings reflect the true values and not chance.

Meeting the precision requirements for this survey required approximately 90 to 100 respondents from each catchment area and beneficiary group combination. A response rate of 50 percent for active duty personnel and a 65 percent response rate for retirees and their families was assumed. The number of respondents required and the expected response rates determined the number of beneficiaries drawn from the sample. Table I and Table II show, for each segment of the population, the number of survey respondents (beneficiaries who returned their surveys) and the population (weighted N) of beneficiaries represented by the returned surveys and the response rate.

Table I
Number of survey respondents and weighted N's for population segments

Population Segment	Survey Respondents	Weighted N	Response Rate
All Beneficiaries	89,701	3,701,051	58.1
Males	44,357	1,973,787	57.9
Females	45,344	1,727,264	58.3
Active Duty Personnel	17,154	714,233	45.0
Active Duty Family Members	14,096	465,586	45.9
Retirees, Survivors and Their Family Members Under Age 65	31,785	1,638,294	62.3
Retirees, Survivors and Their Family Members Age 65 or Over	26,666	822,938	76.3
Beneficiaries in U.S. Catchment Areas	63,459	2,204,963	59.7
Beneficiaries in U.S. Noncatchment Areas	14,186	1,234,854	62.0
Beneficiaries in overseas Catchment Areas	11,499	196,069	48.3
Region 1: Northeast	9,428	787,602	62.0
Region 2: Mid-Atlantic	5,673	632,777	58.3
Region 3: Southeast	8,660	757,861	58.3
Region 4: Gulfsouth	7,503	433,308	60.8
Region 5: Heartland	3,884	468,373	59.4
Region 6: Southwest	10,128	727,040	58.1
Region 7: Desert States	5,896	300,288	62.4
Region 8: North Central	10,255	511,640	61.7
Region 9: Southern California	5,391	509,687	56.3
Region 10: Golden Gate	4,453	261,489	60.4
Region 11: Northwest	3,316	272,692	62.9
Region 12: Hawaii Pacific	1,286	104,399	62.4
Alaska	1,722	50,207	57.5

Table II

Number of survey respondents and weighted N's for each beneficiary group within each region

Health Care Region	Active Duty Personnel		Active Duty Family Members		Retirees, Survivors and Their Family Members Under Age 65		Retirees, Survivors and Their Family Members Age 65 or Over		Total	
	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N
Region 1	1,424	176,327	1,417	113,992	3,476	328,675	3,111	168,608	9,428	787,602
Region 2	817	225,670	835	134,725	2,114	203,941	1,907	68,412	5,673	632,777
Region 3	1,285	151,104	1,285	101,956	3,166	337,608	2,924	167,193	8,660	757,861
Region 4	1,062	82,184	1,148	58,904	2,794	208,552	2,499	83,668	7,503	433,308
Region 5	594	103,230	602	60,241	1,398	219,781	1,290	85,120	3,884	468,373
Region 6	1,595	161,148	1,489	100,252	3,736	325,671	3,308	139,969	10,128	727,040
Region 7	941	60,658	878	40,568	2,130	134,213	1,947	64,849	5,896	300,288
Region 8	1,766	124,231	1,636	79,289	3,704	222,279	3,149	85,842	10,255	511,640
Region 9	874	162,367	794	90,222	1,924	161,280	1,799	95,818	5,391	509,687
Region 10	707	46,491	669	33,820	1,574	109,433	1,503	71,744	4,453	261,489
Region 11	451	55,818	501	42,180	1,239	118,980	1,125	55,715	3,316	272,692
Region 12	234	47,371	159	27,163	478	20,608	415	9,258	1,286	104,399
Alaska	380	20,565	320	13,136	617	14,329	455	2,177	1,772	50,207

Analysis of TRICARE Knowledge and Opinions

Objective

The objective of this analysis is to document how MHSS beneficiaries obtained information about TRICARE and their resulting views of TRICARE. This information is necessary for identifying both the type of information beneficiaries need and the best way to provide that information.

The 1996 Health Care Survey for DoD Beneficiaries contains 26 individual questions on the level of knowledge about TRICARE, the source of information about TRICARE, and opinions about the impact of TRICARE on the respondent's access and use of medical care. These questions appear in Section VII of the survey, titled "TRICARE." The topics and the corresponding questions appear in Table III.

Table III
TRICARE

Topic	Number of Items	Question Number	Variable Names
Knowledge about TRICARE before the survey	1	66	H9666
How much do you know about TRICARE	1	67	H9667
How have you learned about TRICARE	9	68	
<i>I have received no information</i>			H9668A
<i>I attended a presentation</i>			H9668B
<i>I read information package</i>			H9668C
<i>I talked to a Military doctor</i>			H9668D
<i>I talked to a Civilian doctor</i>			H9668E
<i>I called the TRICARE information number</i>			H9668F
<i>I read about TRICARE in the base newspaper</i>			H9668G
<i>I talked with neighbors</i>			H9668H
<i>Some other source</i>			H9668I
How strongly do you agree or disagree with the following statements about TRICARE	10	69	
<i>I have clear information about TRICARE</i>			H9669A
<i>TRICARE will increase my access to care</i>			H9669B
<i>I am confused about my costs under TRICARE</i>			H9669C
<i>I will have better preventive care with TRICARE</i>			H9669D
<i>TRICARE will make it harder for me to see a specialist</i>			H9669E
<i>Under TRICARE I can see the same doctor each visit</i>			H9669F
<i>I know exactly what to do to make an appointment under TRICARE</i>			H9669G
<i>TRICARE will make it easier to get phone advice</i>			H9669H
<i>I will have to use more of my own money for health care under TRICARE</i>			H9669I
<i>I need more information about TRICARE</i>			H9669J
TRICARE Prime enrollment plans for the next 12 months?	1	74	H9674R
Current enrollment in TRICARE Prime?	1	70	H9670R
Primary health care provider chosen at enrollment.	1	72	H9672R

Research Questions

- Among eligible beneficiaries, how is the variability in the various sources of knowledge about TRICARE explained by geographical location; gender; source of care; or beneficiary type?
- Among beneficiaries, how is the variability in attitudes about TRICARE explained by geographical location; gender; source of care; or beneficiary type?
- Among beneficiaries, how are plans to enroll in TRICARE explained by geographical location; gender; source of care; or beneficiary type?

Analytic Variables

To answer the research questions, several analytic variables were constructed to represent location, gender, and beneficiary category. These variables are briefly described here; the *Technical Report* contains more detailed information.

Enrollment (XENROLL)

New to the 1996 survey is a constructed variable indicating whether or not the beneficiary is enrolled in TRICARE Prime and has either a military or a civilian primary care manager. This variable, XENROLL, is based upon questions 70 and 72 and takes on the following values (there will be a few who are unassigned):

- Those who are enrolled in TRICARE Prime and have a military primary care manager;
- Those who are enrolled in TRICARE Prime and have a civilian primary care manager;
- Those who are not enrolled in TRICARE Prime.

Only these three categories of this constructed variable will be used in analysis. This variable is only used to analyze enrollment patterns in regions with TRICARE available for at least 6 months prior to the field period for the survey (XREGION = 6, 9, 10, 11, and 12). However, XREGSRCE, as defined below, defines regular source of care for beneficiaries not on active duty, not enrolled in TRICARE Prime, and who are over age 65 in TRICARE regions. Also, XREGSRCE is appropriate for all other regions where TRICARE is not available.

Regular Source of Care (XREGSRCE)

The regular source of care for beneficiaries who do not live in TRICARE regions or who do live in TRICARE regions and are retirees aged 65 and older, is defined by XREGSRCE. This variable is based on questions 27 and 28 and takes on the following values (there will be a few who are unassigned):

- Those who have a particular place they usually go and who go to a military clinic, hospital or to a PRIMUS or NAVCARE clinic when they are sick or need advice about their health;
- Those who have a particular place they usually go and who go to a civilian place, a USTF, or a VA clinic or hospital when they are sick or need advice about their health;
- Those who have a particular place they usually go and who go to some other type of place when they are sick or need advice about their health or those who do not have a particular place they usually go when they are sick or need advice about their health.

Only these three categories of this constructed variable will be used in analysis. This variable is used to analyze the regular source of care for beneficiaries in non-TRICARE regions and for all beneficiaries aged 65 and older.

Other Constructed Variables

The other constructed variables are used to identify individuals living inside U.S. catchment areas and display findings for this group by gender; beneficiary category; region; and source of care. Why were beneficiaries living inside U.S. catchment areas chosen for more detailed analysis? These individuals are of special interest for three reasons. First, they form the largest population group, accounting for approximately 75 percent of adult beneficiaries. Second, beneficiaries in this group typically have access to both military and civilian sources of health care. In contrast, beneficiaries living outside catchment areas do not have easy access to military care and beneficiaries living overseas do not have easy access to civilian care. Because beneficiaries living inside U.S. catchment areas typically have more choice for health care delivery, their views are of particular interest to us. Finally, the MHSS has more tools for managing the care of this population. For example, beneficiaries living inside U.S. catchment areas must obtain a nonavailability statement before seeking civilian care if CHAMPUS is the primary insurer.

Four variables were used to identify beneficiaries living inside U.S. catchment areas and to group them by region, gender, and beneficiary category:

- The variable XLEVELWP groups individuals into three categories: (1) beneficiaries living in U.S. catchment areas; (2) beneficiaries living outside of U.S. catchment areas; and (3) beneficiaries living overseas. Catchment area codes provided by Office of the Assistant Secretary of Defense Health Affairs (OASD(HA)) using the Defense Medical Information System (DMIS) were used to classify beneficiaries into these categories.
- The variable XREGION further groups individuals into specific regions. Catchment area codes provided by OASD(HA) were used to identify the appropriate region for each beneficiary.

- The variables XSEX (male/female) and XBGC_S (beneficiary type) were also used to organize the data in the tables.

50-State Catchment Areas, 50-State Noncatchment Areas, Overseas (XLEVELWP)

These groups of beneficiaries were formed to ensure that beneficiaries living in catchment areas of the 50 states are selected for analysis. Here, catchment area codes provided by OASD(HA) using the Defense Medical Information System are used to classify beneficiaries. The key variable here is CACSMPL, a four digit number representing the catchment area status of each beneficiary when the DEERS file was frozen and the sample drawn. XLEVELWP takes on values as follows (there will be a few who are unassigned):

- 1---50-state catchment areas;
- 2---50-state noncatchment areas;
- 3---Overseas.

Only beneficiaries with a known value for this constructed variable were included in the denominators of tables.

50-State and Overseas Regions (XREGION)

These groups of beneficiaries will be formed to do analyses on beneficiaries living in the 50-state catchment areas for all working papers. In region-based research reports, beneficiaries in noncatchment areas will also be included in regional totals. Catchment area codes (CACSMPL) provided by OASD(HA) will be used to classify beneficiaries as located in a specific region as follows (there will be a few who are unassigned):

- 1---Northeast;
- 2---Mid-Atlantic;
- 3---Southeast;
- 4---Gulfsouth;
- 5---Heartland;
- 6---Southwest;
- 7---Desert States;
- 8---North Central;
- 9---Southern California;
- 10---Golden Gate;
- 11---Northwest;
- 12---Hawaii Pacific;

13---Alaska;

14---Overseas.

This constructed variable will allow the identification of the beneficiaries in a 50-state region or those who are Overseas selected for a regional report. Only these fourteen categories of this constructed variable will be used in analyses.

Organization of Tables

The remainder of this report presents detailed information on TRICARE. For reporting purposes, information from the survey has been organized into a set of standardized tables separated by flow charts. The flow charts depict how the analytic groups were formed from subsets of the whole sample and indicate the unweighted sample size for these analytic groups. The flow chart boxes at the bottom of each chart represent the groups of beneficiaries used in calculating means or percentages for presentation in the following table.

The TRICARE report covers knowledge and information sources as one topic (16 tables); attitudes about TRICARE as another topic (16 tables); and 6 tables present intentions to enroll for those beneficiaries living in one of the five TRICARE regions. For each "topic" there are four types of tables.

- The first analytic table reports findings for DoD as a whole; by geographic location (in U.S. catchment areas, out of U.S. catchment areas, and overseas); and by region for the population living inside U.S. catchment areas.
- The second table reports findings by gender and beneficiary type for beneficiaries living inside catchment areas. The original six beneficiary groups were combined into four types (active duty personnel; active duty family members; retirees, survivors and their family members under age 65; retirees, survivors and their family members age 65 or over.)
- The next presentation of results shows findings by source of care within the four beneficiary types. The three regular source of care categories are "military," "civilian," "none/don't know."
- The remaining tables report regional findings for the population living inside catchment areas, by beneficiary type.

Approach to Analysis of TRICARE Data

The analysis of TRICARE data presented below employs the following general rules:

- The discussion stresses broad patterns that emerge by comparing table columns and rows. Specific values from table entries are cited only to illustrate examples of a pattern or to give an idea of the magnitude of differences among subgroups.

- For related groups of tables, the discussion appears before that group of tables. There are three main sections to this paper: (1) Knowledge and Information Sources About TRICARE; (2) Attitudes About TRICARE; and a section on (3) Current and Future TRICARE Enrollment.
- The discussion of results for individual health care regions is by exception indicating how a region varies meaningfully from the overall findings and in what ways a particular region is different.
- Differences between columns or rows of a single table, or between two different tables are discussed when they are either numerically large, or if these differences form a pattern in a row which is consistent across all columns of a table.
- The types of tables created are:
 - ♦ based upon all beneficiaries in U.S. catchment areas who report using either a military regular source of care or who report using a civilian regular source of care or who report using none/don't know;
 - ♦ concerned with geographic locations (total DoD, those in U.S. catchment areas, those in U.S. noncatchment areas, overseas, and U.S. catchment areas of specific health care regions and Alaska); and
 - ♦ beneficiaries in U.S. catchment areas who are either men or women; who are active duty members; family members of active duty personnel; retirees, survivors and their family members under age 65; or retirees, survivors and their family members age 65 or over.

Results of Analysis

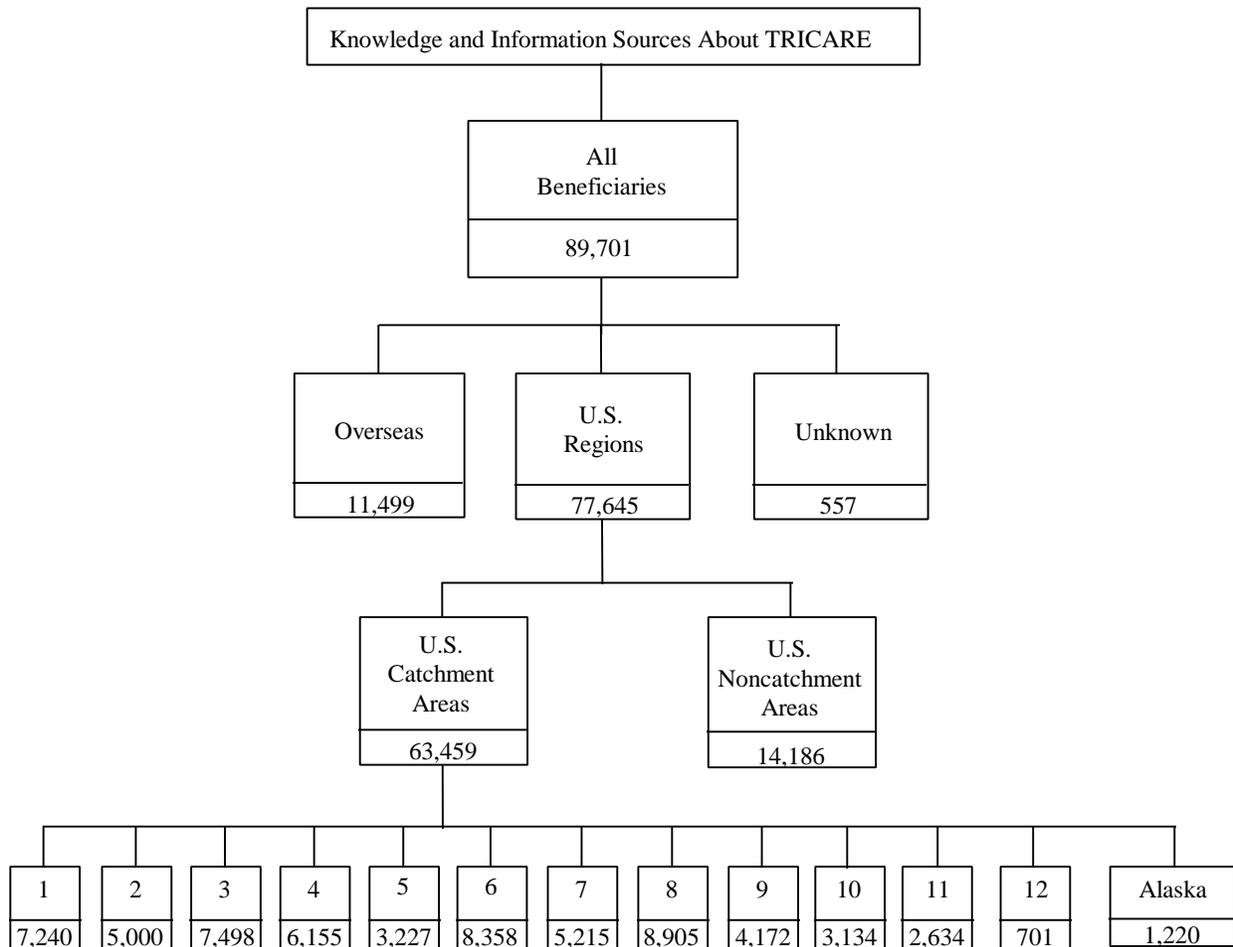


Figure 1. Knowledge and information sources about TRICARE

Beneficiaries' Knowledge and Information Sources About TRICARE

This begins a summary of beneficiaries' reported knowledge and sources of information about TRICARE. Table 1a focuses on the beneficiaries' geographic location: (1) U.S. catchment areas; (2) outside U.S. catchment areas; and (3) outside the 50 United States (Overseas). Table 2a presents data by gender and beneficiary type. Table 3a subdivides the four beneficiary types by the reported regular source of care.

Beneficiaries' Knowledge and Information Sources About TRICARE by Location

Table 1a presents beneficiaries' reported level of knowledge about TRICARE and what their information sources were. The table presents the information by geographic location (U.S. catchment areas, U.S. noncatchment areas, and Overseas).

Overall, only about one half of all DoD beneficiaries said they had heard of TRICARE, and about 80 percent reported having little to no knowledge about TRICARE. A very small percentage (5.5%) reported knowing "a great deal" about TRICARE.

Nearly one half of all beneficiaries said they had received no information about TRICARE. Mailed information appeared to be the predominate source of information for those beneficiaries indicating specific sources of how they had learned about TRICARE. Mailed information was selected by 39.4 percent of the total DoD beneficiaries, followed by "some other way" (33.9%), and the base newspaper (31.7%).

A little over one fifth (22.8%) of the beneficiaries learned about TRICARE by attending a TRICARE presentation, and slightly more (24.8%) indicated they learned about TRICARE from friends or neighbors. Since friends or neighbors could be considered a second-hand source, the accuracy of such information could be suspect. In terms of health care providers as a source of TRICARE information, military providers (10.4%) were more often listed as a source of TRICARE information than civilian providers (3.0%).

U.S. catchment area beneficiaries were more familiar with and knowledgeable about TRICARE than U.S. noncatchment area beneficiaries, and overseas beneficiaries. Mailed information remained the most cited source of TRICARE information for U.S. catchment, and noncatchment, area beneficiaries. Overseas beneficiaries were more inclined to cite the base news paper or to indicate they learned about TRICARE "some other way."

As would be expected, because several of the health care regions have implemented the TRICARE program and some have not, knowledge about TRICARE varies considerably across the geographical locations. The percent of catchment area beneficiaries reporting having heard of TRICARE ranged from a low of 36.6 percent (Alaska) to a high of 72.8 percent in (TRICARE) Region 6. Alaska and Regions 1, 5 and 7 (which are non-TRICARE regions) have percentages lower than the total for all DoD beneficiaries. With the exception of Region 2 (a non-TRICARE region) percentages of beneficiaries knowing "a great deal" about TRICARE were considerably higher in the TRICARE regions than the non-TRICARE regions. Region 2 recorded 7.8 percent of its beneficiaries as knowing "a great deal" about TRICARE, percentages in other non-TRICARE regions were considerably lower.

For the five TRICARE regions (Regions 6, 9, 10, 11 and 12) the single most cited source of information about TRICARE was mailed information. For beneficiaries in (non-TRICARE) Regions 7, 8 and Alaska, the base newspaper was the most cited source of TRICARE information. In the remaining (non-TRICARE) regions (Regions 1, 2, 3, 4 and 5), there was no single most cited source. Equal percentages of beneficiaries indicated that their TRICARE information came from the base newspaper, mailed information, or "some other way."

Beneficiaries' Knowledge and Information Sources About TRICARE by Gender and Beneficiary Type

Table 2a presents the percentage of beneficiaries' reported level of knowledge about TRICARE and what their information sources were. The table presents the information by gender and beneficiary type.

Among U.S. catchment area beneficiaries, men were more likely than women to have heard of TRICARE. Men were also slightly more knowledgeable about TRICARE than women. Women listed mailed information as their most cited source of information about TRICARE. Men did not have a most cited source of TRICARE information. Equal percentages of men indicated that their TRICARE information came through mailed information or from the base newspaper. In addition, men were more likely to have learned about TRICARE by attending a TRICARE presentation than women.

Active duty personnel and active duty family members were equally likely to have heard of TRICARE and were more likely to have heard of TRICARE than any of the two retiree groups. Of the four beneficiary groups, retirees, age 65 or over, were the least likely to have heard of TRICARE. As could be expected, this same pattern was true about TRICARE knowledge levels (i.e., higher percentages of retirees, age 65 or over knew nothing about TRICARE compared to the other beneficiary groups). Active duty personnel, and active duty family members also recorded higher percentages of beneficiaries knowing "a great deal" about TRICARE than the retiree groups.

TRICARE presentations were the most cited source of TRICARE information for active duty personnel (44.6 percent listed having attended a TRICARE presentation). Mailed information was the most cited source of TRICARE information for active duty family members and retirees under age 65. For retirees age 65 or over, the base newspaper was the most cited TRICARE information source.

Beneficiaries' Knowledge and Information Sources About TRICARE by Beneficiary Type and Regular Source of Care

Table 3a presents the percentage of beneficiaries' reported level of knowledge about TRICARE and what their information sources were. The table presents the information by beneficiary type and by regular source of care.

Beneficiaries with a military regular source of care were much more likely to have heard of TRICARE than those beneficiaries with a civilian regular source of care. This observation was true across all four beneficiary groups. Beneficiaries with a military regular source of care also reported a higher level of knowledge about TRICARE than those beneficiaries with a civilian regular source of care. This observation was found to be true across all beneficiary groups except active duty family members. Here there were no differences in the reported TRICARE knowledge levels between active duty family member beneficiaries with a military or civilian regular source of care.

For active duty personnel, and active duty family members, the most cited sources of information about TRICARE were similar regardless of whether the beneficiaries had a military, or civilian, regular source of care. For these groups, the most cited source of TRICARE information was through attending a presentation about TRICARE. In addition to attending a TRICARE presentation, active duty personnel with a civilian regular source of care, listed friends or neighbors, and "some other way" among their most cited sources of TRICARE information.

Mailed information was the most cited source of TRICARE information for active duty family members regardless of the type (i.e., military versus civilian) of regular source of care. Differences in TRICARE information sources were noted by regular source of care for retirees under age 65. Retirees under age 65, with a military regular source of care, listed the base newspaper as their most cited source of TRICARE information, while retirees under age 65 with a civilian regular source of care listed mailed information as their most cited source. Retirees age 65 or over with a military regular source of care were similar to their under age 65 counterparts and listed the base newspaper as their most cited source of TRICARE information. Retirees age 65 or over with a civilian regular source of care listed "some other way" as their most cited TRICARE information source.

Table 1a [Knowledge and Information Sources About TRICARE by Location](#)

Table 1b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Location](#)

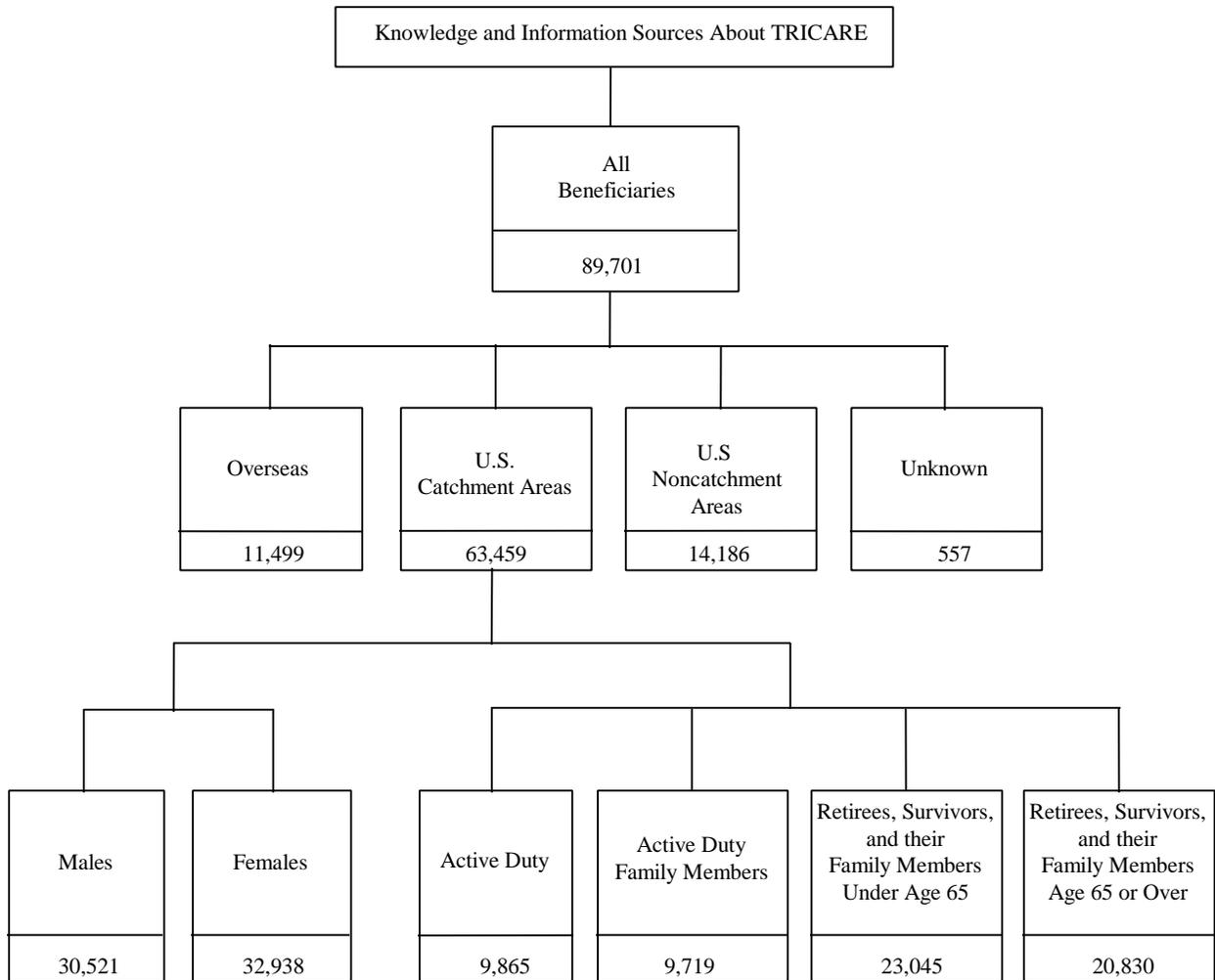


Figure 2. Knowledge and information sources about TRICARE - Beneficiaries in U.S. catchment areas by gender and beneficiary type

Table 2a [Knowledge and Information Sources About TRICARE by Gender and Beneficiary Type](#)

Table 2b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in U.S. Catchment Areas Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Gender and Beneficiary Type](#)

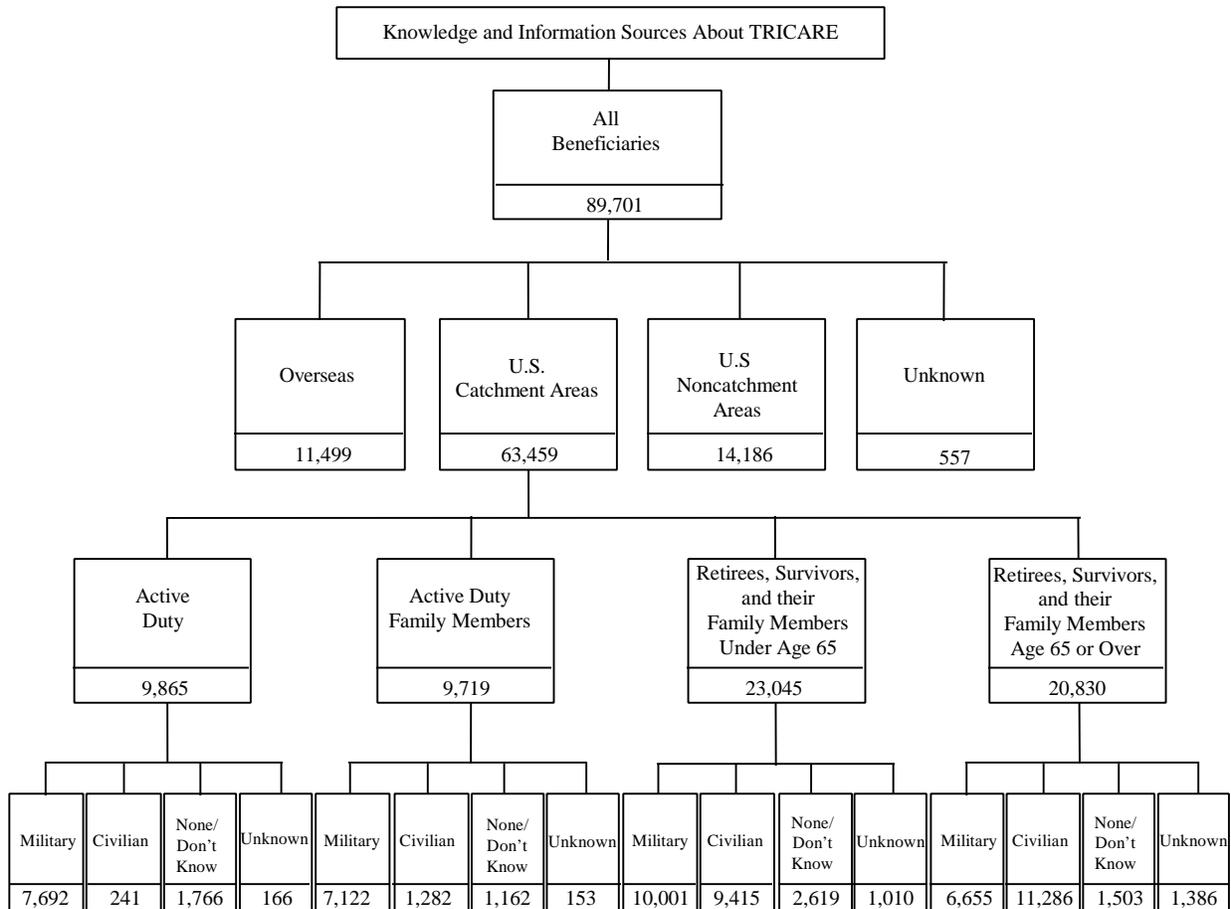


Figure 3. Knowledge and information sources about TRICARE - Beneficiaries in U.S. catchment areas by beneficiary type and regular source of care

Table 3a [Knowledge and Information Sources About TRICARE by Beneficiary Type and Regular Source of Care](#)

Table 3b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in U.S. Catchment Areas Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type and Regular Source of Care](#)

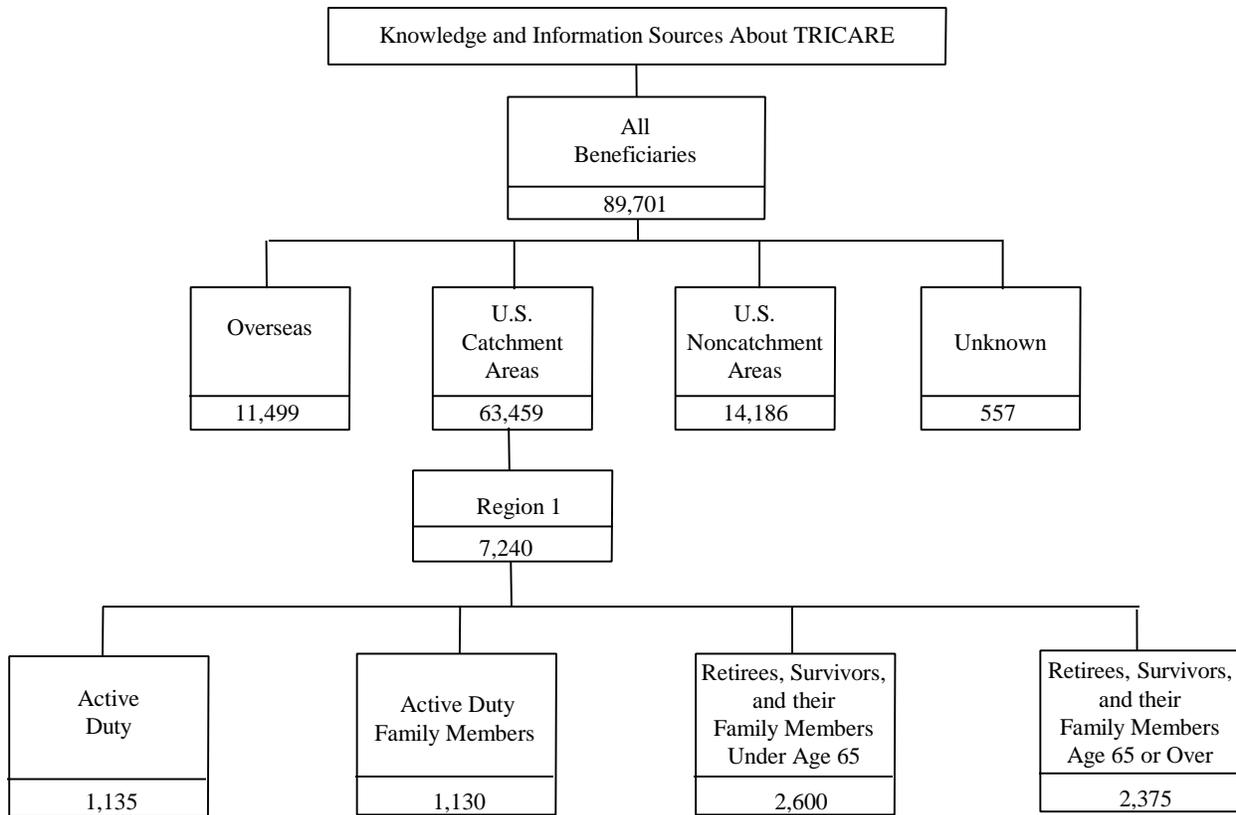


Figure 4. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 1, Northeast, by beneficiary type

Beneficiaries' Knowledge and Information Sources About TRICARE by Region

Tables 4a through 16a examine this question more closely, for each of the twelve geographical regions, and for Alaska.

The analysis in each table will highlight, for each of the four beneficiary types, the beneficiaries' level of knowledge about TRICARE and what their information sources were.

Among U.S. catchment area beneficiaries in general, active duty personnel and active duty family members were equally likely to have heard of TRICARE and were more likely to have heard of TRICARE than any of the two retiree groups. Of the four beneficiary groups, retirees, age 65 or over, were the least likely to have heard of TRICARE. This same pattern was true about TRICARE knowledge levels (i.e., higher percentages of retirees, age 65 or over, reported knowing nothing about TRICARE compared to the other beneficiary groups). Active duty personnel, and active duty family members also recorded higher percentages of beneficiaries knowing "a great deal" about TRICARE than the retiree groups.

TRICARE presentations were the most cited source of TRICARE information for active duty personnel (44.6 percent listed having attended a TRICARE presentation). The most cited

source of TRICARE information for active duty family members and retirees under age 65, was mailed information. The most cited source for retirees age 65 or over, was the base newspaper.

The following section addresses the above general findings across the 13 geographical regions and reports exceptions to these general findings. In evaluating TRICARE sources of information for the various beneficiary groups within a region, small sample sizes and large (statistical) standard errors made it difficult to determine a single most cited source of TRICARE information for the group (as was done for the overall findings). In those cases where there are several most cited sources of TRICARE information for a particular beneficiary group within a region, the comment "several most cited sources" will be made and further clarified if the overall most cited source (from the general findings) is among the most cited sources for the region.

Region 1 (Non-TRICARE Region). True to the general finding, active duty personnel and active duty family members were more likely to have heard of TRICARE than any of the two retiree groups, however; active duty personnel were slightly more likely to have heard of TRICARE than active duty family members.

Active duty family members listed several most cited sources of TRICARE information to include mailed information (from the overall general finding).

The most cited source of TRICARE information for retirees under age 65 was "some other way" and not mailed information as in the overall general finding.

Retirees age 65 or over, listed two most cited sources of TRICARE information to include the base newspaper (from the overall general finding).

Region 2 (Non-TRICARE Region). Active duty family members were the most likely of the three groups to have heard of TRICARE. Active duty personnel and retirees, under age 65, were equally likely to have heard of TRICARE.

Knowledge levels of active duty personnel and retirees under age 65 were similar to each other but lower than that of active duty family members.

Active duty personnel listed several most cited sources of TRICARE information to include attending a TRICARE presentation (from the overall general finding).

The base newspaper was the most cited TRICARE information source for retirees under age 65.

Region 3 (Non-TRICARE Region). Active duty personnel were the most likely of the three groups to have heard of TRICARE. Active duty family members and retirees, under age 65, were equally likely to have heard of TRICARE.

Retirees under age 65 reported two most cited sources of TRICARE information to include mailed information (from the overall general finding).

Region 4 (Non-TRICARE Region). As was true in the general overall finding, statistically equal percentages of active duty family members and active duty personnel reported having heard of TRICARE, however; percentages of active duty family members and retirees under age 65 were also statistically equal.

Retirees under age 65 reported two most cited sources of TRICARE information to include mailed information (from the overall general finding) and the base newspaper.

Region 5 (Non-TRICARE Region). Active duty personnel, active duty family members, and retirees under age 65 recorded equal percentages of beneficiaries reporting having heard of TRICARE.

Similar to the general finding, compared to the two retiree groups active duty personnel and active duty family members show a higher level of knowledge of TRICARE. Percentages of beneficiaries (except active duty family members) reporting knowing "a great deal" about TRICARE are very low in this region.

The base newspaper was the most cited source of TRICARE information for active duty personnel.

Active duty family members listed two most cited sources of TRICARE information to include mailed information (from the overall general finding) and the base newspaper.

The base newspaper was the most cited source of information about TRICARE for retirees under age 65.

Region 6 (TRICARE Region). Active duty personnel, active duty family members, and retirees under age 65 recorded equal, and high, percentages of beneficiaries reporting having heard of TRICARE. In contrast, across all regions active duty family members typically have greater knowledge than retirees.

Active duty personnel, active duty family members, and retirees under age 65 recorded equal, and high (between 12 and 14 percent), percentages of beneficiaries reporting knowing "a great deal" about TRICARE.

Region 7 (Non-TRICARE Region). Active duty personnel were the most likely of the three groups to have heard of TRICARE.

Active duty personnel reported two predominate sources of TRICARE information to include attending a TRICARE presentation (from the overall general finding).

Active duty family members listed two most cited sources of TRICARE information to include mailed information (from the overall general finding) and the base newspaper.

The base newspaper was the most cited source of information about TRICARE for retirees under age 65. In contrast, across regions the base newspaper is the most frequently cited source of information.

Retirees age 65 or over listed two most cited sources of TRICARE information to include the base newspaper (from the overall general finding) and some other way.

Region 8 (Non-TRICARE Region). Active duty personnel, active duty family members, and retirees under age 65 recorded equal percentages of beneficiaries reporting having heard of TRICARE. Levels of knowledge about TRICARE were also equal for the three groups.

Active duty personnel most frequently cited two sources of TRICARE information to include attending a TRICARE presentation (from the overall general finding) and the base newspaper.

Active duty family members listed several most cited sources of TRICARE information to include mailed information (from the overall general finding) the base newspaper; some other way and friends and neighbors.

Retirees under age 65 listed several most cited sources of TRICARE information to include mailed information (from the overall general finding); the base newspaper and some other way.

Retirees age 65 or over listed several most cited sources of TRICARE information to include the base newspaper (from the overall general finding); the base newspaper and some other way.

Region 9 (TRICARE Region). Active duty personnel, active duty family members, and retirees under age 65 recorded equal, percentages of beneficiaries reporting having heard of TRICARE.

The percentages of beneficiaries reporting to know "a great deal" about TRICARE were similar for active duty personnel, active duty family members and retirees under age 65.

Active duty personnel listed two most cited sources of TRICARE information to include attending a TRICARE presentation (from the overall general finding).

Retirees age 65 or over reported several most cited sources of TRICARE information to include the base newspaper (from the overall general finding).

Region 10 (TRICARE Region). Active duty personnel, active duty family members, and retirees under age 65 recorded equal, percentages of beneficiaries reporting having heard of TRICARE.

As was true in the general overall finding, statistically equal percentages of active duty family members and active duty personnel reported knowing "a great deal" about TRICARE

however; percentages of active duty family members and retirees under age 65 were also statistically equal.

Active duty personnel listed two most cited sources of TRICARE information to include attending a TRICARE presentation (from the overall general finding).

Retirees age 65 or over listed several most cited sources of TRICARE information to include the base newspaper (from the overall general finding).

Region 11 (TRICARE Region). As was true in the general overall finding, statistically equal percentages of active duty family members and active duty personnel reported having heard of TRICARE, however; percentages of active duty personnel and retirees under age 65 were also statistically equal.

The percentages of beneficiaries reporting to know "a great deal" about TRICARE were similar for active duty personnel, active duty family members and retirees under age 65.

Active duty personnel listed several most cited sources of TRICARE information to include attending a TRICARE presentation (from the overall general finding).

Retirees age 65 or over listed several most cited sources of TRICARE information to include the base newspaper (from the overall general finding).

Region 12 (TRICARE Region). Active duty personnel, active duty family members, and retirees under age 65 recorded equal, percentages of beneficiaries reporting having heard of TRICARE. These three groups also recorded equal percentages of beneficiaries reporting to know "a great deal" about TRICARE.

Active duty personnel listed several most cited sources of TRICARE information to include attending a TRICARE presentation (from the overall general finding).

Active duty family members listed several most cited sources of TRICARE information to include mailed information (from the overall general finding).

Retirees age 65 or over listed several most cited sources of TRICARE information to include the base newspaper (from the overall general finding).

Alaska (Non-TRICARE Region). The small sample size and (statistically) large standard errors allowed only limited evaluation of these data.

Region observations about knowledge of TRICARE were very similar to the overall general findings.

Because of the small sample sizes and large standard errors, no discernible pattern of information sources by beneficiary groups could be established.

Table 4a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 1, Northeast](#)

Table 4b [Knowledge and Information sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 1, Northeast, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

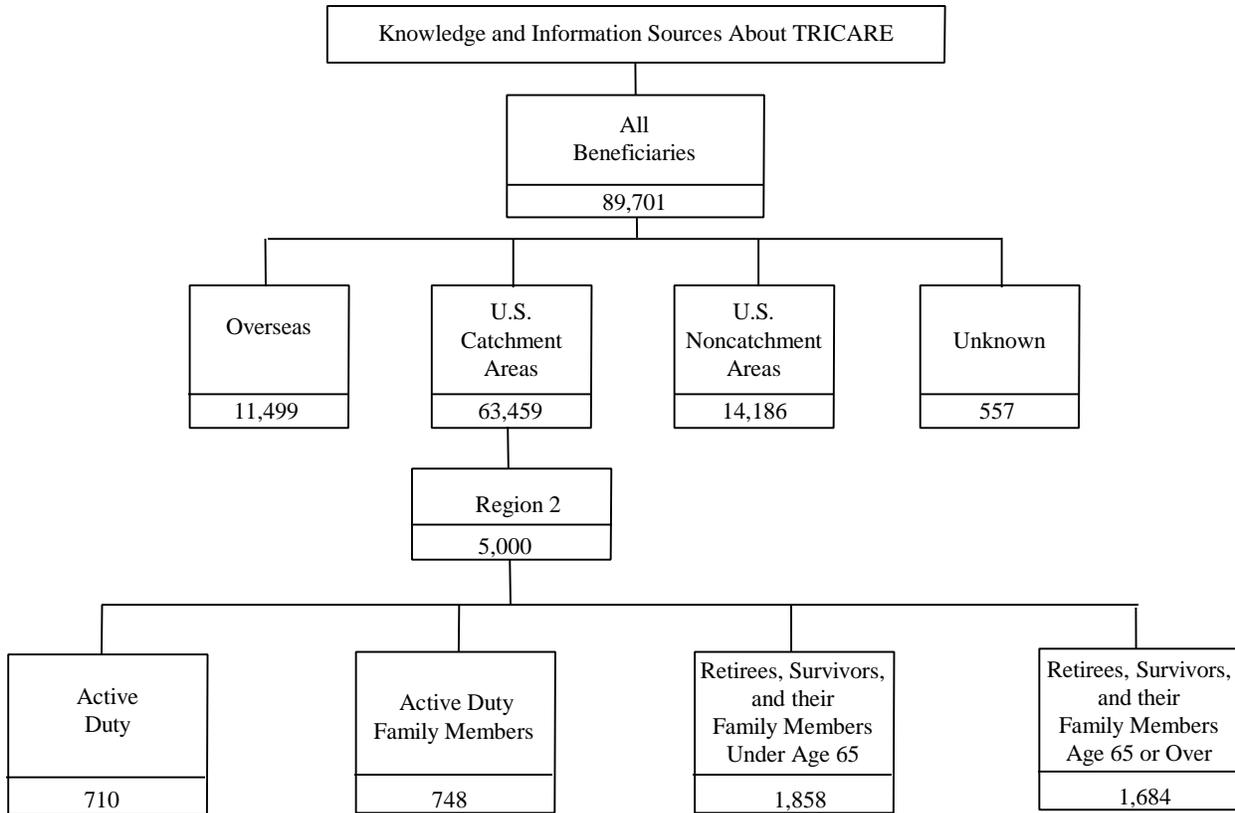


Figure 5. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 2, Mid-Atlantic, by beneficiary type

Table 5a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic](#)

Table 5b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

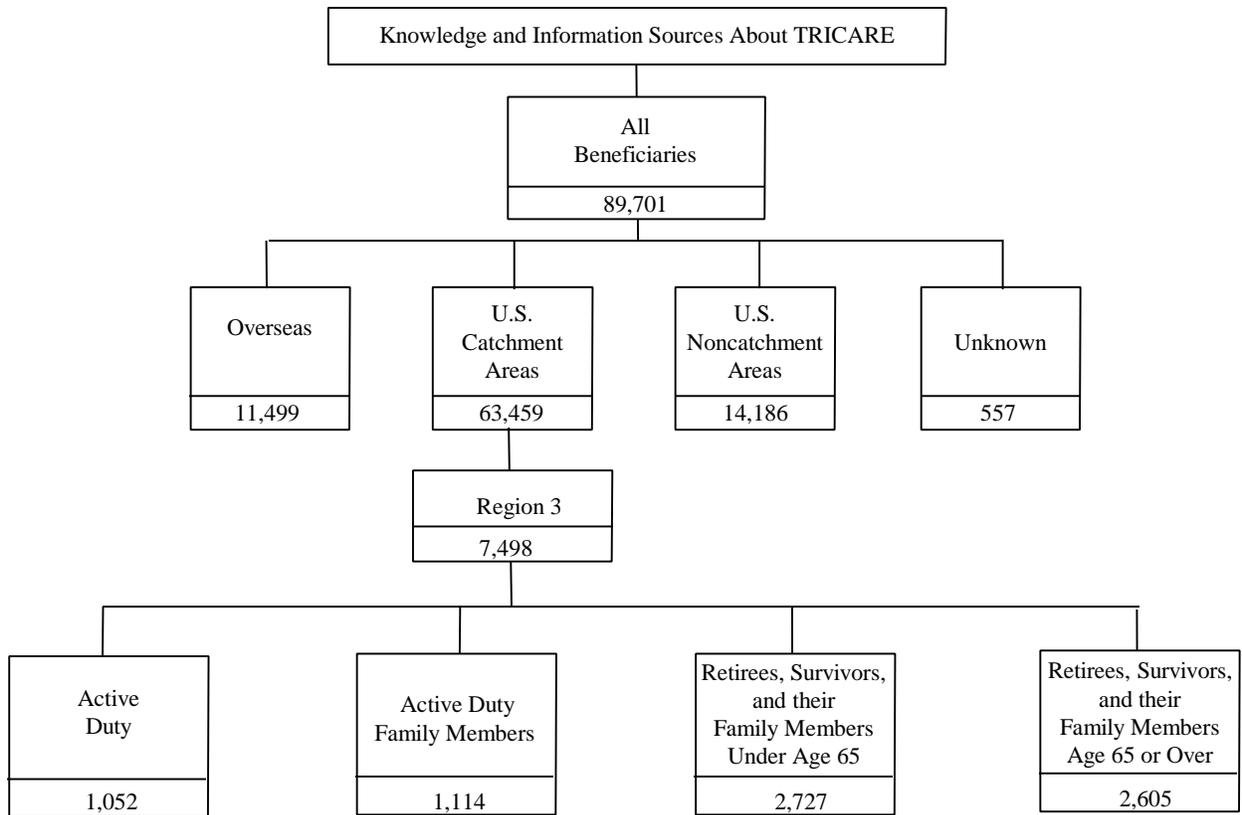


Figure 6. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 3, Southeast, by beneficiary type

Table 6a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 3, Southeast](#)

Table 6b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 3, Southeast, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

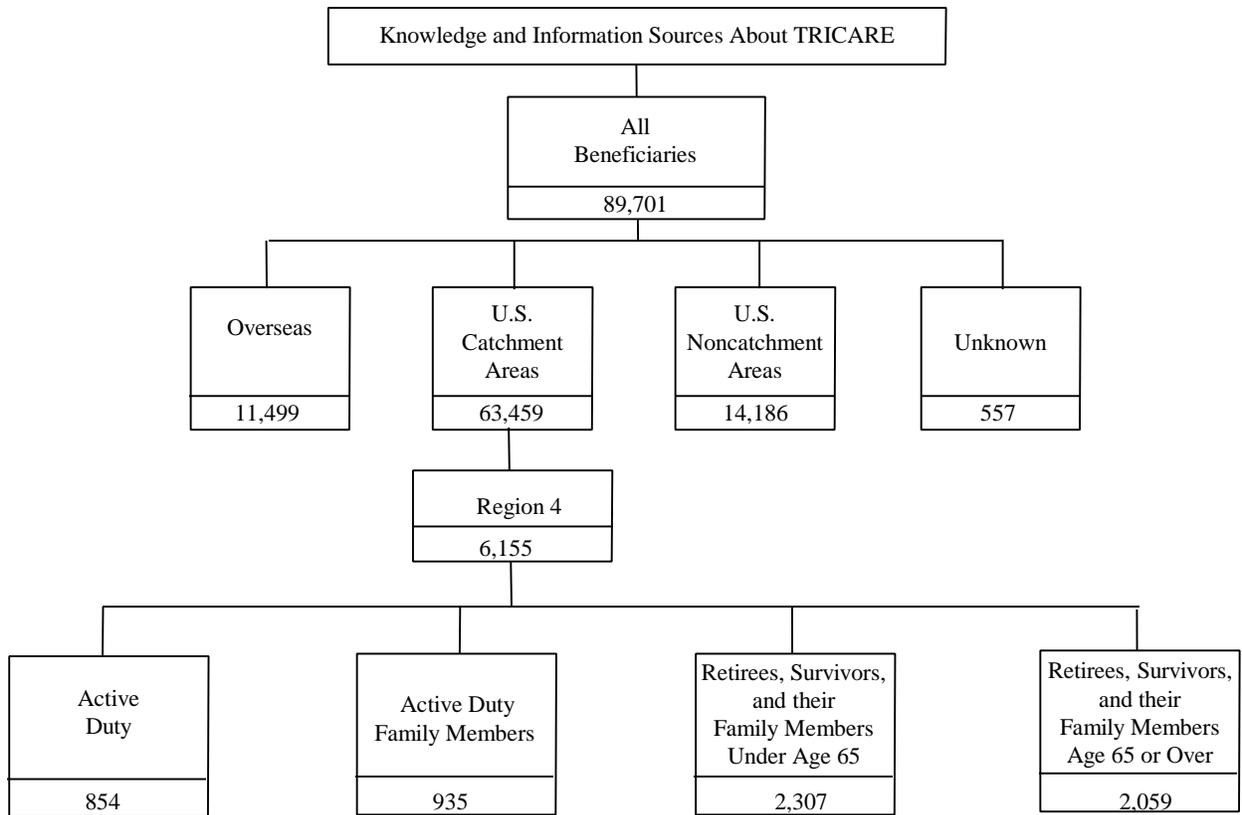


Figure 7. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 4, Gulfsouth, by beneficiary type

Table 7a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 4, Gulfsouth](#)

Table 7b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 4, Gulfsouth, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

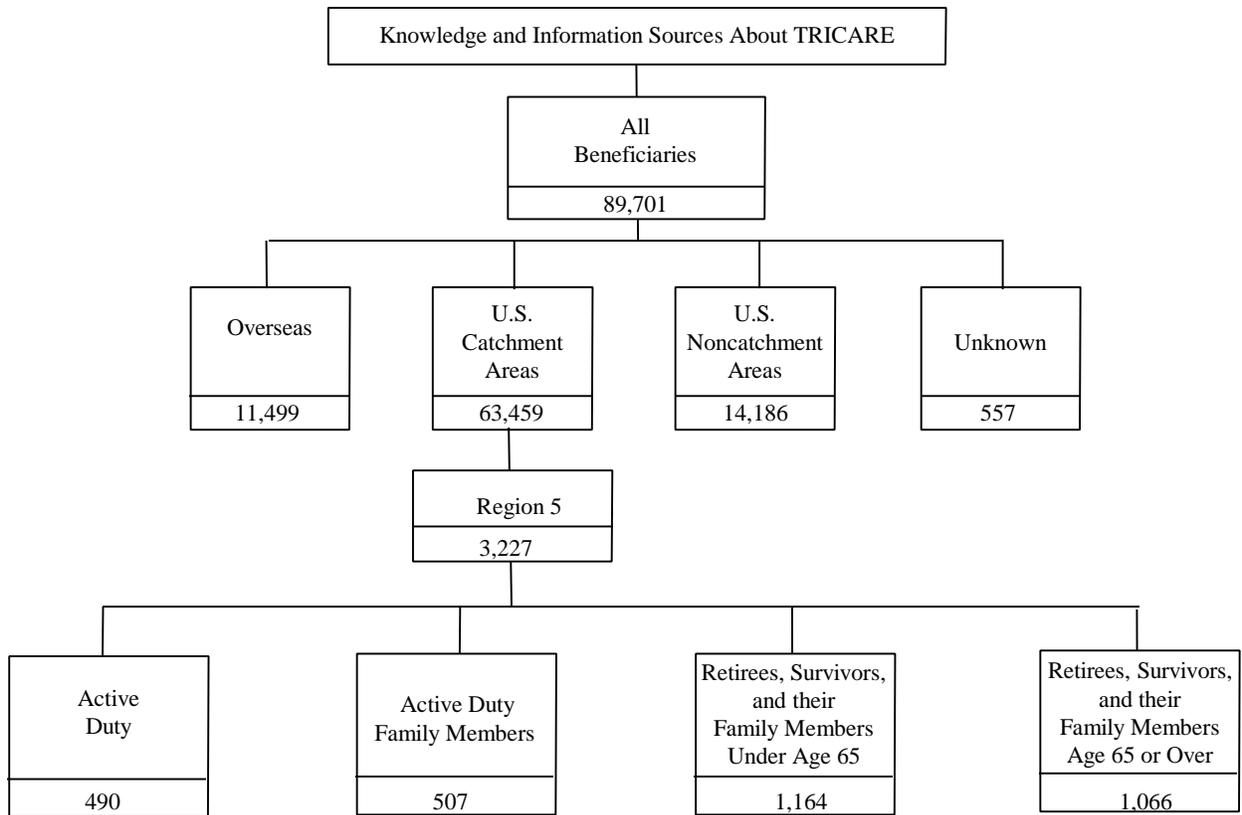


Figure 8. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 5, Heartland, by beneficiary type

Table 8a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 5, Heartland](#)

Table 8b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 5, Heartland, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

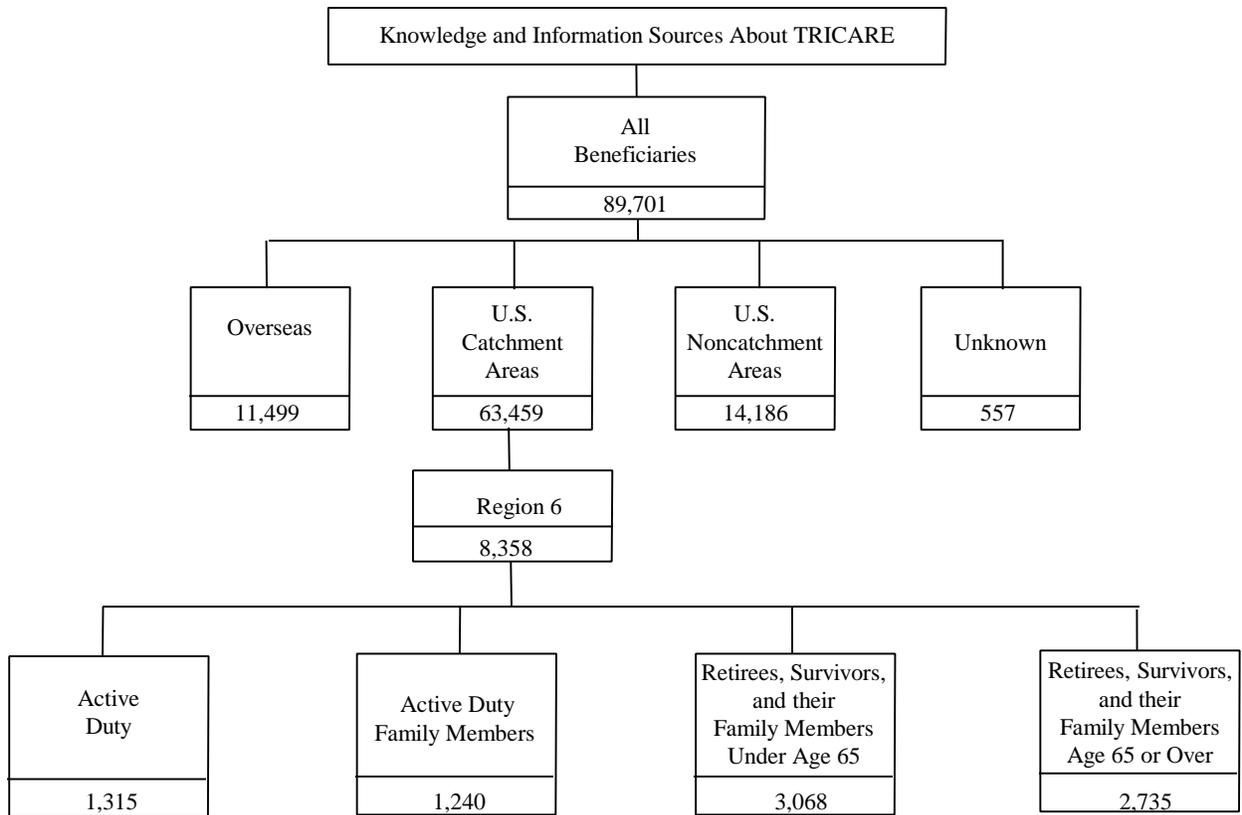


Figure 9. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 6, Southwest, by beneficiary type

Table 9a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 6, Southwest](#)

Table 9b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 6, Southwest, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

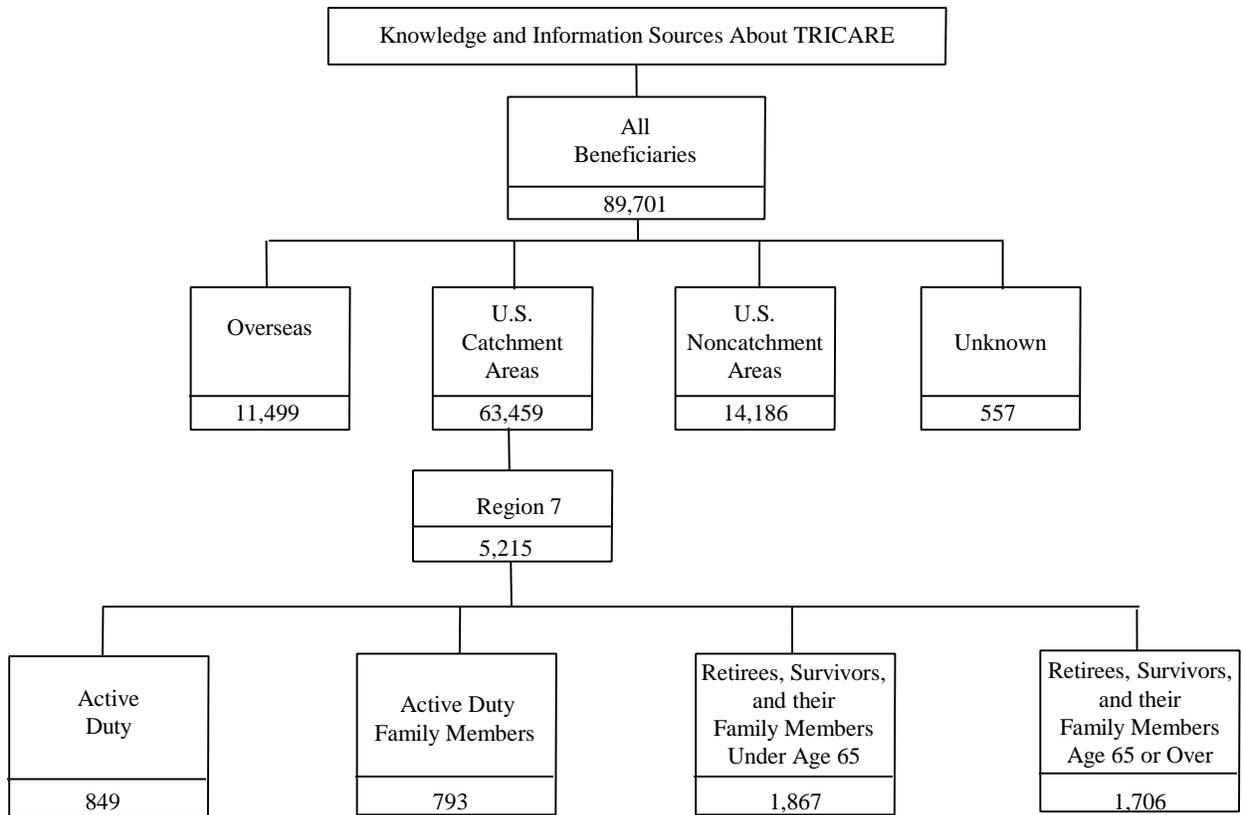


Figure 10. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 7, Desert States, by beneficiary type

Table 10a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 7, Desert States](#)

Table 10b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 7, Desert States, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

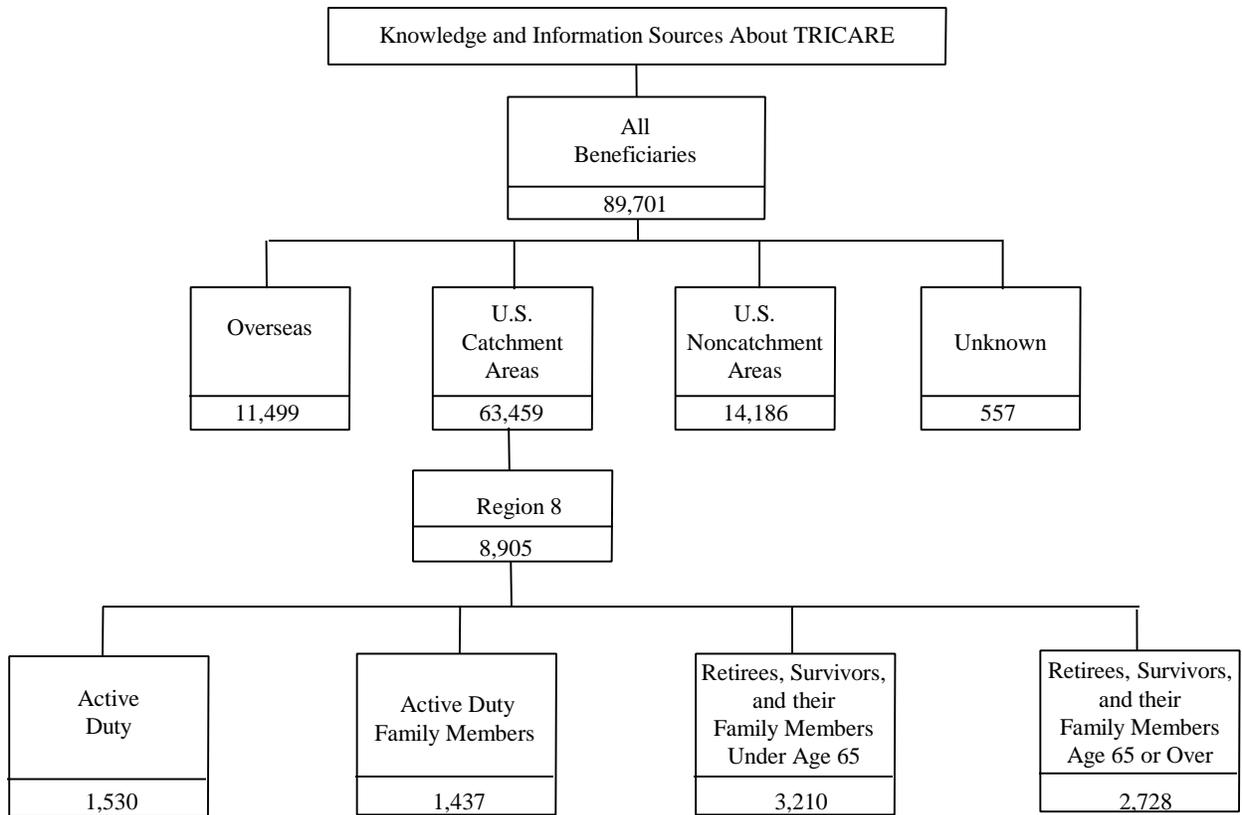


Figure 11. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 8, North Central, by beneficiary type

Table 11a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 8, North Central](#)

Table 11b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 8, North Central, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

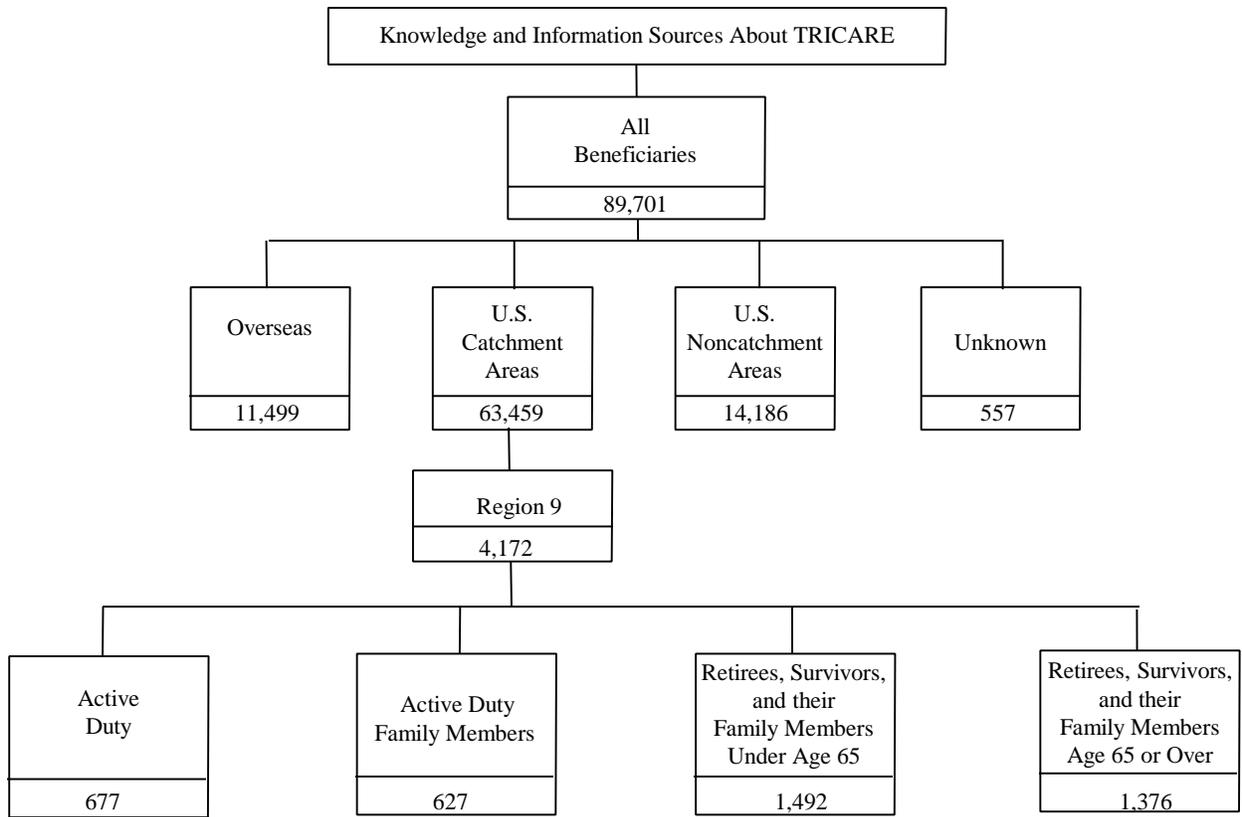


Figure 12. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 9, Southern California, by beneficiary type

Table 12a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 9, Southern California](#)

Table 12b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 9, Southern California, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

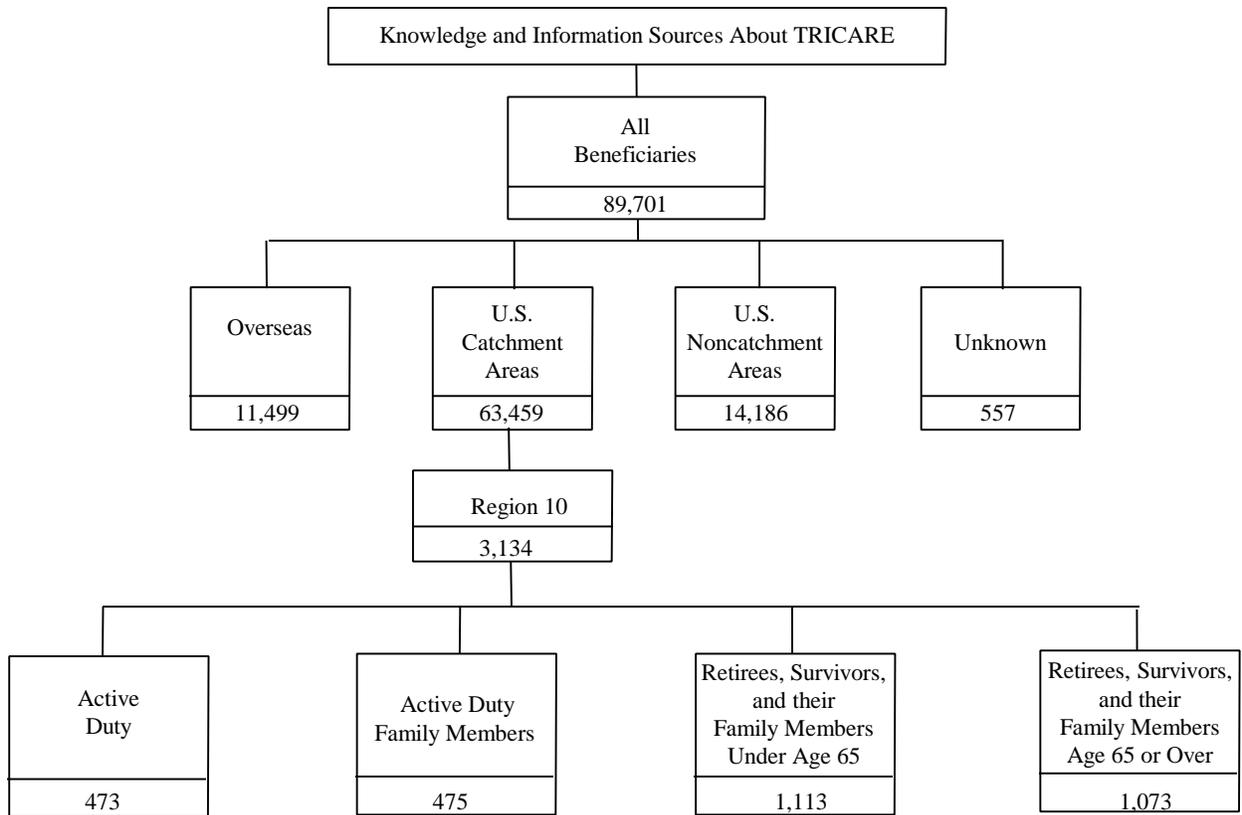


Figure 13. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 10, Golden Gate, by beneficiary type

Table 13a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 10, Golden Gate](#)

Table 13b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 10, Golden Gate, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

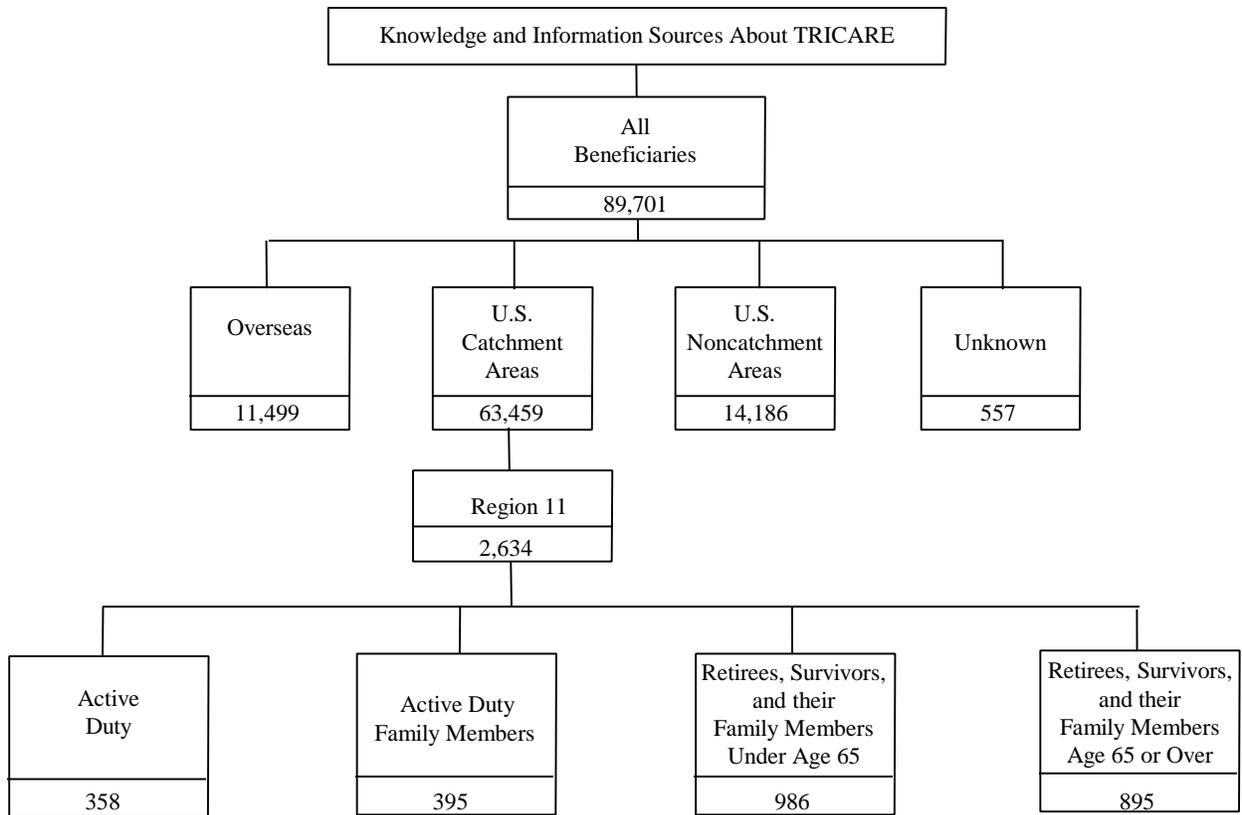


Figure 14. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 11, Northwest, by beneficiary type

Table 14a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 11, Northwest](#)

Table 14b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 11, Northwest, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

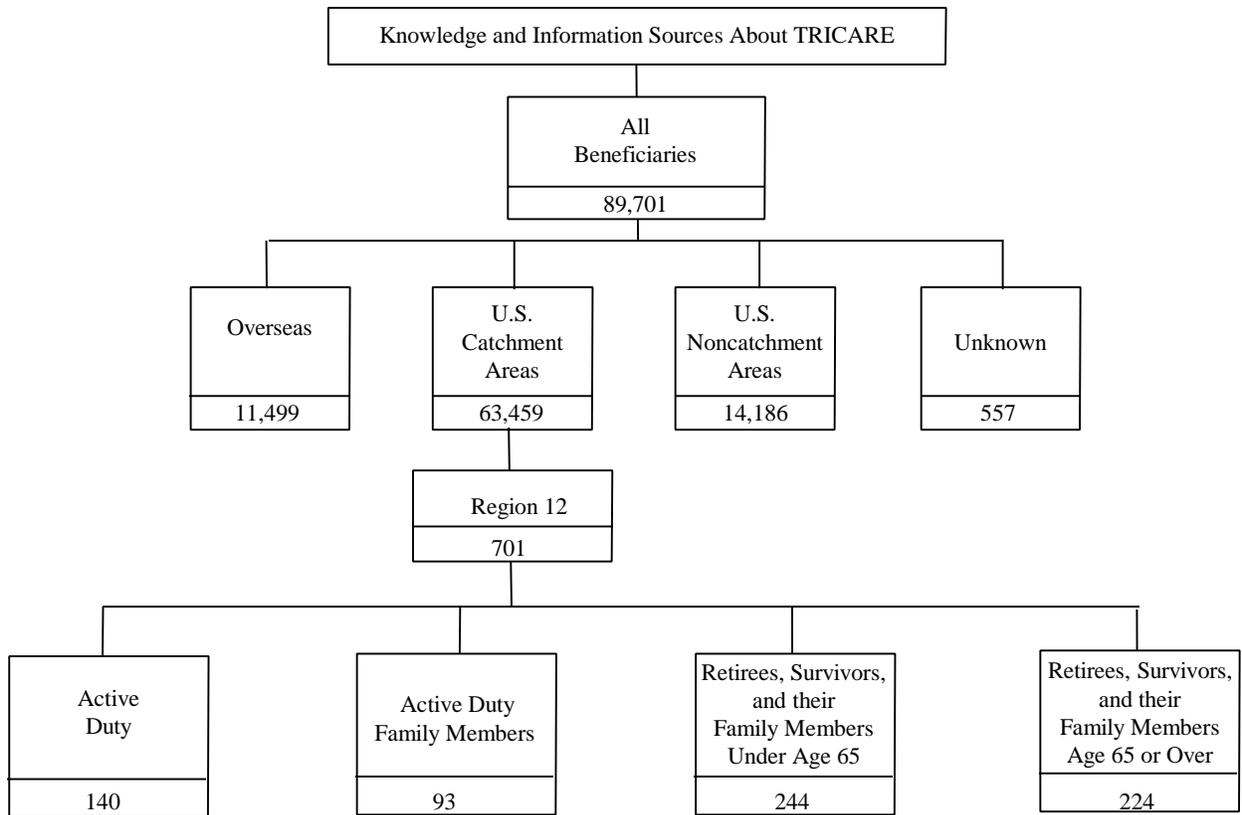


Figure 15. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Region 12, Hawaii Pacific, by beneficiary type

Table 15a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific](#)

Table 15b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific, Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

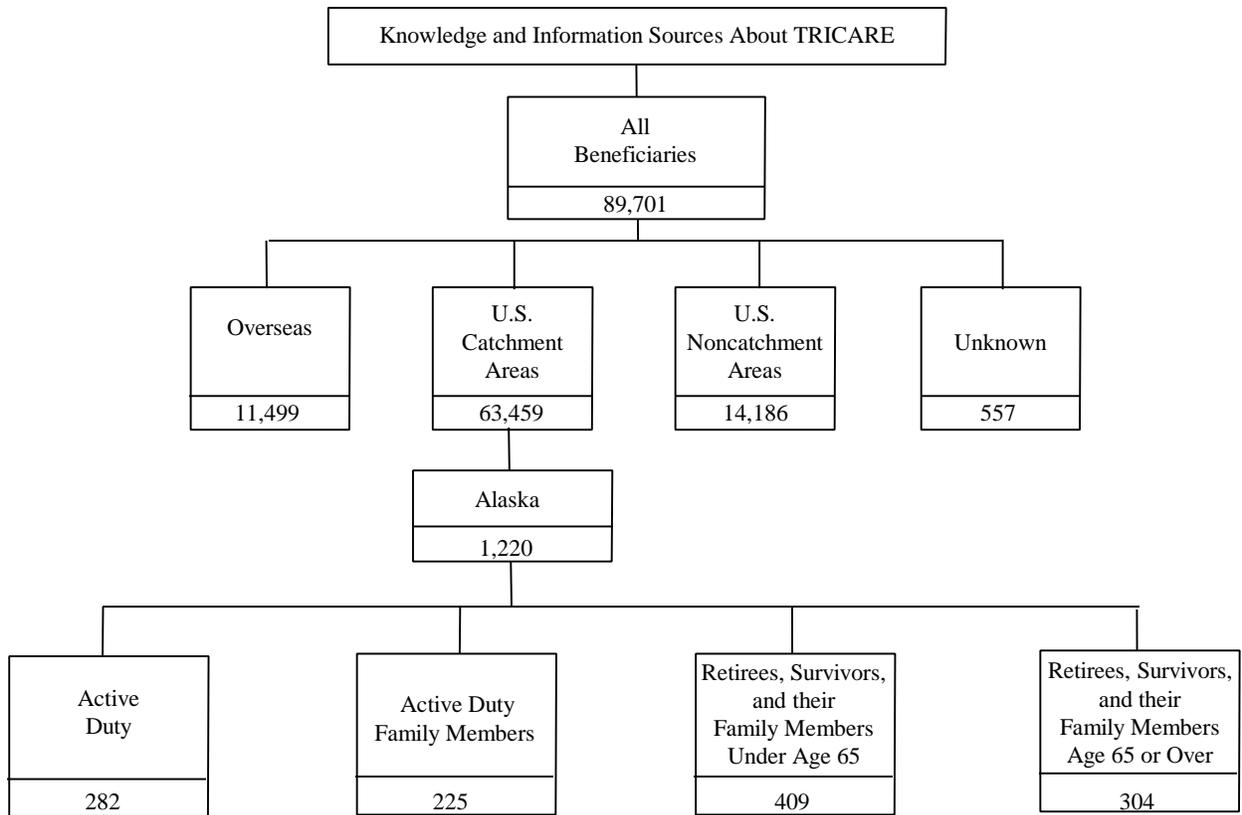


Figure 16. Knowledge and information sources about TRICARE - Beneficiaries in catchment areas in Alaska by beneficiary type

Table 16a [Knowledge and Information Sources About TRICARE - Beneficiaries in Catchment Areas in Alaska](#)

Table 16b [Knowledge and Information Sources About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Alaska Reporting Any Knowledge, Level of Knowledge, and Source of Information About TRICARE by Beneficiary Type](#)

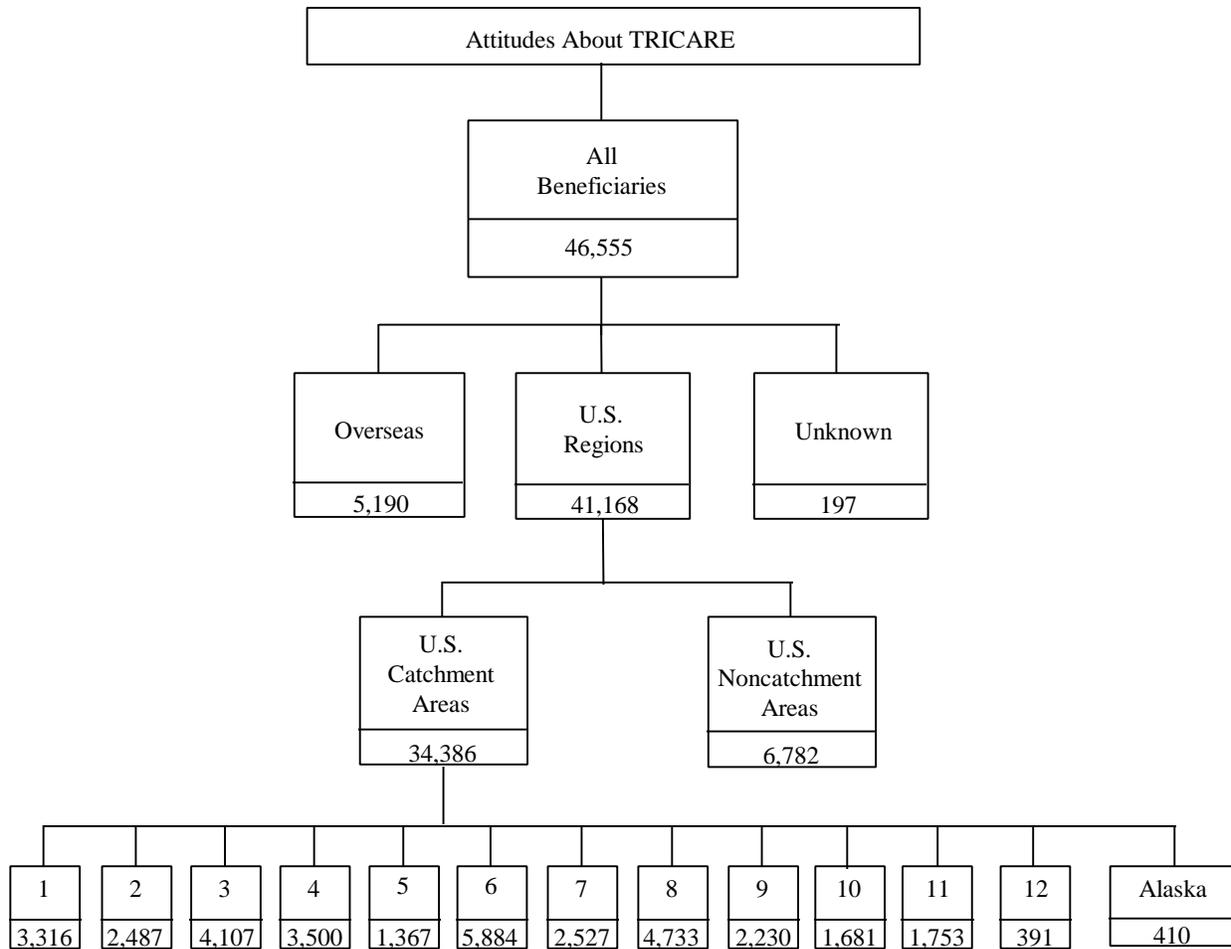


Figure 17. Attitudes about TRICARE

Beneficiaries' Attitudes About TRICARE by Location

This begins a summary of beneficiaries' reported attitudes about TRICARE, with its focus on those beneficiaries who reported that they "Agree" or "Strongly Agree" with selected statements about TRICARE. Table 17a presents the information by location.

Overall, DoD beneficiaries do not feel they have clear information on TRICARE enrollment procedures. Only 17.9 percent of DoD beneficiaries overall agreed with the statement that they had clear information on TRICARE enrollment procedures. Overseas and U.S. noncatchment area beneficiaries recorded even lower percentages (12.2 percent and 13.2 percent respectively).

About one fifth (20.4%) of the U.S. catchment area beneficiaries agreed that they had clear information on TRICARE enrollment procedures. This was the largest percentage across the U.S. catchment and noncatchment area, and overseas beneficiaries groups, and appears to be influenced mainly by the responses from the five catchment areas that currently have a TRICARE program in operation. In this group, the percentage ranged from 27.8 (Region 12) to 40.6 (Region 11).

Nearly three quarters (72.7%) of DoD beneficiaries overall expressed a need for more information about TRICARE. Similar percentages were recorded for U.S. catchment and noncatchment area beneficiaries as well as the overseas beneficiaries.

Beneficiary attitudes toward TRICARE were generally apprehensive. Only small percentages (less than 15 percent) of the beneficiaries believed TRICARE would increase access to care or provide better preventive care. An even lower percent (8.1%) thought TRICARE would make it easier to get phone advice. Issues such as confusion over TRICARE costs, and concern over having to pay (use their own money) for health care top the list of beneficiary concerns.

Even though all beneficiaries were generally apprehensive about TRICARE there were some differences in attitudes toward TRICARE across the three beneficiary categories (i.e., U.S. catchment area beneficiaries, U.S. noncatchment area beneficiaries, and overseas beneficiaries). Beneficiaries in U.S. catchment areas were slightly more positive about TRICARE than U.S. beneficiaries in noncatchment areas and overseas beneficiaries. U.S. catchment area beneficiaries were a little more inclined to see TRICARE increasing access to care, making it easier to obtain phone advice, providing better preventive care, and offering better continuity of care (being able to see the same doctor each visit). U.S. catchment area beneficiaries were also more likely to believe that TRICARE would result in higher out-of-pocket health care costs. Overseas beneficiaries were the least likely to believe TRICARE would increase their personal health care expenses. Confusion about TRICARE costs and the desire for more information was quite high and equal across the three location categories.

As would be expected, because several of the health care regions have implemented the TRICARE program and some have not, beneficiary attitudes toward TRICARE vary across the geographical locations. Beneficiaries in TRICARE regions (Regions 6, 9, 10, 11 and 12) were somewhat more positive about TRICARE than beneficiaries in regions without TRICARE programs. In the TRICARE regions between 27.8 percent (Regions 9 and 12) and 40.6 percent (Region 11) of the beneficiaries felt they had clear information about TRICARE enrollment procedures. Regions without TRICARE programs ranged from a low of 8.4 percent (Alaska) to a high of only 20.3 percent (Region 2). While beneficiaries in TRICARE regions still saw a considerable need for more information about TRICARE (between 51.5 percent and 66.9 percent said they needed more information about TRICARE), percentages of beneficiaries seeking more information about TRICARE was even greater (71.0 percent to 80.3 percent) in those regions without TRICARE. Compared to regions without TRICARE, the TRICARE regions recorded greater percentages of beneficiaries who felt TRICARE would increase access to care, provide better preventive care, and offer greater continuity of care. Percentages were also higher in TRICARE regions for those beneficiaries stating that they knew how to make an appointment under TRICARE. More TRICARE region beneficiaries agreed that TRICARE made it easier to get phone advice. Although confusion over TRICARE costs is lower in the TRICARE regions, the percentages of beneficiaries that believe TRICARE will increase their out-of-pocket medical costs is about the same for TRICARE and non-TRICARE regions.

Beneficiaries' Attitudes About TRICARE by Gender and Beneficiary Type

Table 18a presents the percentage of beneficiaries who agree or agree strongly with selected statements about TRICARE by gender and beneficiary type.

Women were slightly more positive about TRICARE than men. Women felt TRICARE would increase access to care, make it easier to get phone advice, provide better preventive care, and offer better continuity of care. Although the differences noted were "statistically significant", these differences were quite small, and should be interpreted with care.

Equal proportions (about 20 percent) of men and women felt they had clear information about TRICARE enrollment. A large majority (70%) of both men and women felt they needed more information about TRICARE. Both were equally likely to believe TRICARE would increase their out-of-pocket medical costs.

Among the four beneficiary groups, active duty family members were the most positive about TRICARE, followed by active duty personnel, retirees under age 65, and retirees age 65 or over. Active duty family members were the beneficiary group most likely to agree that TRICARE would increase access to care, make it easier to get phone advice, provide better preventive care and offer better continuity of care (allow them to see the same doctor each visit).

About one fourth of the active duty personnel, and one fourth of the active duty family members felt they had clear information on TRICARE enrollment procedures. These proportions were considerably higher than those of the two retiree groups.

Retirees, age 65 or over, were the least positive about TRICARE. Retirees, age 65 and over, recorded very low percentages of agreement (3.1 percent to 6.4 percent) with survey items stating that TRICARE would increase access to care, make it easier to get phone advice, provide better preventive care, and allow beneficiaries to see the same doctor each visit. This group was also the least likely of the four beneficiary groups to think they would have to use more of their own money for health care (19.0%). This group recorded the lowest percentage of respondents stating they had clear information about TRICARE enrollment procedures (8.3%), and appeared to be the least confused of the four groups about TRICARE costs. Although their percentage was quite high (64.8%), this group was also the least likely to agree that they needed more information about TRICARE. On the surface, it would appear that retirees age 65 and over, are perhaps also the least concerned beneficiary group about TRICARE.

Retirees under age 65 were another beneficiary group that appeared apprehensive about TRICARE. Compared to active duty personnel, and active duty family members, retirees under age 65 were the least likely to agree that they had clear information about TRICARE enrollment procedures, and the most likely to agree that they needed more information about TRICARE. This group displayed the most concern of all the beneficiary groups about confusion over TRICARE costs (43.4%) and the possibility of having to cover health care costs out of their own pockets (33.3%). Percentages of beneficiaries agreeing that TRICARE would increase access to care, or would make it easier to get phone advice were also lower for this group.

Beneficiaries' Attitudes About TRICARE by Beneficiary Type and Regular Source of Care

Table 19a presents the percentage of beneficiaries who agree or agree strongly with selected statements about TRICARE by beneficiary type and regular source of care.

In comparing beneficiaries with a military versus civilian regular source of care, beneficiaries with a military regular source of care generally seem to have a more positive attitude toward TRICARE than beneficiaries with a civilian regular source of care. These attitude differences were more pronounced in the two retiree beneficiary groups, and least apparent among active duty family members. Although, beneficiaries with a military regular source of care were more likely to have clear information about TRICARE enrollment procedures, they were also more likely to be confused about TRICARE cost, and to believe that TRICARE would require them to use more of their own money for health care.

Table 17a [Attitudes About TRICARE by Location](#)

Table 17b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries Who Agree or Strongly Agree with Selected Statements About TRICARE by Location](#)

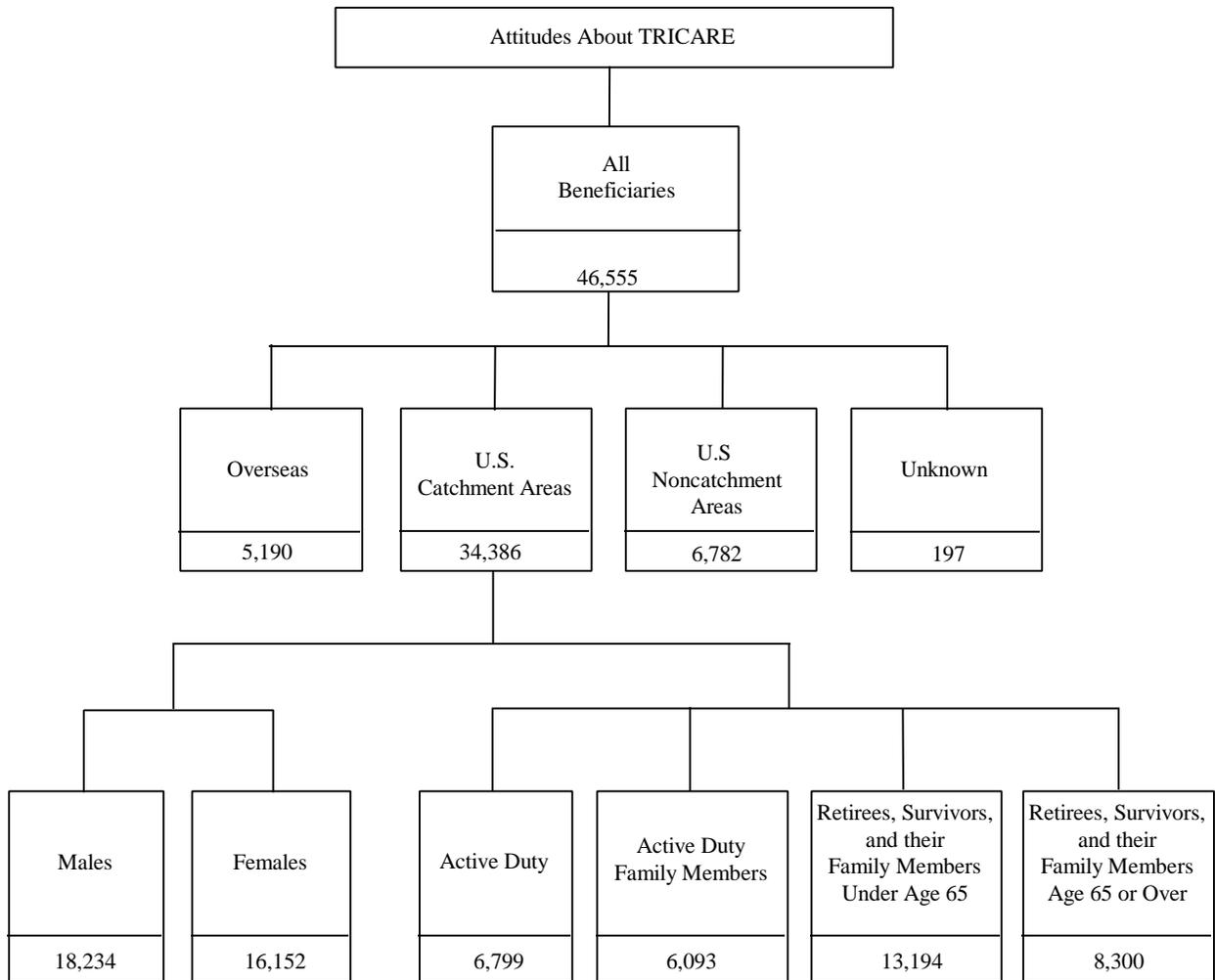


Figure 18. Attitudes about TRICARE - Beneficiaries in U.S. catchment areas by gender and beneficiary type

Table 18a [Attitudes About TRICARE by Gender and Beneficiary Type](#)

Table 18b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries In U.S. Catchment Areas Who Agree or Strongly Agree with Selected Statements About TRICARE by Gender and Beneficiary Type](#)

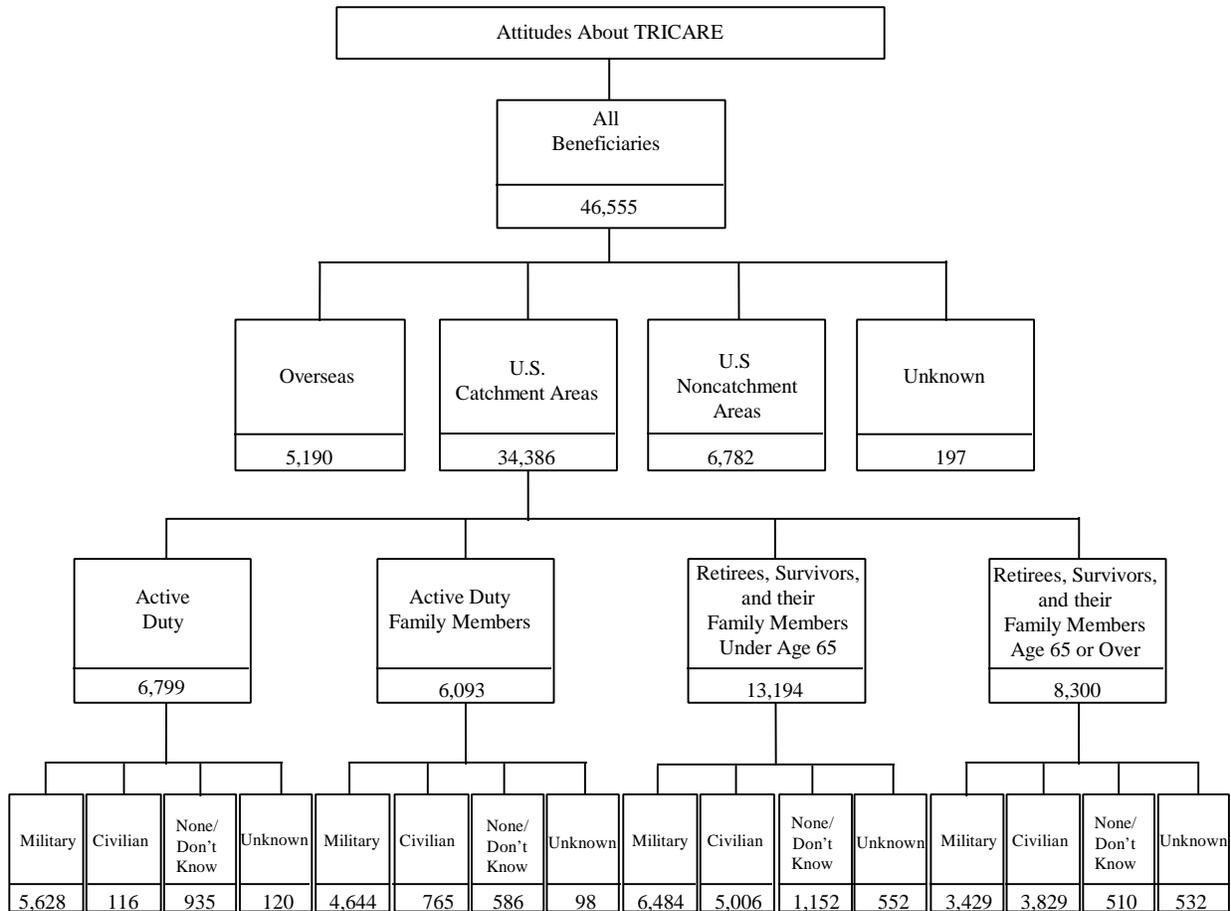


Figure 19. Attitudes about TRICARE - Beneficiaries in U.S. catchment areas by beneficiary type and regular source of care

Table 19a [Attitudes About TRICARE by Beneficiary Type and Regular Source of Care](#)

Table 19b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in U.S. Catchment Areas Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type and Regular Source of Care](#)

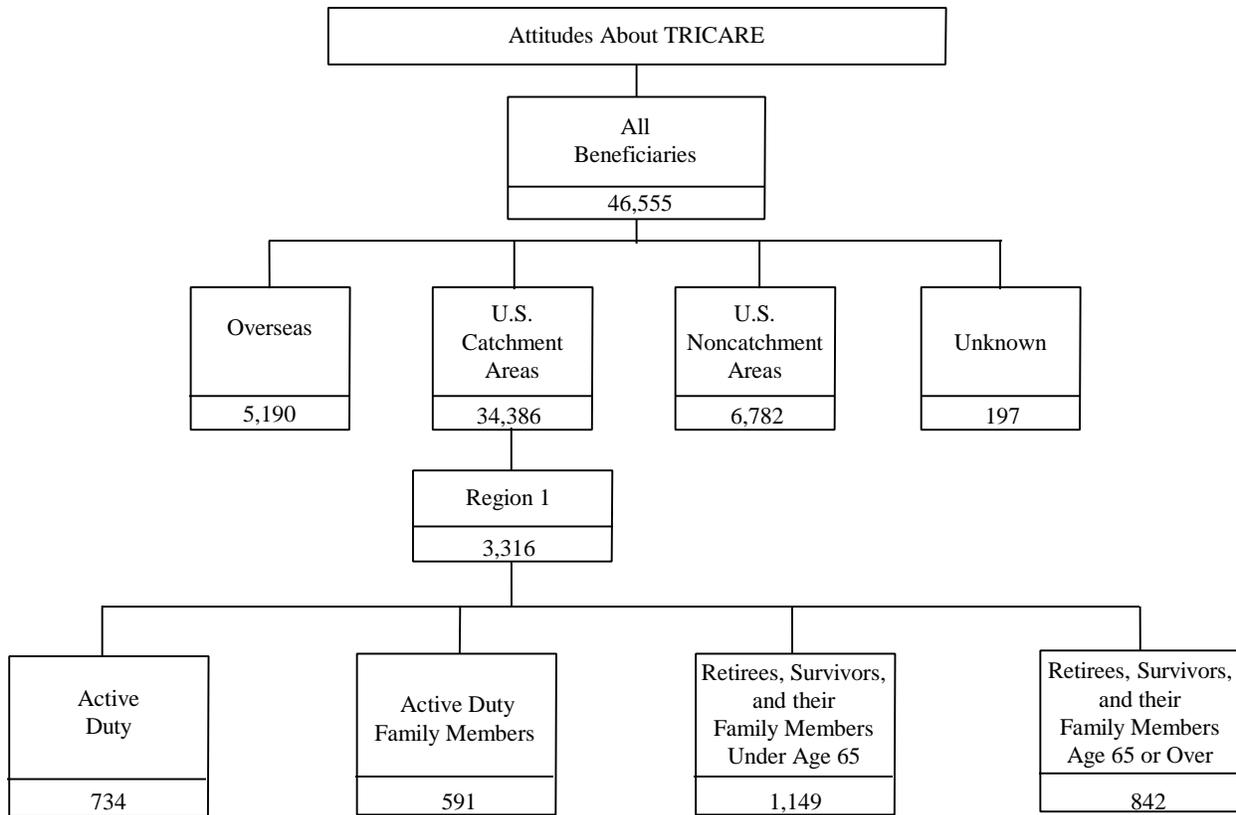


Figure 20. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 1, Northeast, by beneficiary type

Beneficiaries' Attitudes About TRICARE by Beneficiary Type by Region

Tables 20a to 32a present a summary of the results for individual regions. Results are summarized below for each of the four beneficiary types: active duty personnel, active duty family members, retirees, survivors and their family members under age 65, and retirees, survivors and their family members age 65 or over.

Among the four beneficiary groups, active duty family members were the most positive about TRICARE, followed by active duty personnel, retirees under age 65, and retirees age 65 or over. Active duty family members were the beneficiary group most likely to agree that TRICARE would increase access to care, make it easier to get phone advice, provide better preventive care and offer better continuity of care (allow them to see the same doctor each visit).

Active duty personnel, and active duty family members appeared to be more clear on TRICARE enrollment procedures than beneficiaries in the two retiree groups.

Retirees under age 65 displayed the most concern of all the beneficiary groups about confusion over TRICARE costs (43.4%) and the possibility of having to cover health care costs out of their own pockets.

Retirees, age 65 or over, were the least positive about TRICARE and recorded very low percentages of agreement with survey items stating that TRICARE would provide improved health care. It would appear that retirees age 65 and over are perhaps the least concerned beneficiary group about TRICARE. As a group, they appeared to be the least confused of the four groups about TRICARE costs and were also the least likely to agree that they needed more information about TRICARE.

The following section addresses the above general findings across the 13 geographical regions and reports exceptions to these general findings.

Region 1 (Non-TRICARE Region). Active duty personnel and active duty family members shared equal opinions about the anticipated benefits of TRICARE. These opinions were more positive than the two retiree groups.

All four beneficiary groups showed similar concern for having to use their own money to meet health care costs.

Region 2 (Non-TRICARE Region). Active duty personnel and active duty family members had similar positive opinions about the anticipated benefits of TRICARE. Retirees under age 65 shared these opinions on a few points (access to care and continuity of care).

Compared to the other three beneficiary groups, retirees under age 65 were most likely to say they need more information about TRICARE.

Region 3 (Non-TRICARE Region). Active duty personnel and active duty family members had similar positive opinions about the anticipated benefits of TRICARE. Retirees under age 65 shared this opinion regarding the statement that TRICARE would provide better preventive care.

Active duty family members and retirees under age 65 recorded the highest percentages of beneficiaries needing more information about TRICARE.

Region 4 (Non-TRICARE Region). Active duty personnel and active duty family members shared similar positive opinions about the anticipated benefits of TRICARE.

Region 5 (Non-TRICARE Region). Active duty personnel and active duty family members shared similar positive opinions about the anticipated benefits of TRICARE.

Equal proportions of beneficiaries across all four beneficiary groups agreed that TRICARE would increase access to care. Equal proportions also felt that TRICARE would require them to use more of their own money for health care.

Both active duty family members and retirees under age 65 recorded the highest percentages of beneficiaries needing more information about TRICARE.

Region 6 (TRICARE Region). Equal proportions (about one third) of active duty personnel, active duty family members and retirees under age 65 felt they had clear information about TRICARE enrollment procedures. Equal proportions (about two thirds) of these three beneficiary groups also saw a need for additional information about TRICARE.

Region 7 (Non-TRICARE Region). Similar to the overall general finding, active duty family members were the most positive about TRICARE. This view was shared by active duty personnel and retirees under age 65 on a few specific points (better preventive care, and increased access to care).

Similar proportions of active duty personnel, active duty family members and retirees under age 65 indicated some confusion over TRICARE costs. Percentages of beneficiaries needing additional TRICARE information were very high and similar across these three beneficiary groups.

Region 8 (Non-TRICARE Region). Active duty personnel, active duty family members and retirees under age 65 shared similar positive opinions about the anticipated benefits of TRICARE.

Region 9 (TRICARE Region). Similar to the overall general finding, active duty family members were the most positive about TRICARE. This view was shared by active duty personnel and retirees under age 65 on a few specific points (continuity of care, and easier to get phone advice).

About one third of each beneficiary group reported being confused about TRICARE costs, and about two thirds of each group agreed that they needed additional information about TRICARE.

Region 10 (TRICARE Region). Active duty personnel, active duty family members, and retirees under age 65 recorded similar positive attitudes about TRICARE.

About 60 percent of each beneficiary group agreed that they needed additional information about TRICARE.

Region 11 (TRICARE Region). Because of the small sample sizes for this region, and the resultant large standard errors, statistical comparisons between beneficiary groups on attitudes toward TRICARE could not be made. The only discernible pattern of beneficiary group attitudes that could be determined was that the observations within the beneficiary group of retirees age 65 and over was very similar to the general findings (across all regions) for that group.

Region 12 (TRICARE Region). Because of the small sample sizes for this region, and the resultant large standard errors, statistical comparisons between beneficiary groups on attitudes toward TRICARE could not be made. The only discernible pattern of beneficiary group attitudes that could be determined was that the observations within the beneficiary group of retirees age 65 and over was very similar to the general findings (across all regions) for that group.

Alaska (Non-TRICARE Region). Because of the small sample sizes for this region, and the resultant large standard errors, statistical comparisons between beneficiary groups on attitudes toward TRICARE could not be made.

Table 20a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 1, Northeast](#)

Table 20b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 1, Northeast Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

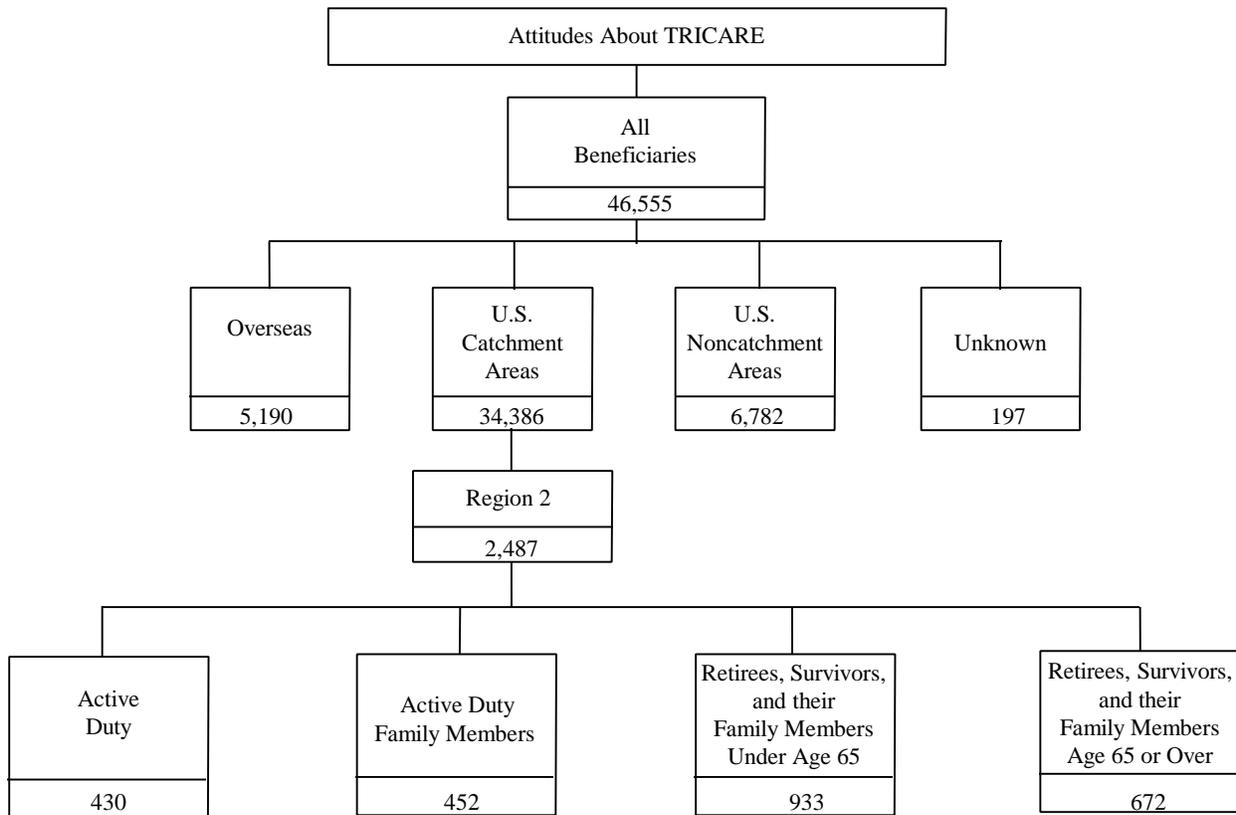


Figure 21. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 2, Mid-Atlantic, by beneficiary type

Table 21a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic](#)

Table 21b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

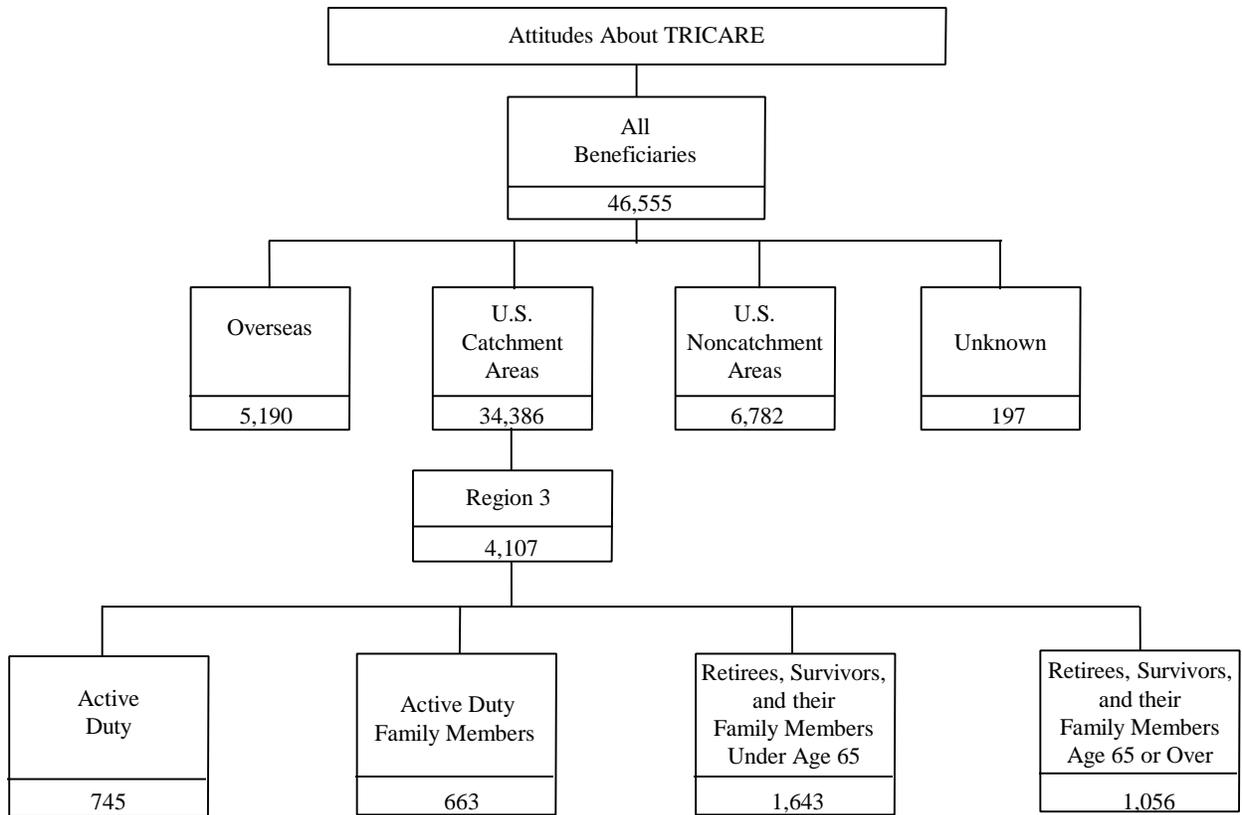


Figure 22. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 3, Southeast, by beneficiary type

Table 22a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 3, Southeast](#)

Table 22b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 3, Southeast, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

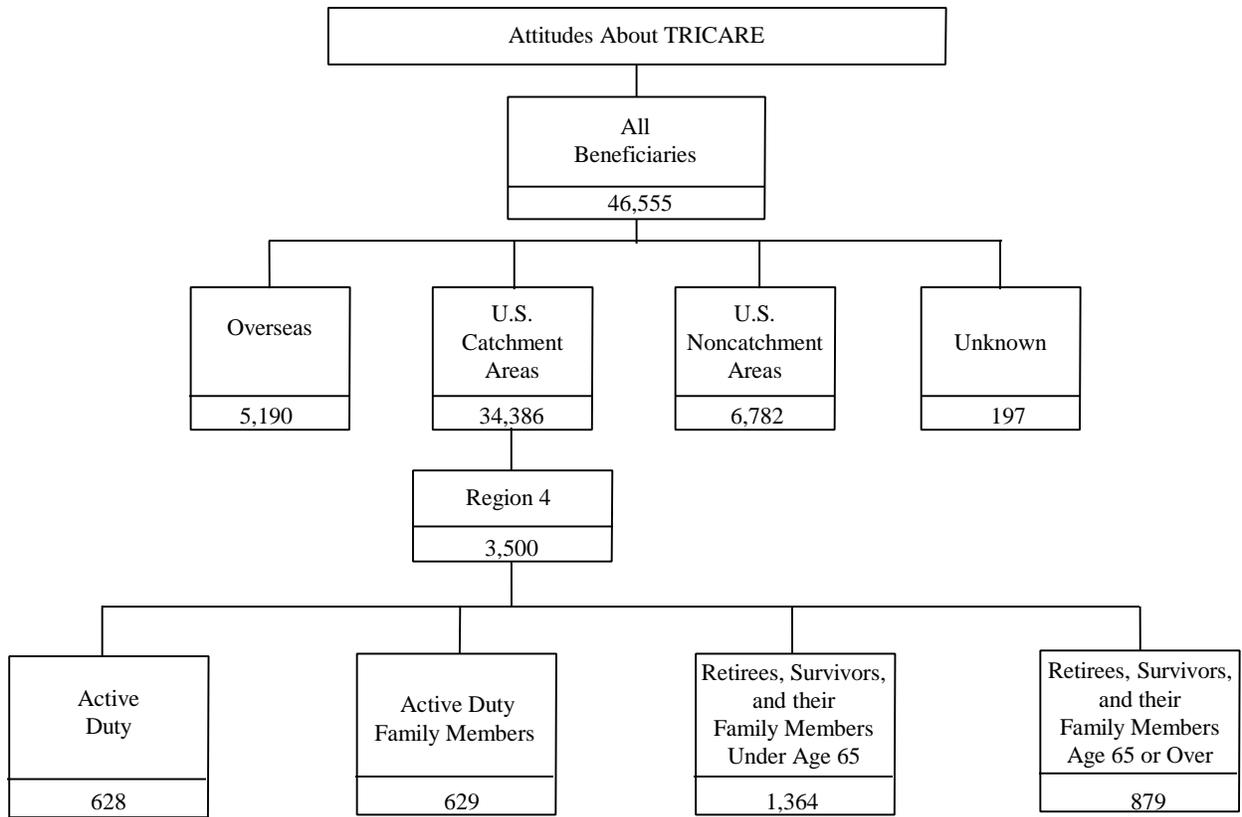


Figure 23. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 4, Gulfsouth, by beneficiary type

Table 23a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 4, Gulfsouth](#)

Table 23b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 4, Gulfsouth, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

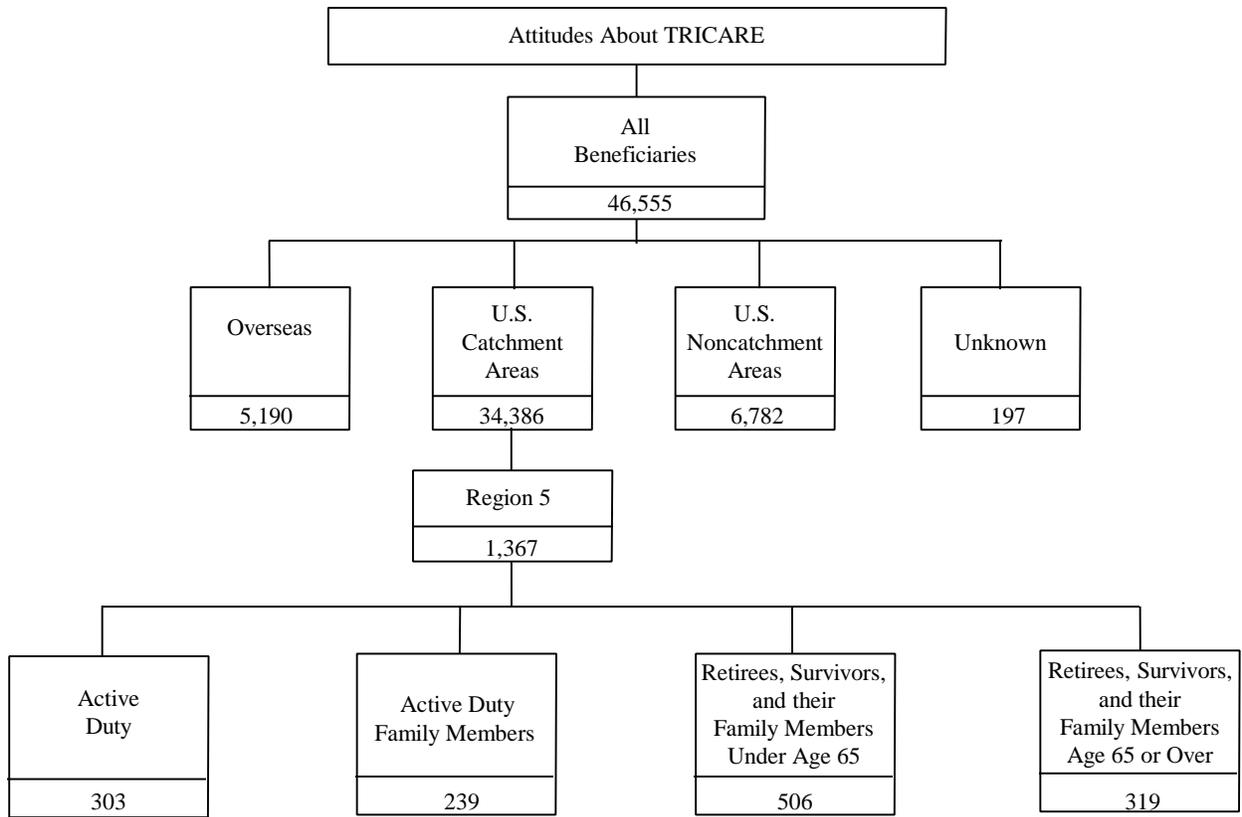


Figure 24. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 5, Heartland, by beneficiary type

Table 24a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 5, Heartland](#)

Table 24b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 5, Heartland, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

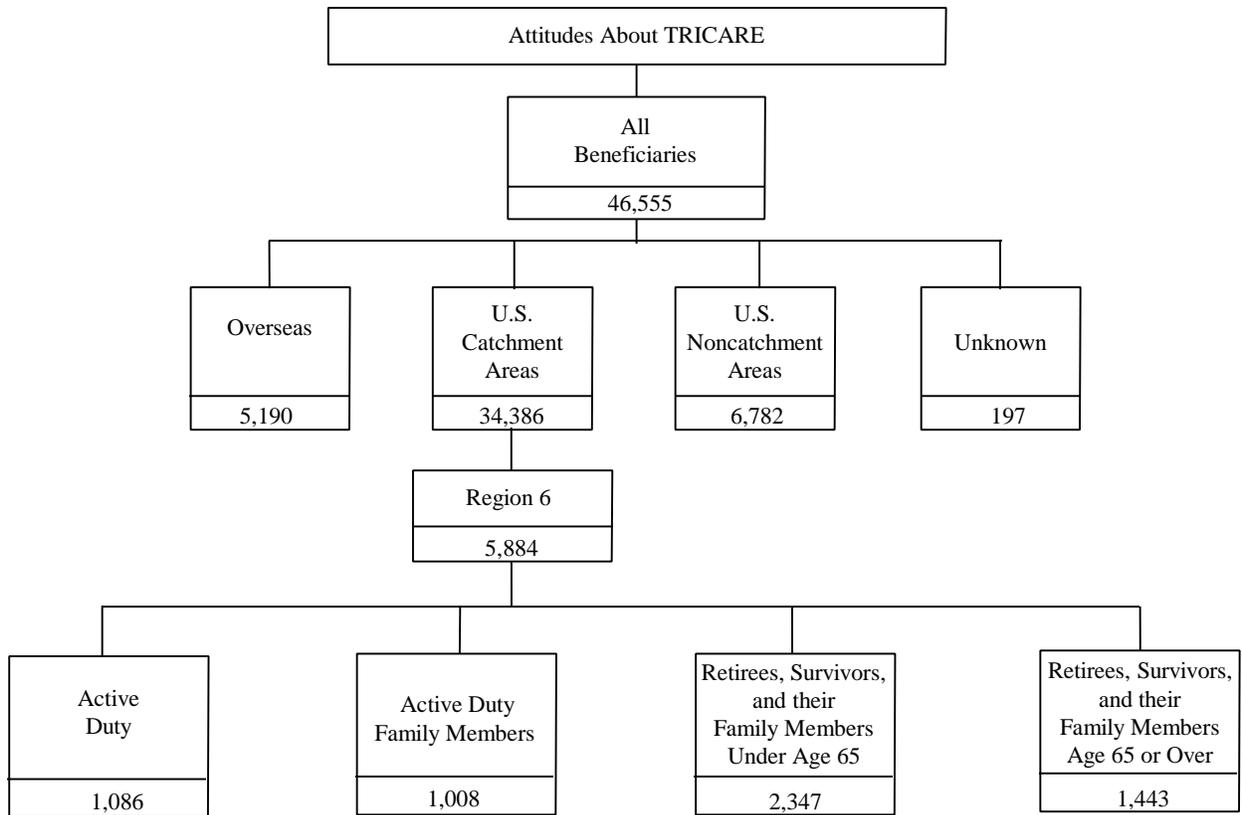


Figure 25. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 6, Southwest, by beneficiary type

Table 25a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 6, Southwest](#)

Table 25b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 6, Southwest, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

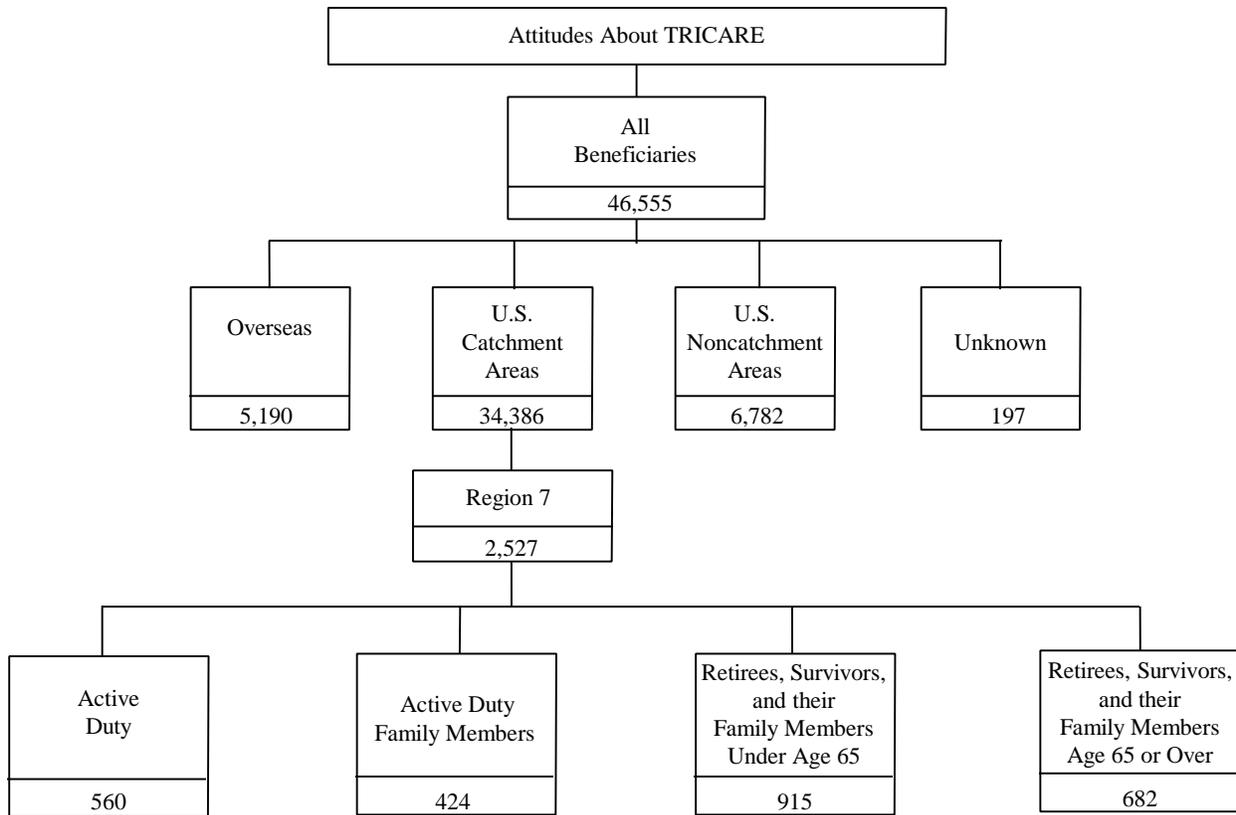


Figure 26. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 7, Desert States, by beneficiary type

Table 26a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 7, Desert States](#)

Table 26b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 7, Desert States, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

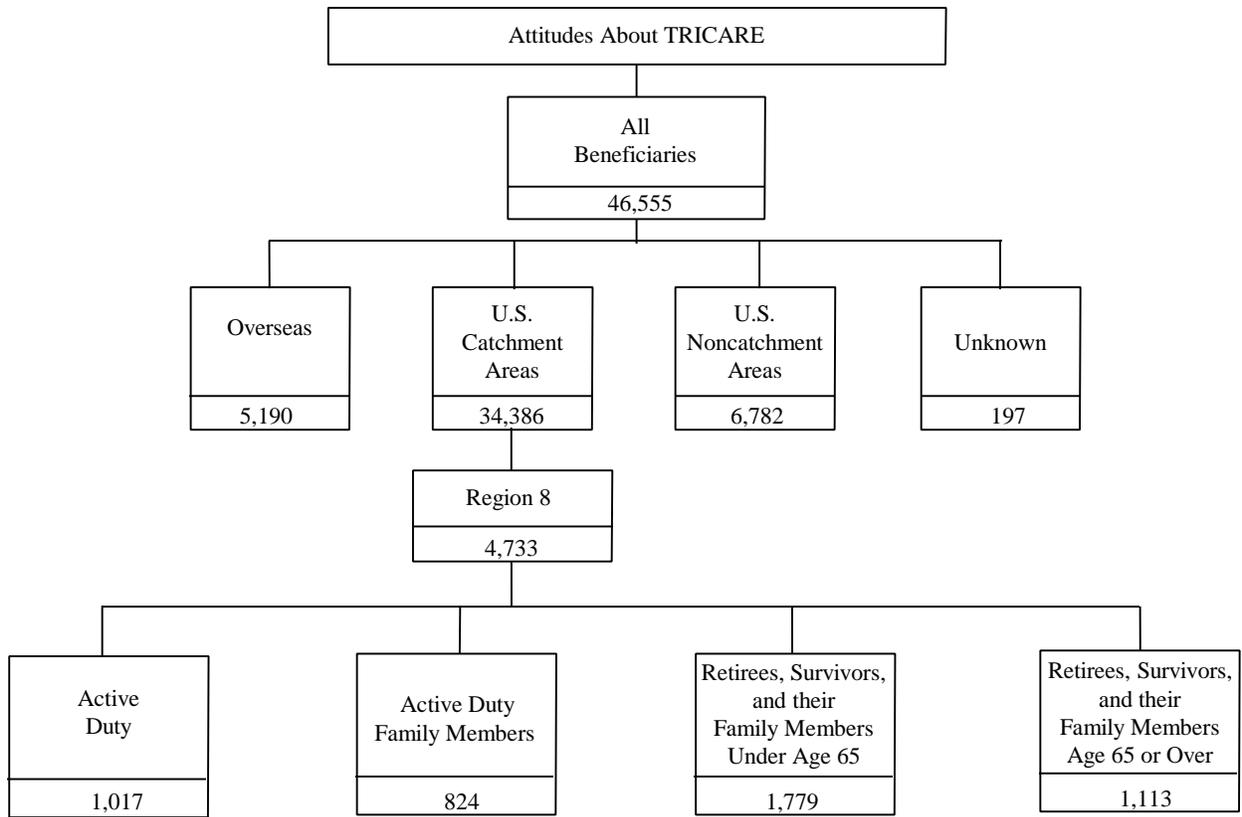


Figure 27. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 8, North Central, by beneficiary type

Table 27a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 8, North Central](#)

Table 27b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 8, North Central, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

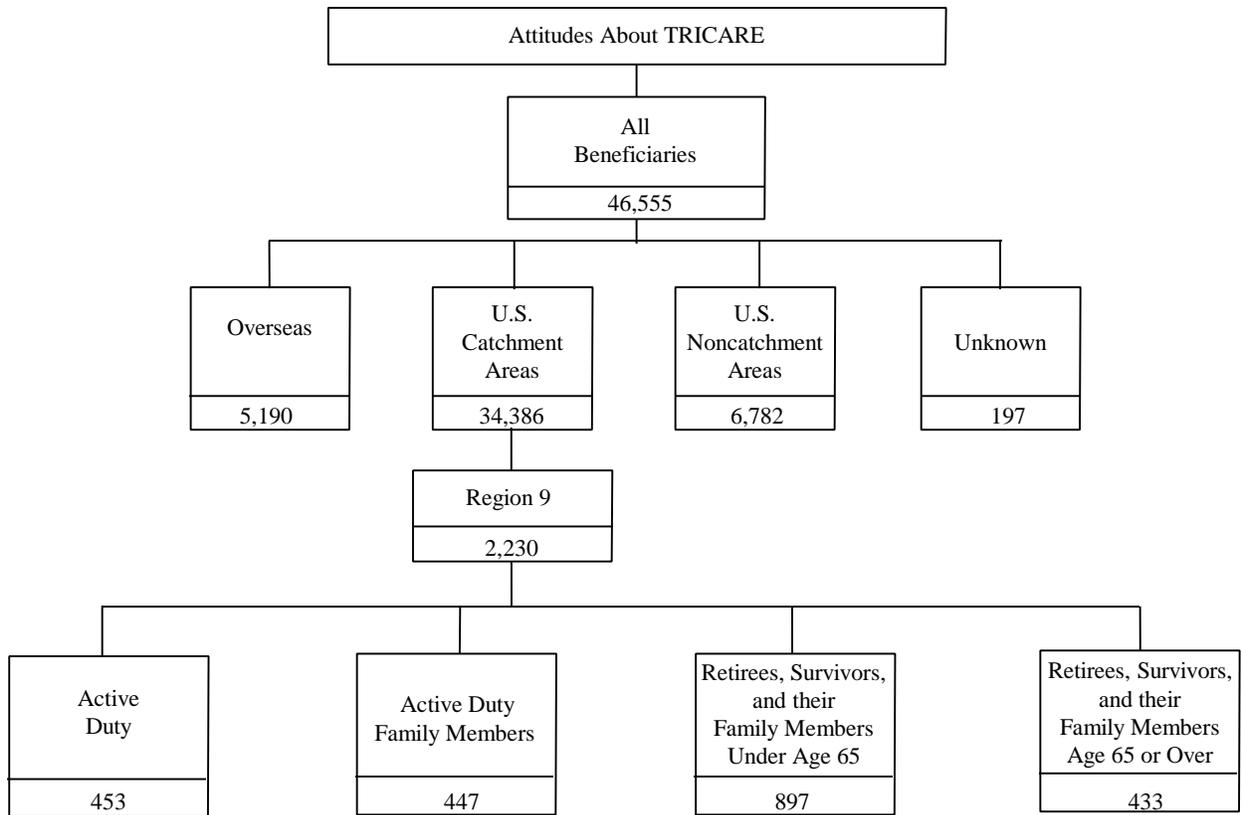


Figure 28. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 9, Southern California, by beneficiary type

Table 28a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 9, Southern California](#)

Table 28b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 9, Southern California, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

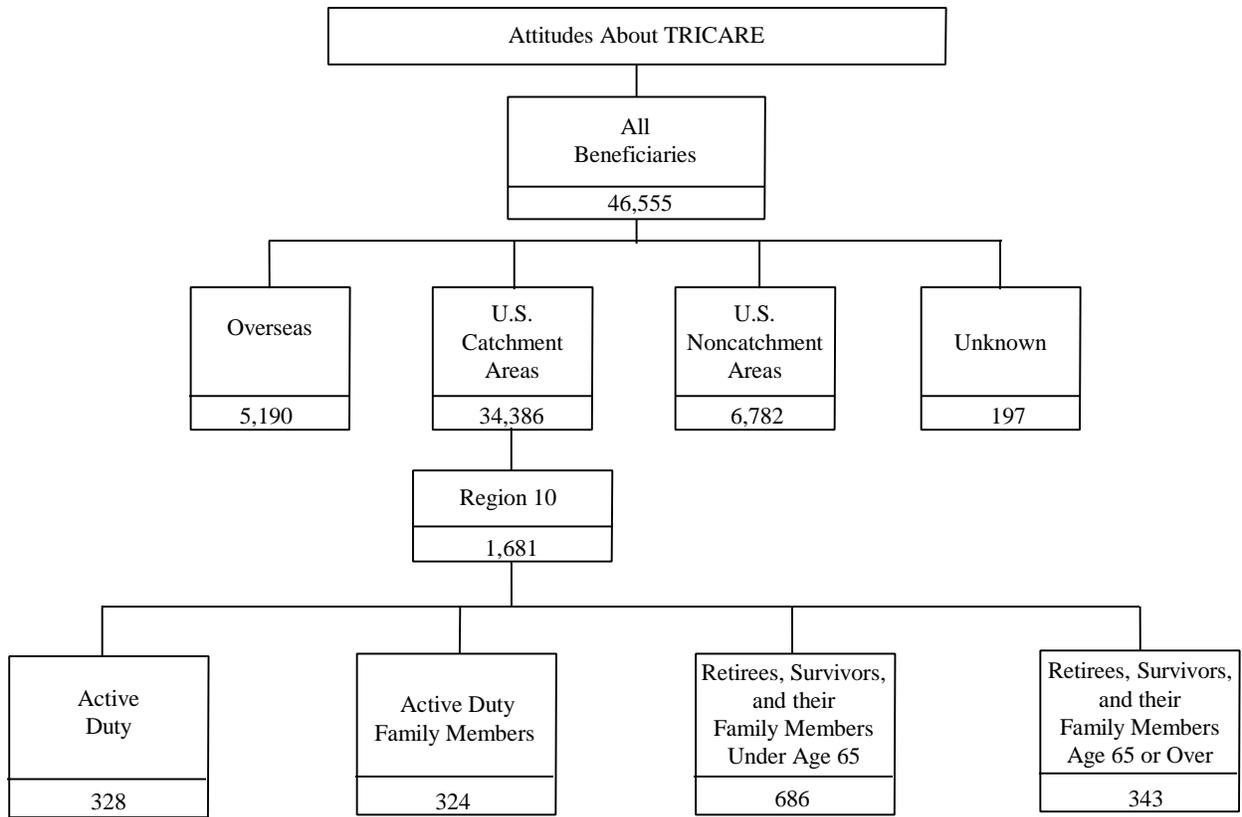


Figure 29. Attitudes about TRICARE- Beneficiaries in catchment areas in Region 10, Golden Gate, by beneficiary type

Table 29a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 10, Golden Gate](#)

Table 29b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 10, Golden Gate, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

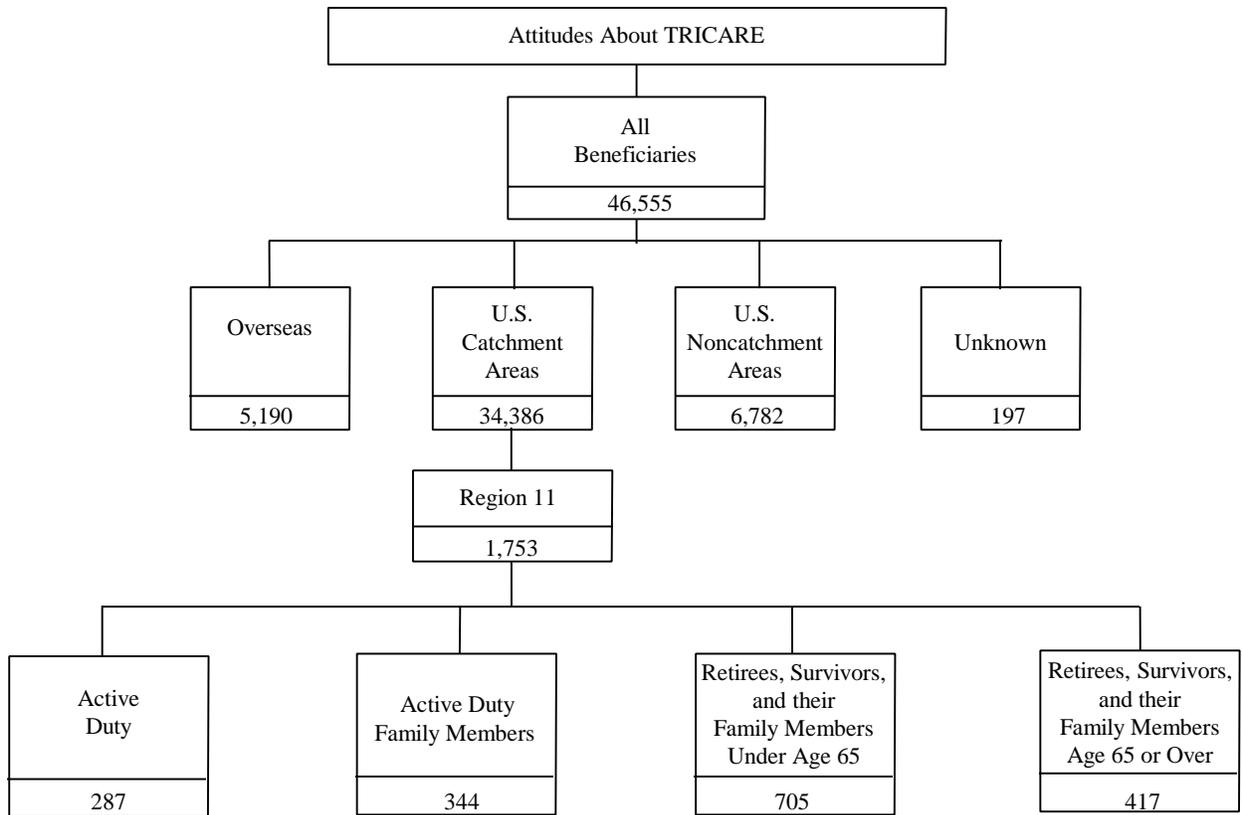


Figure 30. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 11, Northwest, by beneficiary type

Table 30a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 11, Northwest](#)

Table 30b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 11, Northwest, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

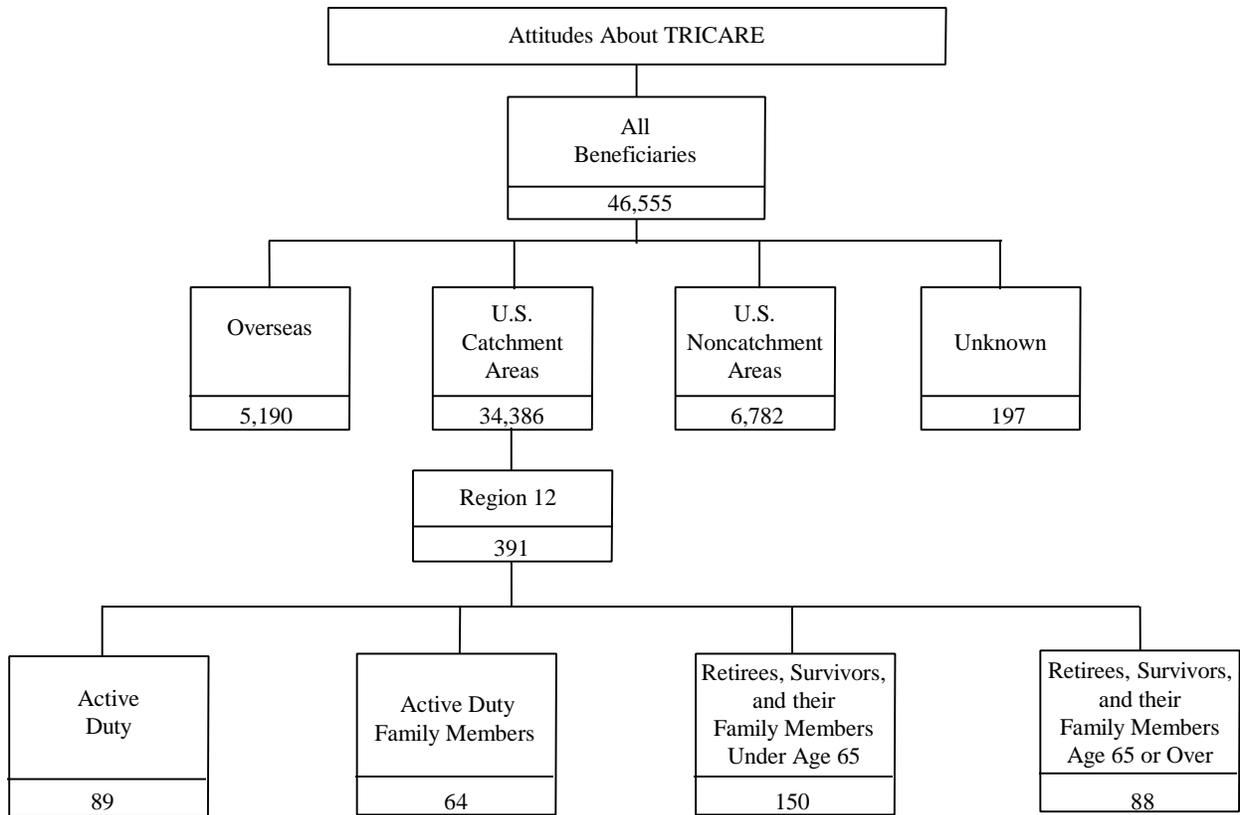


Figure 31. Attitudes about TRICARE - Beneficiaries in catchment areas in Region 12, Hawaii Pacific, by beneficiary type

Table 31a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific](#)

Table 31b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific, Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

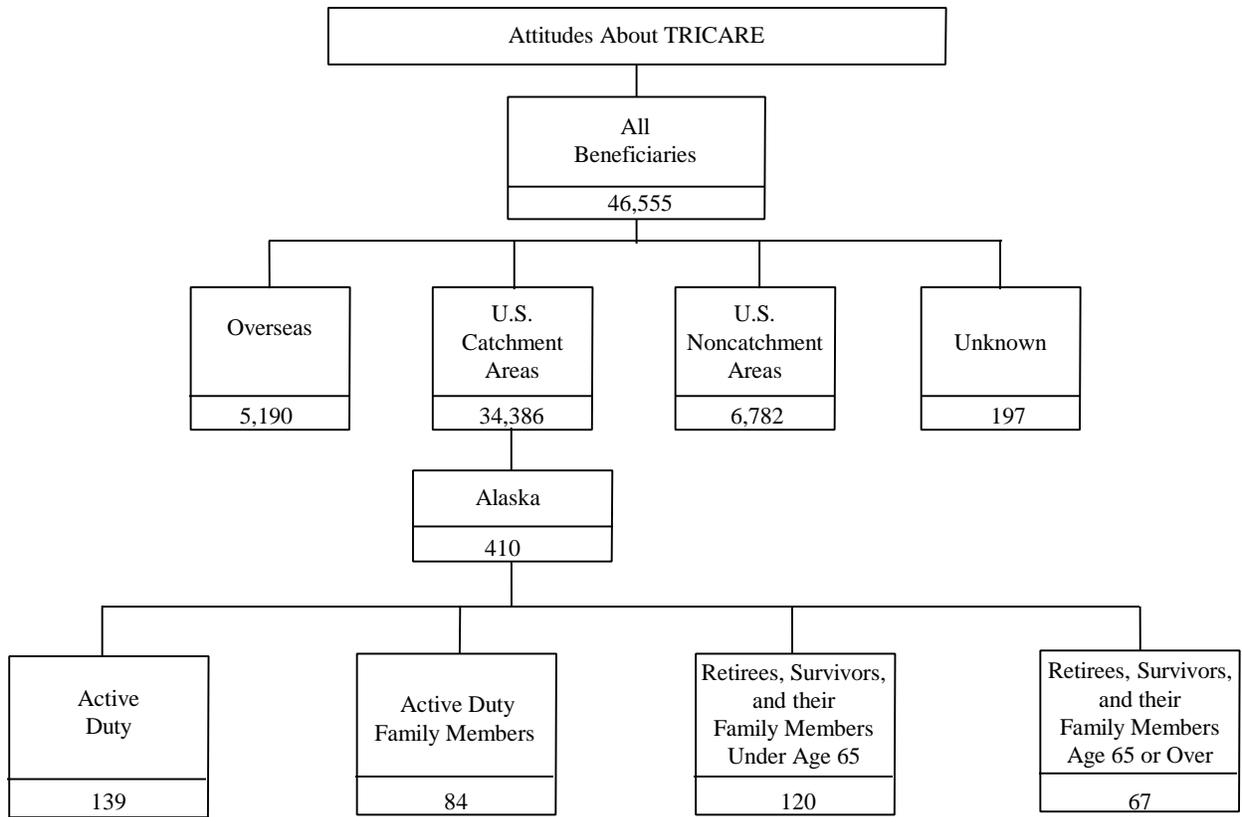


Figure 32. Attitudes about TRICARE - Beneficiaries in catchment areas in Alaska by beneficiary type

Table 32a [Attitudes About TRICARE - Beneficiaries in Catchment Areas in Alaska](#)

Table 32b [Attitudes About TRICARE - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Alaska Who Agree or Strongly Agree with Selected Statements About TRICARE by Beneficiary Type](#)

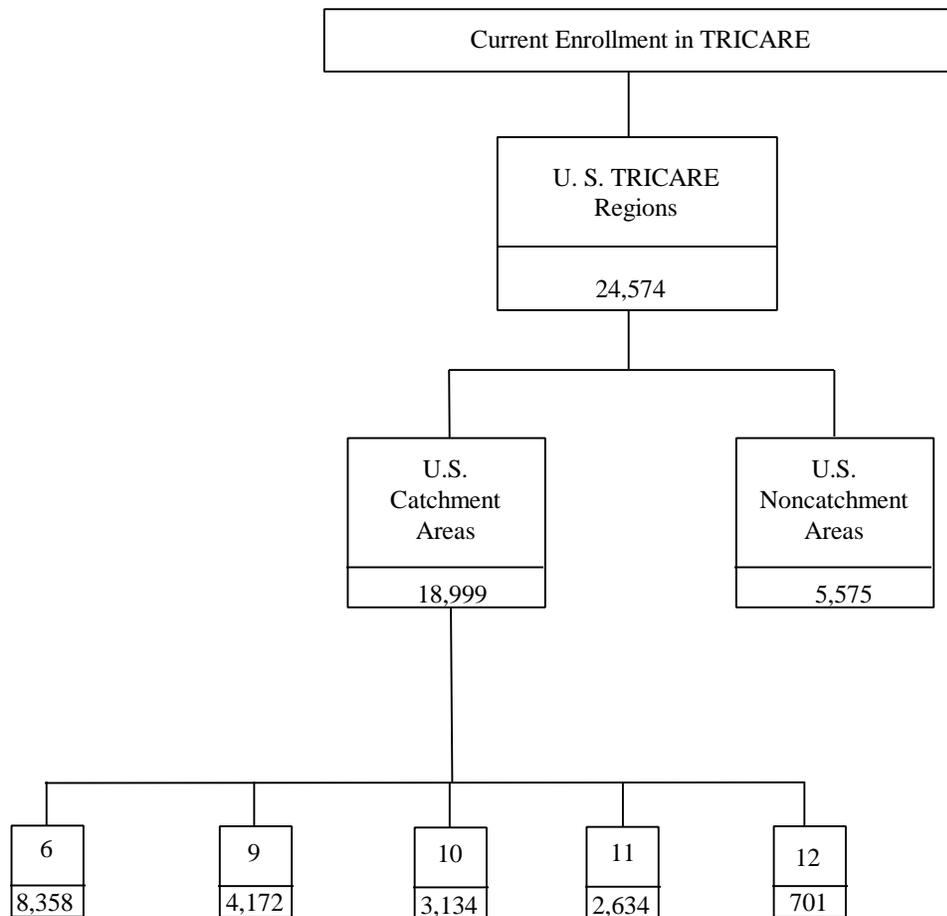


Figure 33. Current and future TRICARE enrollment

Beneficiaries' Current Enrollment Status and Future Enrollment Plans

This section is limited to the five regions that had TRICARE for at least six months at the time of this survey: Regions 6, 9, 10, 11, and 12. The following tables present the beneficiaries' current enrollment in TRICARE and future plans for enrollment in TRICARE. Table 33a presents the information for the five regions as a whole. Tables 34a to 38a present the information for each of the five regions.

A large proportion (61.4%) of U.S. catchment area beneficiaries indicated that they were not enrolled in TRICARE Prime. Beneficiaries enrolled in TRICARE Prime are most likely enrolled with a military, versus civilian, primary care manager. About one third of the beneficiaries indicated that they were likely to be enrolled in TRICARE Prime within the next 12 months.

Of the 5 TRICARE regions, Region 6 recorded the greatest percentage of beneficiaries enrolled with a military primary care manager. Region 10 recorded the highest percentage of beneficiaries enrolled with a civilian primary care manager. The percentage of beneficiaries saying they were likely to enroll in TRICARE Prime within the next 12 months was fairly equal across the 5 TRICARE regions.

Region 6. In general, beneficiaries were more likely to report not being enrolled in TRICARE Prime. Beneficiaries enrolled in TRICARE Prime were more likely to be enrolled with a military, versus civilian, primary care manager.

Compared to retirees under age 65, active duty family members recorded greater percentages of beneficiaries enrolled in TRICARE Prime regardless of the type of primary care manager.

Compared to retirees under age 65, active duty family members were more likely to say they would be enrolled in TRICARE Prime within the next 12 months. About one third of the retirees under age 65 indicated that it was likely they would be enrolled within the next 12 months, compared to about one half of the active duty family members.

Region 9. In general, beneficiaries were more likely to report that they were not enrolled in TRICARE Prime. Beneficiaries enrolled in TRICARE Prime were slightly more likely to be enrolled with a civilian, versus military, primary care manager.

Compared to retirees under age 65, active duty family members recorded greater percentages of beneficiaries enrolled in TRICARE Prime with a military primary care manager. Proportions of beneficiaries enrolled in TRICARE Prime with a civilian primary care provider were similar for the two groups.

Compared to retirees under age 65, active duty family members were more likely to say they would be enrolled in TRICARE Prime within the next 12 months. About one third of the retirees under age 65 indicated that it was likely they would be enrolled within the next 12 months, compared to about one half of the active duty family members.

Region 10. In general, beneficiaries were more likely to report to not be enrolled in TRICARE Prime. Beneficiaries enrolled in TRICARE Prime were slightly more likely to be enrolled with a civilian, versus military, primary care manager.

Compared to retirees under age 65, active duty family members recorded greater percentages of beneficiaries enrolled in TRICARE Prime with a military primary care manager. Proportions of beneficiaries enrolled in TRICARE Prime with a civilian primary care provider were about equal for the two groups.

Compared to retirees under age 65, active duty family members were more likely to say they would be enrolled in TRICARE Prime within the next 12 months. About 40 percent of the retirees under age 65 indicated that it was likely they would be enrolled within the next 12 months, compared to about 60 percent of the active duty family members.

Region 11. In general, beneficiaries were more likely to report that they were not enrolled in TRICARE Prime. Beneficiaries enrolled in TRICARE Prime were slightly more likely to be enrolled with a military, versus civilian, primary care manager.

Compared to retirees under age 65, active duty family members recorded greater percentages of beneficiaries enrolled in TRICARE Prime with a military primary care manager. Proportions of beneficiaries enrolled in TRICARE Prime with a civilian primary care provider were similar for the two groups.

Compared to retirees under age 65, active duty family members were more likely to say they would be enrolled in TRICARE Prime within the next 12 months. About one third of the retirees under age 65 indicated that it was likely they would be enrolled within the next 12 months, compared to about two thirds of the active duty family members.

Region 12. In general, beneficiaries were more likely to report that they were not enrolled in TRICARE Prime. Beneficiaries enrolled in TRICARE Prime were slightly more likely to be enrolled with a military, versus civilian, primary care manager.

Compared to retirees under age 65, active duty family members recorded greater percentages of beneficiaries enrolled in TRICARE Prime with a military primary care manager. Proportions of beneficiaries enrolled in TRICARE Prime with a civilian primary care provider were similar for the two groups.

Compared to retirees under age 65, active duty family members were more likely to say they would be enrolled in TRICARE Prime within the next 12 months. About one third of the retirees under age 65 indicated that it was likely they would be enrolled within the next 12 months, compared to about two thirds of the active duty family members.

Table 33a [Current and Future Enrollment in TRICARE Prime by Location](#)

Table 33b [Current and Future Enrollment in TRICARE Prime - Unweighted and Effective Sample Sizes of Beneficiaries Enrolled in TRICARE Prime and Type of Primary Care Manager and Likely to Be Enrolled by Location](#)

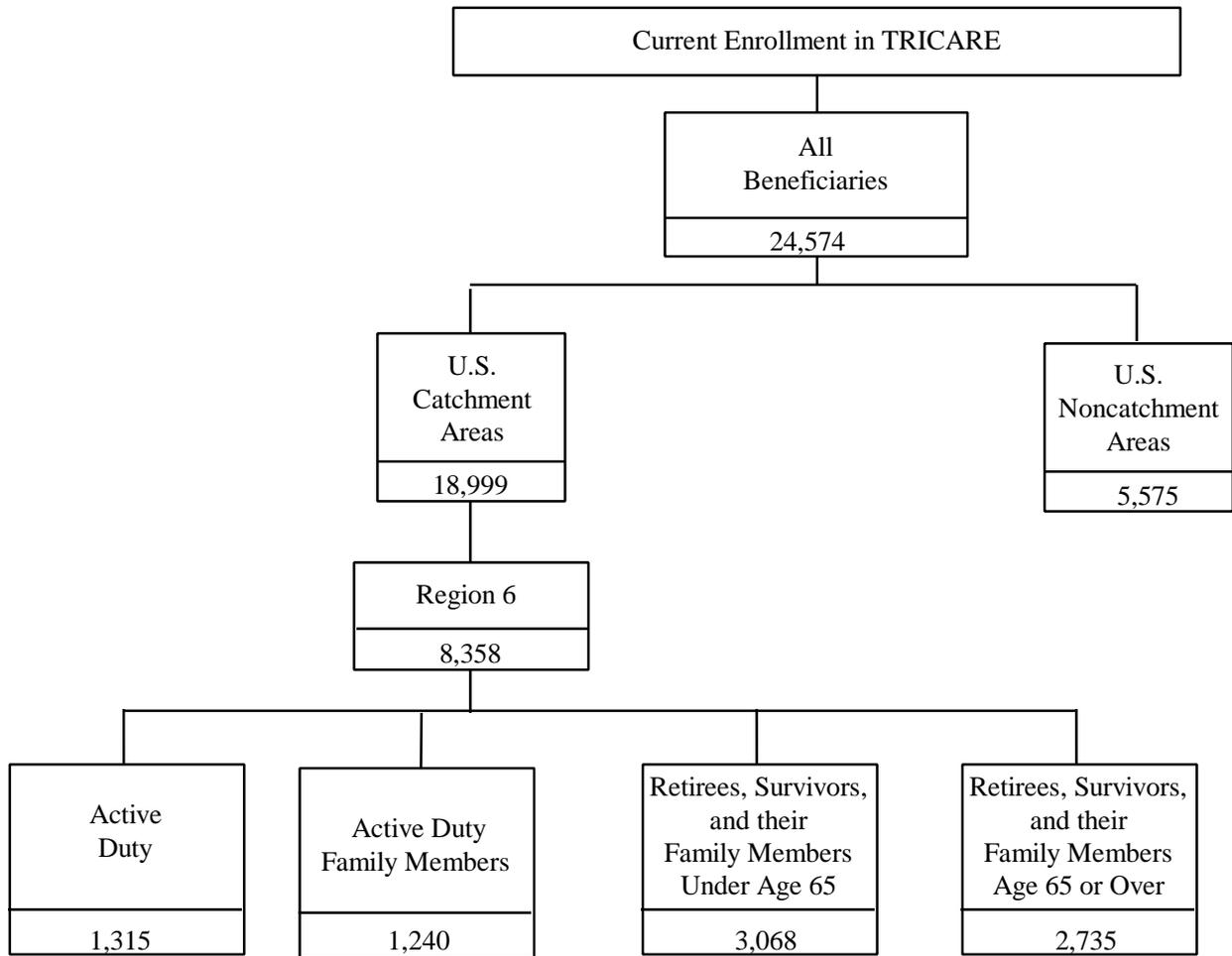


Figure 34. Current and future TRICARE enrollment - Beneficiaries in TRICARE Region 6, Southwest, by beneficiary type

Table 34a [Current and Future Enrollment in TRICARE Prime - Beneficiaries in Catchment Areas in Region 6, Southwest](#)

Table 34b [Current and Future Enrollment in TRICARE Prime - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 6, Southwest, Enrolled in TRICARE Prime and Type of Primary Care Manager and Likely to Be Enrolled by Beneficiary Type](#)

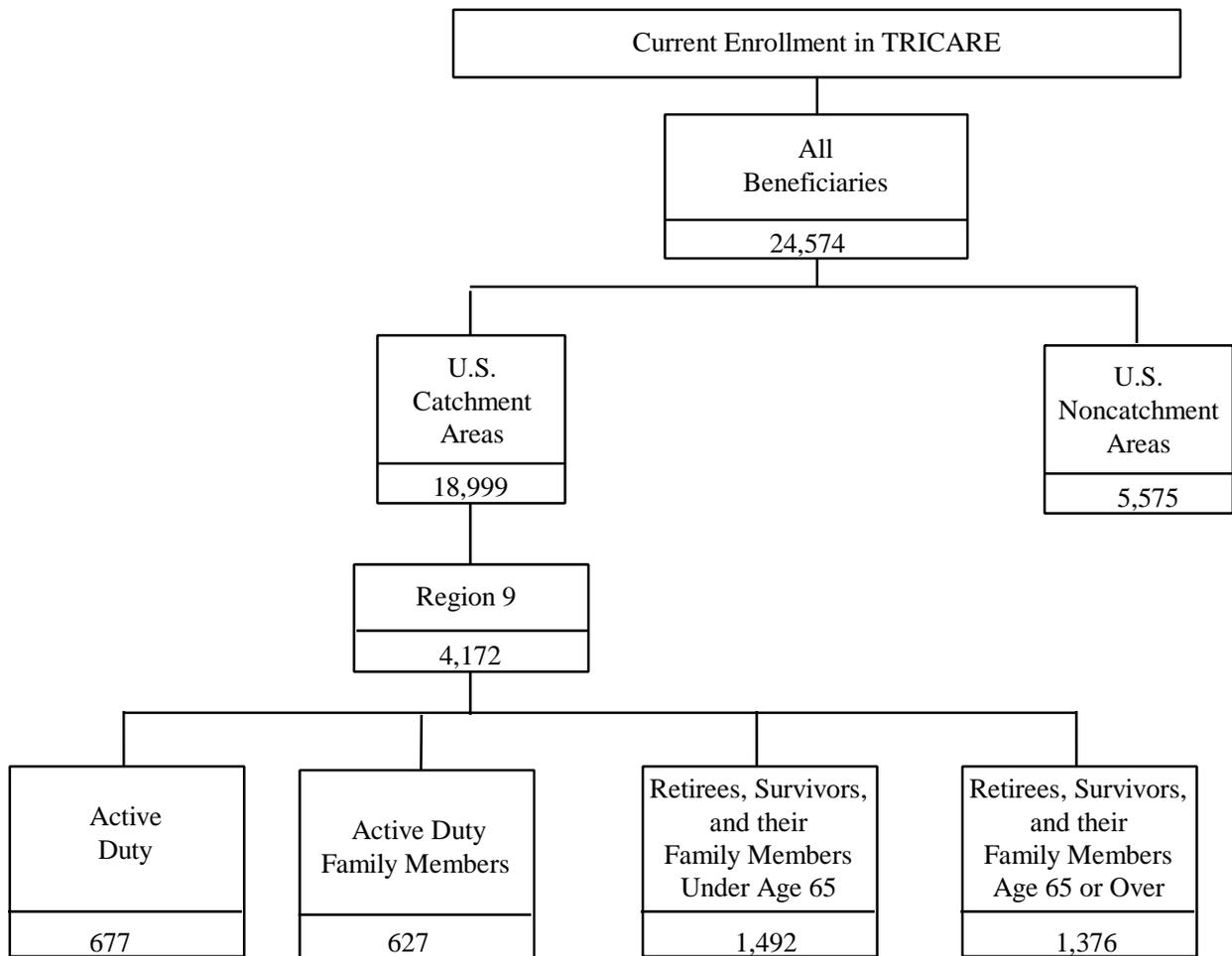


Figure 35. Current and future TRICARE enrollment - Beneficiaries in TRICARE Region 9, Southern California, by beneficiary type

Table 35a [Current and Future Enrollment in TRICARE Prime - Beneficiaries in Catchment Areas in Region 9, Southern California](#)

Table 35b [Current and Future Enrollment in TRICARE Prime - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 9, Southern California, Enrolled in TRICARE Prime and Type of Primary Care Manager and Likely to Be Enrolled by Beneficiary Type](#)

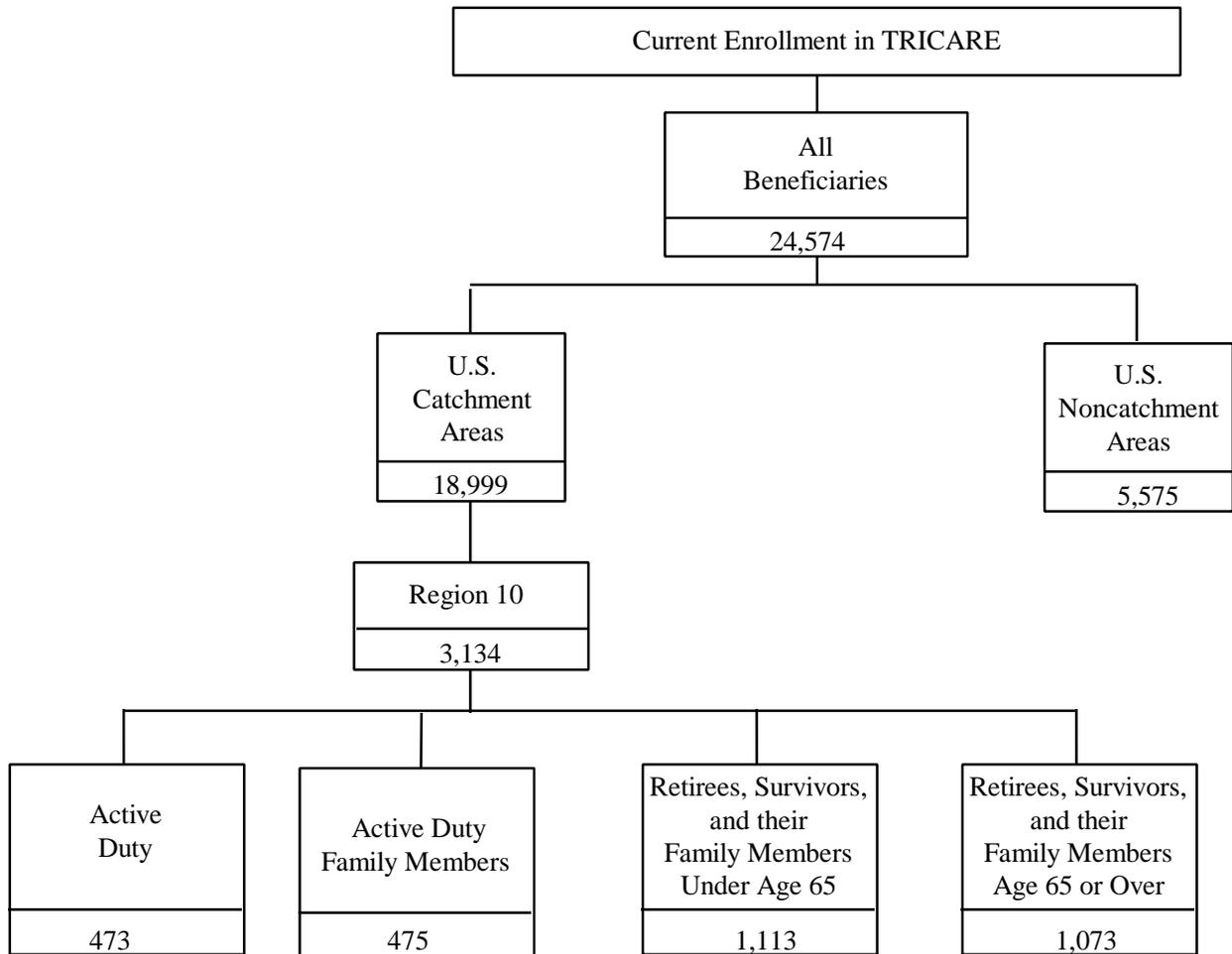


Figure 36. Current and future TRICARE enrollment - Beneficiaries in TRICARE Region 10, Golden Gate, by beneficiary type

Table 36a [Current and Future Enrollment in TRICARE Prime - Beneficiaries in Catchment Areas in Region 10, Golden Gate](#)

Table 36b [Current and Future Enrollment in TRICARE Prime - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 10, Golden Gate, Enrolled in TRICARE Prime and Type of Primary Care Manager and Likely to Be Enrolled by Beneficiary Type](#)

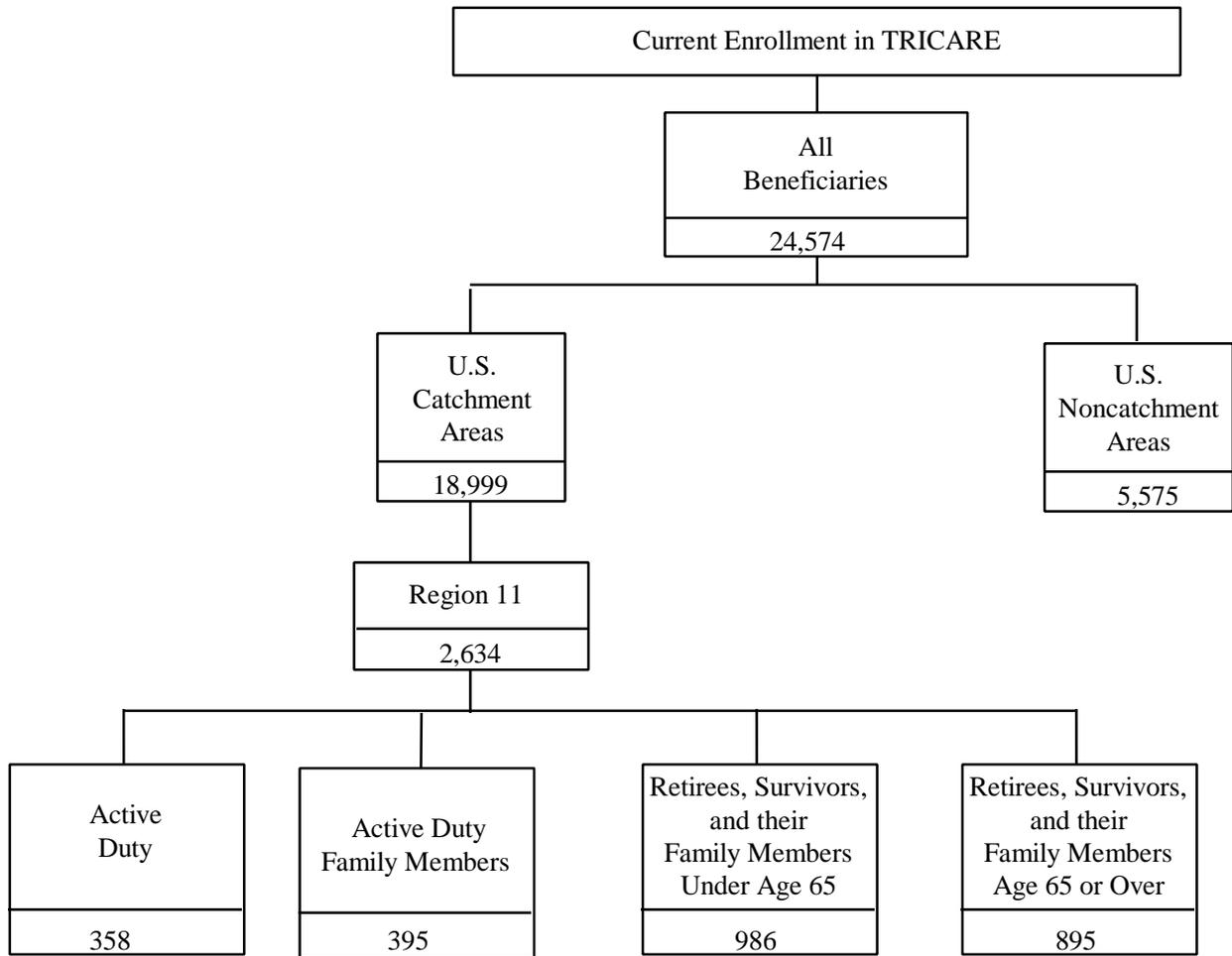


Figure 37. Current and future TRICARE enrollment - Beneficiaries in TRICARE Region 11, Northwest, by beneficiary type

Table 37a [Current and Future Enrollment in TRICARE Prime - Beneficiaries in Catchment Areas in Region 11, Northwest](#)

Table 37b [Current and Future Enrollment in TRICARE Prime - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 11, Northwest, Enrolled in TRICARE Prime and Type of Primary Care Manager and Likely to Be Enrolled by Beneficiary Type](#)

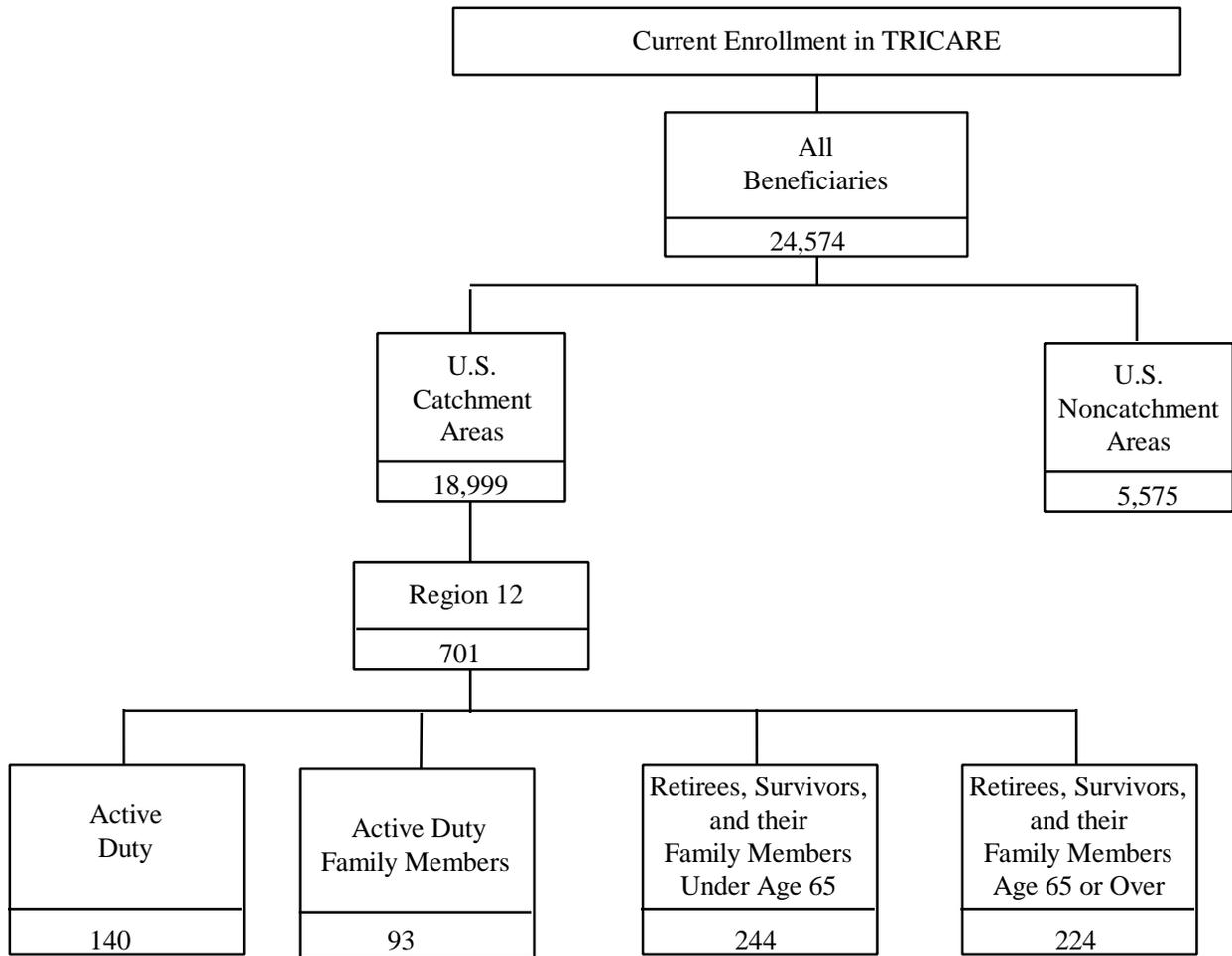


Figure 38. Current and future TRICARE enrollment - Beneficiaries in TRICARE Region 12, Hawaii Pacific, by beneficiary type

Table 38a [Current and Future Enrollment in TRICARE Prime - Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific](#)

Table 38b [Current and Future Enrollment in TRICARE Prime - Unweighted and Effective Sample Sizes of Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific, Enrolled in TRICARE Prime and Type of Primary Care Manager and Likely to Be Enrolled by Beneficiary Type](#)

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Brundage, T., Chu, A., Davis, B., (1997) *1996 Health Care Survey of DoD Beneficiaries Technical Manual - Form A* (DMDC Study Report 96-004). Arlington VA: Defense Manpower Data Center

