TRICARE Military Healthcare System Marketing II Survey: How Should We Reach TRICARE Beneficiaries

Final Report

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EXECUTIVE SUMMARY

The purpose of this study was to gather information from four different TRICARE household types about their TRICARE information needs, sources, and preferences. This study was conducted as a followup to a similar effort conducted in 2003. The information gained will be used by TMA communications and customer service managers to continue to design and carry out effective communication strategies to meet beneficiary needs.

Survey Method

The population of the TRICARE Marketing Study was defined as the universe of benefit users of who had an inpatient admission or ambulatory care encounter with TRICARE within the three months prior to survey administration. This user population consisted of four household types of interest:

- Active Duty;

- Activated Reservists;

- Retirees under 65 years of age; and

- Retirees 65 years of age and over.

The overall data collection goal for this project was 3,400 completed interviews from the total sample, with a goal of 1,360 from the first group and 680 completed interviews for each of the last three groups. The sample frame of the 2005 Marketing Study consisted entirely of married households.

The TRICARE Marketing Survey was conducted using the computer-assisted telephone interviewing (CATI) method. CATI interviewing was conducted between July 7 and August 12, 2005, resulting in a total of 3,625 interviews across the four beneficiary groups (Table 1-1.).

Table E-1.   Count of completed interviews, by household

Beneficiary group	Count
Active Duty	1,539
Activated Reservists	714
Retirees under age 65	692
Retirees age 65 and over	681
Total	3,625

General Findings

The 2003 TRICARE Marketing Survey (2003 Survey) and the 2005 TRICARE Marketing Survey II (2005 Survey) were designed to measure TRICARE users' awareness of available information sources about TRICARE, the types of information they look for, the sources they use to obtain information, their assessment of those sources and the information they provide, and their preferred way to get answers to their questions. Two separate analyses were conducted for this study. The first, presented in Section 5, focused on results obtained from only the 2005 Survey. The second analysis compared results obtained from the 2003 Survey with the 2005 Survey for selected variables. These results are presented in Section 6. General results of each analysis are presented here – first, for the 2005 Survey followed by the comparison between the 2003 and 2005 Surveys.

2005 Survey Results

General Awareness of TRICARE Information Is High

The first item in the questionnaire asked if the TRICARE user was aware of each of four general types of information sources about beneficiary health plans. The findings indicate a high level of awareness: More than four fifths of TRICARE users are aware of at least one of the following:

- Toll-free numbers **94.2%**
- Print materials **93.8%**
- Beneficiary advisors at service centers and MTFs **93.1%**
- Internet sites **85.3%**

Awareness levels are also high within each household type. Moreover, almost 80 percent of households with users were aware of all four information sources.

Many TRICARE Users Look for Information

TRICARE users were next asked if they looked for TRICARE information in the past year on 12 specific topics, or any other topic. Overall, almost 83 percent of TRICARE users looked for TRICARE information in the past year. Percentages vary somewhat across household types, ranging from a low of 63.3 percent for households with retirees 65 years of age and over to a high of 88.6 percent for the Active Duty group.

TRICARE Users Seek Information About Many TRICARE Topics

TRICARE households using TRICARE services look for many types of information. The top three types of information include:

- Scheduling an appointment **49.1%**
- Phone numbers for health care providers or MTFs **46.3%**
- Referrals to specialists or other doctors **42.1%**

Two household types differ the most from the overall findings regarding types of information they seek. TRICARE users in the 65-and-over retiree households most commonly want information on local pharmacies participating with TRICARE (29.0%), prescription benefits (28.8%), and billing or claims (26.8%). Reserve Component households, in contrast, seek information about phone numbers for health care providers for MTFs (55.7%), enrollment or disenrollment with TRICARE (52.7%), and benefit coverage for current beneficiaries (50.1%).

TRICARE-Managed Sources of Information Rank High in Use

Users of TRICARE service were asked three questions about sources of information they used in the past year to get information about their health plans.

The findings indicate that users of TRICARE services who look for TRICARE information rely on various sources for answers and assistance. Specific information sources selected by at least 45 percent of TRICARE households include the following sources:

- TRICARE printed materials **56.9%**
- Beneficiary advisors at service centers and MTFs **55.6%**
- TRICARE toll-free numbers **49.0%**
- TRICARE Internet sites **44.8%**

Two other sources are used by about 30 percent of all TRICARE households with users looking for information: TRICARE doctors, nurses, or technicians at a military hospital or clinic (33.2%) and military newspapers or newsletters (32.2%).

Again, differences exist among household types. The information source used most commonly by Reserve Component households is TRICARE Internet sites (63.3%). Active Duty households frequently use TRICARE beneficiary advisors at service centers, hospitals, or clinics (66.4%). For households with retirees, the most cited source is print materials (59.4% for under the 65 group and 59.5% for the 65-and-over group). The second and third most common sources of information for the 65-and-over retiree group are two sources not managed by TMA: military newspapers or newsletters (58.3%) and veterans' organizations or military associations (34.4%).

TMA-Managed Sources Rank High As Primary Sources

TRICARE users were asked which one source was their primary source. Overall, the top four primary information sources for those using TRICARE services are:

- TRICARE Internet sites **22.1%**
- Beneficiary advisors at service centers and MTFs **19.1%**
- TRICARE toll-free numbers **13.9%**
- TRICARE doctors, nurses, or technicians at a military hospital or clinic **9.6%**

Two TRICARE print materials (handbooks and brochures) are each the primary source for just over 6 percent of households with users seeking information about TRICARE. Nineteen percent of households with retirees 65 years and over use military newspapers and newsletters as their primary source of information about TRICARE.

Primary Sources Are Good Sources of Needed Information

Users of TRICARE services were next asked whether they receive *all, most,* or *some* of the information they seek from their primary source. About one third (34.3%) of TRICARE households receive *all* the information they need from their primary source, nearly one half (43.7%) receive *most* of the needed information, and about one-fifth (21.9%) receive *some* of the information they need about TRICARE.

TRICARE Users' Assessment Ratings Are Generally High

All users reporting they had used a "TRICARE-managed" source of information in the past year were asked three followup questions for each source of information used. The questions asked how easy it was to get and understand information from the source and how useful the source was in providing them with needed information. Response options for the first two questions included *easy, fairly easy,* and *not easy at all;* options for the third question were *useful, fairly useful,* and *not useful at all*.

Generally, all of the TMA- managed information sources were rated as easy or fairly easy to get, to understand, and useful in answering beneficiary questions. Only one information source received overall negative ratings above 10 percent; 16 percent of total households rated the information received from customer service agents at a TRICARE toll-free call center as not easy to get. However, more than 90 percent did rate the information (when finally connected) as easy or fairly easy to understand as well as useful. For all of the other TRICARE-managed information sources that were rated, fewer than 8 percent of households rate TRICARE-managed sources of information as not easy to find and understand and not useful in answering their questions.

User Assessment—TRICARE Sources Are Accessible to TRICARE Households

Overall, the top five sources that households rate as "easy to get" information from are:

- Military-sponsored town hall meetings on base   **69.5%**
- Briefings or orientations (about TRICARE)   **66.5%**
- Print materials (handbooks, brochures, periodicals)   **64.3%**
- TRICARE doctors, nurses, or technicians   **64.1%**
- Beneficiary advisors at service centers and MTFs   **56.3%**

User Assessment—TRICARE Sources Are Easy to Understand

Nearly 60 percent of all users seeking information about TRICARE rate the information from TRICARE-managed sources as easy to understand. Overall percentage ratings of *easy to understand* are highest for the following five sources:

- TRICARE doctors, nurses, or technicians   **67.4%**
- Military-sponsored town hall meetings on base   **62.6%**
- Beneficiary advisors at service centers and MTFs   **60.0%**
- Customer service agents at TRICARE toll-free call centers   **59.3%**
- Briefings or orientations (about TRICARE)   **59.1%**

This list is similar to the top-five "easy to get" list with the exception that the printed materials source has been replaced by TRICARE customer service agents at toll-free call centers as one of the top five easy to understand sources.

User Assessment—TRICARE Sources Provide Useful Information to Households

TRICARE users regard information from the TRICARE-managed sources as useful. The five sources with the highest overall percentages of TRICARE households rating them as providing useful information are:

- Beneficiary advisors at service centers and MTFs **72.9%**
- TRICARE doctors, nurses, or technicians **71.7%**
- Military-sponsored town hall meetings on base **69.6%**
- Briefings or orientations (about TRICARE) **66.3%**
- Customer service agents at a TRICARE toll-free call center **65.7%**

Some Sources Are Difficult to Use

TRICARE users were asked which source was most difficult for them to use. About half of TRICARE users overall think TRICARE telephone and electronic sources are the most difficult sources to use to get information about TRICARE. This finding applies to all four types of households.

Satisfaction Is High—Especially Among Older Retirees and Their Spouses

The questionnaire included an item on overall satisfaction with available information about TRICARE. The results are positive: About 8 of every 10 (80.6%) households identified as TRICARE information seekers are satisfied (55.6%) or very satisfied (25.0%) with available information. Satisfaction levels (satisfied/very satisfied) range from 79.1 percent among the Active Duty group to 89.7 percent of the 65-and-over retiree group.

Household Types Differ Regarding Preferences for Getting TRICARE Information

Respondents from TRICARE households with beneficiaries who looked for information as well as those with beneficiaries who did not look for information in the past year were asked, first, how they most prefer to get answers to their TRICARE questions and, second, how they least prefer to get answers. Overall, TRICARE households most prefer to get answers in the following ways:

- Face-to-face **28.4%**
- Telephone **28.3%**

- ■ Mail   **18.4%**
- ■ Internet sites   **16.7%**

Preferences varied across household types. For example, Active Duty households most prefer getting TRICARE information face-to-face (35.0%). The telephone is most preferred by Reserve Component households (30.0%) and households with retirees under age 65 (32.5%). Households with retirees 65 years and over most prefer getting answers to their TRICARE questions by mail (39.9%).

TRICARE users who most prefer using the telephone were asked three followup questions about what type of telephone call they were thinking about: local calls to TRICARE staff, TRICARE toll-free numbers that are entirely automated, and toll-free numbers with menus leading them to a TRICARE representative. For the most part, households that preferred to use the telephone were thinking about talking to a live person—either by using menu-driven toll-free numbers leading to a TRICARE representative (79.5%) or by calling local TRICARE staff (68.0%). Those in 65-and-over retiree households were more likely than beneficiaries in the other three groups to be thinking about entirely automated calls (32.6% vs. 15.9% to 21.9% for the other three groups).

Market Reach Results

A special analysis was conducted to inform TMA about market reach on the TRICARE user population. The goal was to provide TMA with a prioritized list of the seven surveyed TRICARE sources managed by TMA that could be used to reach an increasing percentage of the TRICARE user population. The results indicate that TRICARE officials could reach approximately 70 percent (72.1%) of the general TRICARE user population with three sources of information; TRICARE printed materials, TRICARE beneficiary advisors, and customer service agents at toll-free numbers. Also, these three sources reach approximately 87 percent of the TRICARE households *who sought information about TRICARE in the past year.*

Comparisons Between 2003 and 2005 Findings

Selected comparisons of 2003 and 2005 findings from the TRICARE Marketing Survey were made among three household types—active duty, retirees under age 65, and retirees 65 years and over. Reserve Component households were excluded from the comparisons because only spouses of Reserve Component members, not the members themselves, were surveyed in 2003. Statisticallyl significant overall differences at an alpha level of .05 are highlighted, as well as differences in satisfaction levels by household type. Other noted differences regarding individual household types were not tested for significance.

Awareness of Information Sources

Compared with 2003, TRICARE households with users of TRICARE services are more aware of TRICARE Internet sites (up by 6.4 percentage points, to 83.6%), TRICARE staff (up by 4.7 points, to 93.2%), and TRICARE print materials (up by 2.4 points, to 93.4%). There was no change in awareness for TRICARE toll-free numbers (still 93%). Awareness of TRICARE Internet sites increased by more than 10 percentage points among retiree households. In addition, households with retirees 65 years and over are more aware of TRICARE staff (up 11.2 points, to 84.5%).

Sources of Information for TRICARE Users

Since 2003, TRICARE households have increased their use of one information source managed by TRICARE, and decreased their use of two other sources:

- TRICARE Internet sites   **+4.8** points, to 39.9%
- TRICARE doctors, nurses, or technicians   **–4.8** points, to 33.9%
- Military-sponsored town hall meetings on base   **–1.9** points, to 4.4%

There were no significant changes regarding use of TRICARE beneficiary advisors and briefings or orientations about TRICARE as sources of TRICARE information.

User Assessment of TRICARE-Managed Information Sources

TRICARE households with users were asked to assess information sources managed by TMA by reporting how easy it was to get information from the source (*easy, fairly easy, not easy at all*), how easy it was to understand the source (*easy, fairly easy, not easy at all*), and how useful the source was in answering users' questions (*useful, fairly useful, not useful at all*). They were also asked to report which source was the most difficult to use. Comparisons were conducted for five TMA-managed sources of information: (1) TRICARE beneficiary advisors at a service center or a military treatment center or clinic; (2) TRICARE Internet sites; (3) TRICARE doctors, nurses, or technicians; (4) briefings or orientations (about TRICARE); and (5) military-sponsored town hall meetings on base.

Assessment Ratings. Of the five sources for which comparisons were made, the assessment ratings for Internet sites were the only ratings reflecting significant changes since 2003. The percentage of households reporting that TRICARE Internet sites are not easy at all to get information from rose from 6.5 percent to 10.4 percent. There were no changes in ratings on how easy it is to understand the information from TRICARE Internet sites. The 2005 ratings on usefulness of TRICARE Internet sites in answering questions, however, are more negative: The rating of *useful* dropped from 60.4 percent to 52.7 percent, and the rating of *not useful at all* increased from 4.9 percent to 9.4 percent.

Difficulty Ratings. In addition, the percentage of households reporting that TRICARE Internet sites are the most difficult to use increased from 12.9 percent in 2003 to 23.9 percent in 2005. That finding reflects changes primarily in active duty households and households with retirees under age 65.

In contrast, the percentage of households reporting that TRICARE toll-free numbers are the most difficult source to use declined by nearly 5 points, to 25.7 percent in 2005. The decline is reflected in findings for active duty households, but not in retiree households.

Primary Sources of TRICARE Information

The TRICARE Marketing Survey includes an open-ended item asking households what their single primary source of information about TRICARE was in the past year. Then they were asked how effective that source was in providing them with the information they needed—Did the source *provide all the information, most of the information,* or *some of the information?*

Primary Sources. The following four sources were the top primary sources for TRICARE service users in active duty and retiree households in 2003 and 2005:

	2005	2003
■ TRICARE beneficiary advisors at a service centers and MTFS	19.5%	20.8%
■ TRICARE Internet sites	18.6%	16.0%
■ TRICARE toll-free numbers	13.5%	13.9%
■ TRICARE doctors, nurses, or technicians at a military hospital or clinic	**9.9%**	**13.2%**

The rating change for TRICARE doctors, nurses, or technicians was the only significant change since 2003.

Amount of Information Provided By Primary Sources. There were no changes between 2003 and 2005 in overall ratings for how much information is provided by primary sources: About one-third of all households get *all* the information they seek, almost half get *most* of the information, and about one-fifth get *some* of the information.

Satisfaction With Available Information About TRICARE

The TRICARE Marketing Survey includes an item to measure overall satisfaction with information about TRICARE. The 5-point response scale ranges from *very satisfied* to *very dissatisfied.* The overall satisfaction level (very satisfied/satisfied) with information about TRICARE remained high between 2003 and 2005 (slightly more than 80% in both years). There was a significant increase in the *very satisfied* rating among retirees under age 65 (rose from 22.6% to 29.6%). The *very satisfied* rating among households with retirees aged 65 and over dropped slightly, from 42.7 percent to 40.5 percent.

Preferences for Getting TRICARE Information

Household users, both seekers and nonseekers of TRICARE information in the past year, were asked about their most and least preferred methods for getting answers to their TRICARE questions.

Method Most Preferred. Most preferred ratings increased from 2003 to 2005 for two methods:

- Telephone   **+3.0 points,** to 28.0%
- Mail   **–3.3 points,** to 19.9%

Those rating changes are reflected mostly in retiree households. Household ratings for most preferring to get answers face-to-face, on TRICARE Internet sites, and by email remained stable between 2003 and 2005.

Least Preferred Method. The rating for least preferred method declined for the telephone method, from 26.3 percent to 23.2 percent. The decline is reflected mostly in the ratings of active duty households. Least preferred ratings were similar in 2003 and 2005 for four methods: mail, Internet sites, email, and face-to-face.

1. BACKGROUND AND PURPOSE OF STUDY

In response to the challenge of maintaining medical combat readiness while providing the best health care for all eligible personnel, the U.S. Department of Defense (DOD) introduced TRICARE. TRICARE is a regionally managed health care program that provides military health care to almost 9 million beneficiaries—active duty Service members and their families, as well as retirees and their families, survivors, and activated Reserve component members who qualify. TRICARE brings together the health care resources of the Army, Navy, and Air Force and supplements them with networks of civilian health care professionals to provide better access and high-quality service while maintaining the capability to support military operations.

TRICARE offers eligible beneficiaries four choices for their health care: TRICARE Prime; TRICARE Extra; TRICARE Standard; and TRICARE for Life. In general, all active duty personnel are required to be enrolled in TRICARE Prime. Active duty personnel pay no fees for TRICARE Prime. Active duty family members are eligible for all three TRICARE options and although they pay no enrollment fees they must choose an option (i.e., Prime, Standard, or Extra) and, where necessary, apply for enrollment. Retirees under age 65 and their family members are also eligible for all three TRICARE options; however, there are applicable enrollment fees and enrollment requirements. Retirees age 65 and over and their family members are not eligible for any of the TRICARE Prime or TRICARE Extra options; however, they are eligible for the TRICARE Standard option under the TRICARE for Life program. TRICARE for Life is a "medigap"-type wraparound coverage where TRICARE is the second payer and will pay remaining out-of-pocket expenses. To be eligible for this program, beneficiaries must be enrolled in Medicare Part B. Enrollment in TRICARE for Life is automatic with enrollment in Medicare Part B.

The purpose of this study was to gather updated information from households of TRICARE beneficiaries—active duty members and spouses, activated reservists and spouses, and military retirees and their spouses—about their TRICARE information needs, sources, and strategies in order to identify differences among the various household types. The information gained will be used by TRICARE Management Activity (TMA) researchers and the TMA Communications and Customer Service Directorate to design and carry out effective communications to meet the range of needs identified.

The report describes the design, operations, and results of the TRICARE Marketing II Study in six chapters:

1. Background and Purpose;

2. Survey Method;

3. Data Collection;

4. Data Preparation;

5. 2005 Survey Findings; and

6. Comparison of Selected 2003 and 2005 Survey Findings.

Several appendixes contain supporting project materials, including the TRICARE Marketing II survey questionnaire, data analysis tables, and additional analytic tables.

2. SURVEY METHOD

2.1   Sample Design and Selection

The population of the TRICARE Marketing Study was defined as the universe of TRICARE benefit users who had an inpatient admission or ambulatory care encounter within the three months prior to the survey administration. Four specific population segments were of interest in this study:

1. Active duty Service members and spouses;

2. Activated reservists and spouses;

3. Retirees under age 65 and spouses; and

4. Retirees age 65 years and over and spouses.

The data collection requirement for this project was to collect a total of 3,400 completed interviews from the population, with a target number of 1,360 completed interviews set for the first group and 680 completed interviews for the last three groups. To meet these requirements, Westat constructed a sample frame for each of these beneficiary groups and drew a probability sample of sufficient size to meet data collection goals. Sample frame construction and sample selection are described below.

Sample Frame Construction. Standard Technology, Inc., under the direction of TMA, supplied Westat with sample frame files. Files consisted of the name and contact information of eligible active duty Service members and their spouses, activated Reservists and their spouses, and retirees and their spouses. Eligibility was defined as four beneficiary groups within the households who, according to the records, had an inpatient admission or ambulatory care encounter within the 3 months before the survey administration. Information from the following four files, provided by TMA, was used to identify the households:

1. Standard Inpatient Data Record (SIDR);

2. Standard Ambulatory Data Record (SADR);

3. Health Care Service Record – Institutional (HCSRI); and

4. Health Care Service Record – Non-Institutional (HCSRN).

Table 2-1 summarizes the sample frame files supplied by Standard Technology, Inc.

Table 2-1.   Sample Population Files: Counts by Population Group

Population group	Record count
Active Duty Households	609,241
Activated Reservists Households	110,274
Retirees under age 65 Households	546,434
Retirees age 65 and over Households	467,799
Total	1,733,748

Files contained TRICARE user name, address, telephone number, gender, age, pay category, beneficiary category, identification number (ID), and DEERS Dependent Suffix (DDS). Initial file inspection checked the admissibility of telephone numbers[1] and identified incomplete or inappropriate addresses.

Table 2-2 presents final sample frame counts after address cleaning. Approximately three percent of the cases were dropped at this stage. The number of dropped records differed somewhat by household group with the largest percentage of dropped records found among the Active Duty households.

Table 2-2.   TRICARE marketing survey sample frame, by household

Population group	Sample frame records retained
Active Duty	575,515
Reserve Component	106,842
Retirees under age 65	541,298
Retirees age 65 and over	464,023
Total	1,686,678

Sample Selection. Assumptions regarding expected sample yields were made based upon sample yields from earlier TMA surveys of the sampled populations. Prior experience indicated that the most difficult population to contact and complete surveys would be Active Duty households. For these, the assumption was made that it would take approximately three sample cases to yield one completed household interview. For the other household groups our assumption was that it would take approximately two sample cases to yield one completed interview. As detailed in Table 2-3, these assumptions led to primary samples of 4,145, 1,349, 1,171, and 1,395 for Active Duty, reservist, retiree under 65, and retiree over 64 households, respectively.

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[1] Admissible telephone numbers contained 10 digits. Blank fields, zero-filled, or other constant-filled telephone numbers were evaluated as inadmissible and dropped from the frame file.

Table 2-3 also contains a column for reserve sample. This is an additional sample held back and only released if expected sample yields were not being reached and additional sample was required to obtain the desired number of completed interviews. The use of reserve samples is a standard Westat method of "hedging" sample size in circumstances of less-than-precise yield expectations. If more sample is needed to achieve study goals, it is immediately available for release to interviewers. No *ad hoc* sampling is required in the middle of data collection. In the last column of Table 2-3 the total sample worked is presented. For Active Duty and retiree over 64 households no reserve sample was needed. For the Reserve Component and retiree under 65 households, it was necessary to release 295 and 200 additional sample cases, respectively, in order to meet study goals for completed surveys.

Table 2-3. Total TRICARE marketing survey sample

Population group	Primary sample	Reserve sample	Worked sample
Active Duty	4,145	1,036	4,145
Reserve Component	1,349	337	1,644
Retirees under age 65	1,171	293	1,371
Retirees age 65 and over	1,395	348	1,395
Total	8,060	2,014	8,555

All samples were drawn using a systematic random method. Once the frame files were processed and cases with inappropriate or missing phone numbers and addresses eliminated, the files were concatenated into a master frame file sorted by the original ID contained on the file. Each case was then assigned a new randomly generated eight-digit identification number, and the old ID was stripped from the record. Once this operation was completed, the master frame was divided into subfiles for each of the four household groups. These files were sorted by the new ID number, then they were systematically sampled until the required number of cases was produced. Sampled cases from each household group were then concatenated and sorted by the random ID, to thoroughly randomize the order of sampled cases.[2]

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[2] This randomization assures that the composition of any part of the sample is the same as any other portion. This method is central to Westat's use of an adaptive sample release strategy.

2.2   Questionnaire Development

The TRICARE Marketing Survey II Questionnaire was a slightly modified version of the questionnaire used for the 2003 Study. These modifications reflected updates and changes to the TRICARE information sources and programs since 2003. The survey's objective was to collect data to answer the following research questions:

- What types of benefit information do TRICARE beneficiaries need and look for?

- What sources of information do they use?

- How do they assess those information sources? Are they easy to access and understand? Do they provide useful information? Are they difficult to use?

- Overall, how satisfied are beneficiaries with TRICARE information sources?

- How do beneficiaries prefer to get TRICARE information?

- For specific information and information sources, have the views of the beneficiary groups changed since 2003?

The questionnaire had a relatively short administration time (10 minutes). Demographic items were excluded from the survey because of the need to keep the questionnaire short and because this information, if needed, was available in other files such as the TRICARE user file used for sample selection and Service personnel files.

A full description of the development process for the original questionnaire can be found in "*TRICARE Military System Marketing Survey, Final Report*, April 14, 2004." Submitted to TRICARE Marketing Activity, Falls Church, VA.

2.3   Computer-Assisted Telephone Interviewing (CATI) Instrument Development

CATI programming of the 2005 survey instrument was performed and followed several steps, beginning with conversion of the questionnaire into CATI specifications, then into programming language. In addition to programming questionnaire items, the CATI staff programmed project-specific procedures into the CATI system. For example, in this study a verbal message about the survey was left on answering machines, so a message was developed, then a specification was written and translated into programming language. The final step in CATI development was testing the completed programmed instrument. The purpose of testing was to verify that the CATI screens, data handling, instrument flow patterns, and database contents were

programmed accurately based on specifications. CATI testing was performed by data preparation and project staff; they did not uncover any major changes necessary for the TRICARE Marketing II questionnaire.

2.4 Pilot Test

Prior to initiating data collection, Westat conducted an internal pilot test of the TRICARE Marketing II Survey at its Rockville Telephone Research Center (TRC). Since this instrument was similar to the 2003 survey instrument, the pilot test focused on ensuring item flow, content, and skip patterns were correct.

The pilot test confirmed the survey instrument met the project goals and the administration time was satisfactory. A synopsis of the final instrument appears in Table 2-4. Appendix A includes a copy of the final TRICARE Marketing II Survey instrument.

Table 2-4.   Structure of final TRICARE marketing survey questionnaire

Research questions	Questionnaire items
What TRICARE sources are beneficiaries aware of?	1
What information have beneficiaries looked for?	2–3
What sources of information have beneficiaries used? What was their primary source? How comprehensive was the information from the primary source?	4–8
How do beneficiaries assess the information sources?	
"TRICARE-sponsored" sources:	
Was the information easy to get?	9a
Was the information easy to understand?	9b
Was the information useful in answering the beneficiaries' questions?	9c
What information source was the most difficult to use?	10
Overall, are beneficiaries satisfied or dissatisfied with available TRICARE information?	11
How do beneficiaries prefer to get TRICARE information?	
How do they *most* prefer to get information?	12 and 12a
How do they *least* prefer to get information?	13 and 13a
Do they prefer information to be specific or general?	A14

3. DATA COLLECTION

3.1   Interviewer Training

Two Westat Telephone Research Centers (TRCs), in Chambersburg, PA, and Rockville, MD, were assigned to conduct the TRICARE Marketing Survey interviews. Interviewer training was conducted on June 28, 2005, at Chambersburg, PA, and Rockville, MD. Thirty interviewers completed the training course.

The interviewer training materials developed by Westat included an introduction to the project, Questions and Answers (Q&As), a handout on TRICARE basics, interactive scenarios, and help text. Q&As provide information to interviewers that prepare them in answering questions they may receive during interviews. The TRICARE basics handout provided interviewers with a general background on the various TRICARE options available to beneficiaries (e.g., Prime, Prime Remote, Extra, Standard, TRICARE for Life). The help text, which included information such as definitions of terms, instructions to interviewers, and clarifications on survey item intent, was programmed into the CATI instrument. Interviewers could access the text during an interview by pressing a help key.

Interviewer training included sessions that covered voice quality, contact procedures, refusal avoidance, and interactive sessions and role plays. Interactive sessions involved the lead trainer acting as respondent and selecting interviewers from the training class to read survey questions and record responses appropriately on the computer. The primary use of interactive sessions in training is to introduce the interviewers to the survey instrument, response categories, and general flow of the survey instrument. Role-play training involves pairing up interviewers and having one act as interviewer while the other acts as respondent in order to become familiar with the survey instrument, response categories, probing techniques, and so forth. Role plays also give interviewers practice in voice dictation and recording skills and are normally the last training session mastered before interviewers "go live" on the project.

Trainers and supervisors monitored all interviewer actions during the training classes to determine the correct pace for training and to identify interviewers that required additional training or reinforcement.

3.2 Data Collection Period

Final approval was given to begin data collection after assignment of the Report Control Symbol (RCS)[3] for the survey from TMA. CATI interviewing was conducted between July 7 and August 12, 2005. A total of 3,625 interviews were completed during the 5-week field period.

3.3 Data Collection Management

Data collection progress was monitored throughout the field period by tracking results of all calls made to sample cases within the five population groups. The first group had a target of 1,360 completed interviews and the last three groups had targets of 680 completed interviews, for an overall goal of 3,400 interviews. The Active Duty group was over-sampled due to the expectation of lower response rates.

A higher proportion of telephone numbers for the 2005 survey were incorrect than were incorrect in the 2003 survey. Of the 8,555 original telephone numbers that were called for the survey effort in 2005, 22 percent were incorrect compared to the 14.7 percent in the 2003 effort. The overall cooperation rate, however, was higher in the 2005 survey than in the 2003 survey at 88 percent, ranging from 87 percent for the Active Duty households to 89.4 percent in the Reserve households.

Because of these fortunate occurrences, we were able to conduct additional interviews beyond the targets with all groups. The additional interviews also served to increase the analytic power within population groups.

Table 3-1 presents the number of completed interviews by population group.

Table 3-1.   Number of completed interviews, by population group

Population group	Count
Active Duty	1,538
Activated Reservists	714
Retirees under age 65	692
Retirees age 65 and over	681
Total	3,625

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[3]The RCS for this survey was DD-HA(OT) 2173.

4. DATA PREPARATION

4.1   Data Cleaning and Coding

These activities were conducted at the close of data collection and include reviewing, editing, and cleaning the survey data and the administrative variables used to track the disposition of all sample cases within the CATI environment.

The first step in tracking the disposition of each sampled case was to finalize an interim result code for each sampled case released for calling. This procedure was done to account for each sampled case, whether it results in a completed interview or not. The final result code is assigned based on the call history and interviewer comments associated with the interim cases. Next, "other specify" responses to survey items 3a, 7, and 10 were analyzed and back coded into existing response categories if possible. A one-way frequency review was then conducted for each survey variable on the CATI database. The primary goal of this review was to check the subpopulations receiving each survey item to determine if responses were stored correctly in the survey database. The final closeout activity was to convert the CATI dataset into a SAS dataset for survey analysis.

Additional variables were recoded for analytic purposes. Values assigned to the response options "don't know" and "refused" were set to missing and later excluded from data analysis.

4.2   Variable Construction

Several variables were constructed for data analysis. A recoded household type variable was constructed with four values:

1. Active Duty Service members and spouses;

2. Activated Reservists and spouses;

3. Retirees under age 65 and spouses; and

4. Retirees age 65 and over and spouses.

4.3   Sample Weighting

         Sample weighting for the 2005 survey administration was required to perform adjustments that: 1) presented aggregate member/retiree and spouse responses as "household" responses and 2) facilitated comparisons with reweighted 2003 "household" responses. These twin requirements necessitated an investigation into the composition of beneficiary groups (i.e., distribution of members/retirees and spouses) in 2003 and 2005 and the pattern of survey responses by household members. Table 4-1 presents household composition among active duty and retiree group respondents in the 2003 and 2005 survey administrations.

Table 4-1.   2003 and 2005 Survey household composition among beneficiary groups

| Beneficiary group | 2003 Survey | | | | 2005 Survey | | | |
| | Member | | Spouse | | Member | | Spouse | |
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Active Duty	36.8	633	63.2	1,089	51.8	796	48.2	742
Retiree < 65	48.6	413	51.4	437	63.9	442	36.1	250
Retiree > 64	67.2	535	32.8	261	70.0	477	30.0	204

         This table shows that there are significant differences in the distributions of members/retirees and spouses between the 2003 and 2005 survey administrations. This is especially true for active duty and retirees under 65 households. If the survey responses of member/retirees and spouse are essentially the same, however, differences in composition may not be an obstacle to directly comparing 2003 and 2005 survey results. As tables 4-2 and 4-3 show, survey responses of members/retirees and spouses are close enough often enough to be considered the same.

         In Table 4-2 differences in positive responses between member/retiree and spouse range from slightly over 10 percentage points for 2003 active duty to only 0.1 percent for retiree over 64 household members. In Table 4-3 we observe a similar range in differences between member/retiree and spouse survey responses. Variation in household composition across the years combined with differences in member/retiree and spouse responses to survey questions make direct 2003/2005 comparisons invalid. These two sources of variation make it impossible to tell if any observed differences between 2003 and 2005 survey responses would be due to actual differences or merely an artifact of preexisting differences in household compositions.

Table 4-2. 2003 and 2005 Member/retiree and spouse responses to question asking if they sought information about scheduling an appointment

| Beneficiary group | 2003 Survey | | | | 2005 Survey | | | |
| | Member | | Spouse | | Member | | Spouse | |
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Active Duty								
Yes	54.4	344	64.9	705	65.6	522	64.2	476
No	45.6	822	35.1	381	34.4	274	35.8	265
Retiree < 65								
Yes	39.7	164	37.2	162	44.2	195	41.8	104
No	60.3	249	62.8	274	55.8	246	58.2	145
Retiree > 64								
Yes	16.3	87	16.2	42	16.8	80	20.7	42
No	83.7	447	83.8	218	83.2	397	79.3	161

Table 4-3. 2003 and 2005 Member/retiree and spouse responses to question asking if they used beneficiary advisors as a source of information

| Beneficiary group | 2003 Survey | | | | 2005 Survey | | | |
| | Member | | Spouse | | Member | | Spouse | |
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Active Duty								
Yes	61.0	306	54.9	523	74.0	519	58.7	387
No	39.0	196	45.1	429	26.0	182	41.3	272
Retiree < 65								
Yes	47.8	160	49.6	171	51.7	196	45.5	91
No	52.2	175	50.4	174	48.3	183	54.5	109
Retiree > 64								
Yes	40.1	141	31.4	53	36.3	114	29.8	37
No	59.9	211	68.6	116	63.7	200	70.2	87

These two sources of variation must be controlled before valid 2003/2005 comparisons can be made. This control was established by imposing a standardized household composition through weighting the data. Several definitions of standard household composition were considered including 60/40 member/spouse (reflecting relatively greater influence of members in making care decisions), 40/60 member/spouse (reflecting relatively greater influence of spouses in making care decisions), and 50/50 member/spouse (reflecting equal influence of both). Although there were arguments for each definition, none was compelling across the range of beneficiary groups. In the end a 50/50 household composition was adopted because it introduced less design effects due to unequal weighting than the other alternatives.

Weights for both the 2003 and 2005 surveys were calculated as:

$$w_{ij} = \frac{N_i / 2}{n_{ij}},$$

where the subscript *i* refers to the household group (either active duty, retiree under 65, or retiree over 64 household) and *j* refers to the household member (either member/retiree or spouse). Consequently, N_i is the total number of survey respondents in the *i* household group and n_{ij} is the sum of the *j* household members in the ith household group. Weighted in this manner, household estimates are standardized to represent a household definition where half of all respondents within a group are members/retirees and half are spouses.

5. 2005 STUDY FINDINGS

The target population for the 2005 TRICARE Marketing II Study was the universe of benefit users who had an inpatient admission or ambulatory care encounter with TRICARE within the 3 months prior to the administration of the survey. This group formed the sample frame for the survey (Table 5-1).

Table 5-1.   TRICARE sample frame

Household type	Count	Percent
Active Duty	1,538	42.4
Reserve Component	714	19.7
Retirees under age 65	692	19.1
Retirees age 65 and over	681	18.8
Total	3,625	100.0

As indicated in the table, approximately two-fifths (42.4%) of the TRICARE user population is made up of active duty households. Retiree households constitute an additional 37.9 percent. The user population also includes Reserve Component households that are eligible for TRICARE because of mobilization or call-up of the sponsor (19.7%). The weighted responses from the survey represent this TRICARE population of beneficiary households that have used TRICARE within the past 3 months.

The survey findings are discussed in the order the questions appeared in the questionnaire. Thus, we first address awareness of TRICARE information sources and TRICARE beneficiary information needs, then sources of information about TRICARE that beneficiaries use and how they assess them. Finally, we discuss communications strategies, in terms of preferred methods of getting TRICARE information and a market reach analysis based on actual methods used to get information about TRICARE. We describe each questionnaire item then present the results for the overall population and the four types of households.

When reviewing the tables that present information ranked by some criterion (e.g., top five sources used, top three preferences), we are not implying that any differences between the ranked items are statistically significant.

5.1   Awareness of TRICARE Information Sources

        Awareness of four general types of TRICARE information sources was measured in the 2005 TRICARE Marketing II Survey to gain some sense of how many households know about typical TMA-sponsored information sources. Respondents answered yes/no regarding awareness of each of four types of sources: toll-free numbers, print materials, TRICARE beneficiary advisors at service centers and military treatment facilities (MTFs; hospitals and clinics), and Internet sites.

General Awareness of TRICARE Information Is High

        More than four fifths of TRICARE users are aware of at least one of the following:

- Toll-free numbers   **94.2%**
- Print materials   **93.8%**
- Staff to assist beneficiaries at service centers and MTFs   **93.1%**
- Internet sites   **85.3%**

        Moreover, over three-fourths (79.5%) of households were aware of all four information sources.

        Awareness levels are also high within each beneficiary group (Table 5-2). They are similar for three household groups: Active Duty, Reserve Component, and retirees under age 65. Compared with those three groups, households with retirees 65 years of age have lower awareness levels of TRICARE information sources, particularly for TRICARE Internet sites (71.1%). Across households, awareness of all four sources varies from a high of 84.4 percent among the Reserve Component to a low of 61.7 percent among retirees over 65.

Table 5-2. Awareness of TRICARE information sources, by household

Information source	Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
TRICARE toll-free numbers	94.2	95.1	96.4	95.2	88.8
Print materials from TRICARE	93.8	94.4	95.5	95.6	88.9
TRICARE staff	93.1	96.0	92.9	95.5	84.5
TRICARE Internet sites	85.3	87.0	92.4	88.4	71.1

Many TRICARE Households With Users Look for Information

Overall, more than 80 percent of TRICARE households with users had beneficiaries who looked for TRICARE information in the past 12 months (i.e., household respondents said "yes" to at least one of the 12 listed types of information or they provided an additional topic that was not on the list). Percentages vary somewhat across beneficiary groups, ranging from a low of 63.3 percent for the 65-and-over retiree group to a high of 88.6 percent for the active duty group (Table 5-3). Although beneficiaries in some households with users clearly did not seek information during the past 12 months, it should not be assumed they lack needed information. Those "nonseeekers" may think they already know as much as they need to know about their TRICARE health plans.

Table 5-3. TRICARE users who look for TRICARE information, by household

Household	Percent
Active Duty	88.6
Reserve Component	87.8
Retirees under age 65	83.2
Retirees age 65 and over	63.3
Total	82.7

TRICARE Users Seek Information About Many TRICARE Topics

The findings for those who have looked for TRICARE information in the past 12 months indicate that TRICARE service users look for many types of information. Overall, the top three types of information users look for include:

- Scheduling an appointment **49.1%**
- Phone numbers for health care providers or MTFs **46.3%**
- Referrals to specialists or other doctors **42.1%**

Table 5-4 includes findings on all information topics addressed in the survey.

Table 5-4.   Types of health plan information TRICARE users look for, by household

Type of information	Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
Scheduling an appointment	49.1	64.9	49.9	43.0	18.7
Phone numbers for health care providers or military treatment facilities	46.3	55.0	55.7	42.1	21.1
Referrals to specialists or other doctors	42.1	51.2	46.3	40.3	18.9
Benefit coverage for current beneficiaries	37.5	37.1	50.1	41.8	20.6
Billing or claims	37.6	35.5	43.3	47.2	26.8
Military treatment facilities in the area	36.7	45.1	45.7	28.0	16.9
Finding a primary care provider	33.4	39.8	45.3	26.7	13.1
Enrollment or disenrollment in TRICARE	32.6	36.1	52.7	26.8	9.3
Prescription benefits	30.1	28.4	34.2	31.0	28.8
Local pharmacies participating with TRICARE	29.8	27.7	37.6	27.1	29.0
Benefit coverage for new family members	20.7	25.0	35.9	9.1	7.2
Switching from one military treatment facility to another	19.0	29.8	16.7	11.6	4.3
Other*	9.9	9.0	11.5	12.1	8.2

*Other types of information beneficiaries search for include filing a complaint, and changing a name or address, changing or checking on dependent status.

Information Needs Vary by Beneficiary Group

The top three topics that TRICARE household users look for differ among the four beneficiary groups. The active duty group most commonly looks for the same topics listed in the overall findings. The differences in the other three groups reflect age-related needs as well as duration with TRICARE. For example, users in the Reserve Component group need information about:

- Phone numbers for health care providers for MTFs **55.7%**
- Enrollment or disenrollment with TRICARE **52.7%**
- Benefit coverage for current beneficiaries **50.1%**

In contrast, the top three types of health plan information that household users in the group of retirees aged 65 and over look for include:

- Local pharmacies participating with TRICARE **29.0%**
- Prescription benefits **28.8%**
- Billing or claims **26.8%**

The top three information needs of retiree users under age 65 are somewhat similar to active duty users, but users in those retiree households also share a need with the older retiree group for billing information:

- Billing or claims **47.2%**
- Scheduling an appointment **43.0%**
- Phone numbers for health care providers or MTFs **42.1%**

5.2   Sources of Information for TRICARE Household Users

Data were collected regarding two broad groups of information sources. Item **A4a** of the questionnaire asked if household information seekers use **seven** sources that are managed (produced, sponsored, or trained) by TMA. Item **A5a** addressed **nine** other sources that are not under the direct influence of TMA. An open-ended question about other sources was also asked during data collection.

TRICARE-Managed Sources of Information Rank High in Use

Specific information sources selected by at least 45 percent of TRICARE household users include:

- TRICARE print materials (handbooks, brochures, periodicals)   **56.9%**
- Beneficiary advisors at service centers and MTFs   **55.6%**
- TRICARE toll-free numbers   **49.0%**
- TRICARE Internet sites   **44.8%**

Two other sources are used by at least 30 percent of all TRICARE households with users looking for information: TRICARE doctors, nurses, or technicians at a military hospital or clinic (33.2%) and military newspapers or newsletters (32.2%).

Use of Sources Differs Across Beneficiary Groups

The most commonly used sources differ somewhat across the beneficiary groups (Table 5-5). The information source used most commonly by TRICARE households with retirees is TRICARE print materials, including handbooks, brochures, and periodicals. For Reserve Component households, it is TRICARE Internet sites, followed by print materials. For Active Duty households, it is TRICARE beneficiary advisors, also followed by print materials. The second most common source for households with retirees 65 years and younger is customer service agents handling TRICARE toll-free calls.

Households with retirees age 65 and over differ the most in their sources of information. Their second and third most common sources of information are military newspapers or newsletters and veterans' organizations or military associations, sources *not* managed by TMA.

Table 5-5. Sources of information about TRICARE used in the past year, by household, ranked by usage

Information source	Total Rank	Total % Using	Active duty Rank	Active duty % Using	Reserve component Rank	Reserve component % Using	Retirees under 65 Rank	Retirees under 65 % Using	Retirees 65 and older Rank	Retirees 65 and older % Using
TRICARE print materials (handbook, periodical, brochures)	1	56.9	2	52.8	2	61.8	1	59.4	1	59.5
TRICARE beneficiary advisors at a service center, hospital, or clinic	2	55.6	1	66.4	4	54.1	3	48.7	5	33.2
Customer service agents at a TRICARE toll-free center	3	49.0	3	49.2	3	57.2	2	51.4	4	33.3
TRICARE Internet sites	4	44.8	4T	44.3	1	63.3	4	44.9		
Military newspapers or newsletters	5	33.2					5	39.0	2	58.3
TRICARE doctors, nurses, or technicians at a military hospital or clinic	6	32.2	4T	44.3	5	30.4				
Veterans' organizations or military associations	9	19.0							3	34.4

Note: T4 indicates that two sources tied for fourth place as primary source.

Table 5-6 contains more details on reported sources by all TRICARE households with users who seek information about their health plans.

Table 5-6.   Sources used to get information about TRICARE, by household

Information source	Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
TRICARE print materials (handbook, periodical, brochures)	56.9	52.8	61.8	59.4	59.5
TRICARE beneficiary advisors at a service center, hospital, or clinic	55.6	66.4	54.1	48.7	33.2
Customer service agents at a TRICARE toll-free center	49.0	49.2	57.2	51.4	33.3
TRICARE Internet sites	44.8	44.3	63.3	44.9	19.4
Military newspapers or newsletters	33.2	23.0	27.9	39.0	58.3
TRICARE doctors, nurses, or technicians at a military hospital or clinic	32.2	44.3	30.4	23.4	14.8
Relatives, friends, or co-workers	22.4	25.4	28.6	14.7	14.5
Veterans' organizations or military associations	19.0	10.7	19.9	26.4	34.4
Doctors or staff at civilian hospitals or clinics	18.6	16.4	21.4	22.1	17.1
Briefings or orientations about TRICARE)	15.4	17.2	27.8	5.2	5.4
Newspapers or newsletters(other than military)	6.3	3.8	5.6	7.1	14.1
Military-sponsored town hall meetings on base	5.4	4.8	9.4	2.3	5.5
Civilian telephone books	4.9	5.5	4.3	4.3	4.5
Civilian associations	2.3	1.4	4.0	2.0	2.7
Television or radio	1.9	2.2	0.6	1.5	3.4
A video or CD-ROM	1.5	2.1	1.8	0.5	0.3

5.3　　　　**Primary Sources of TRICARE Information**

In addition to items asking about all the sources beneficiaries use to get information about their health plans, the questionnaire contained two items about primary sources. The purpose of the two items was to collect data on the sources beneficiaries rely on most and how effective those primary sources are in providing them with needed information. That additional data would be important in developing an effective marketing strategy.

The first item asked information seekers if their primary source is people, print materials, telephone or electronic sources, or other. The second question asked whether the primary source provided *all of the information, most of the information,* or *some of the information* needed about TRICARE.

TMA-Managed Sources Rank High as Primary Sources

Overall, the top four primary information sources for households with users of TRICARE services are:

- TRICARE Internet sites   **22.3%**
- TRICARE beneficiary advisors at a service centers and MTFS   **19.1%**
- TRICARE toll-free numbers   **13.9%**
- TRICARE doctors, nurses, or technicians at a military hospital or clinic   **9.6%**

Two TRICARE print materials (handbooks and brochures) are each primary sources for just over 5 percent of beneficiary households with users seeking information about TRICARE. Except for TRICARE doctors, nurses, or technicians at MTFs, all of these sources are directly managed by TMA.

Primary Information Sources for the 65-and-Over Retiree Group Differ the Most

Table 5-7 includes details on the seven sources that include the top five primary sources for each of the four beneficiary groups. The top five sources are the same as, or vary slightly from, the overall findings for three beneficiary groups: active duty, Reserve Component, and retirees under age 65. In

contrast, primary sources for the 65-and-over group include non-TMA print sources as well as more TRICARE print materials:

- ■ Military newspapers or newsletters **19.0%**
- ■ The *TRICARE Handbook* **12.9%**
- ■ Beneficiary advisors at service centers and MTFs **11.1%**
- ■ TRICARE toll-free numbers **10.6%**
- ■ TRICARE brochures **9.2%**

Of particular note, the Internet is the primary information source for two household types—Reserve Component and retirees under age 65.

Table 5-7.   Primary source of information about TRICARE, ranked by household

Primary information source	Total		Active duty		Reserve component		Retirees under 65		Retirees 65 and older	
	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
TRICARE Internet Sites	1	22.3	2	21.2	1	32.6	1	22.9		
TRICARE beneficiary advisors at a service center, hospital, or clinic	2	19.1	1	25.1	2	14.2	3	15.2	3	11.1
Customer service agents at a TRICARE toll-free center	3	13.9	3	14.3	3	12.9	2	16.3	4	10.5
TRICARE doctors, nurses, or technicians at a military hospital or clinic	4	9.6	4	12.3	T4	7.0	T4	8.1		
The *TRICARE Handbook*	5	6.4		3.8	T4	7.0		7.8	2	12.9
Other TRICARE printed materials (periodical, brochures)	6	5.0	5	4.9		4.6	T4	8.1	5	9.2
Military newspapers or newsletters	7	5.1		2.1		2.2		6.4	1	19.0

Note: T4 indicates that two sources tied for fourth place as primary source.

Primary Sources are Good Sources of Needed Information

Many beneficiaries, both overall and across all four household types, are receiving all or most of the information they seek from their primary sources (Table 5-8). About one third (34.4%) of beneficiaries receive *all* the information they need from their primary sources, more than two-fifths (43.7%) receive *most* of the needed information, and about one fifth (21.9%) receive *some* of the information they need about TRICARE.

Table 5-8.   Amount of information provided by primary information source, by household

Information provided	Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
All the information	34.4	32.9	30.1	35.4	39.1
Most of the information	43.7	45.6	50.1	42.5	40.1
Some of the information	21.9	21.2	19.9	22.1	20.8

Three primary sources stand out for providing *all* the information needed:

- ■ TRICARE beneficiary advisors at a service center, hospital or clinic   **48.2%**
- ■ TRICARE toll-free numbers   **44.6%**
- ■ TRICARE doctors, nurses, or technicians at a military hospital or clinic   **41.4%**

5.4   User Assessment of TRICARE-Managed Information Sources

TMA strives to improve its marketing of TRICARE health plan information by making sure the information is easy to access and understand and useful in addressing beneficiaries' questions and concerns. When a household beneficiary reported he or she had used a source of information managed by TRICARE (**the 7 items in question 4a**), the beneficiary was asked three followup questions about each source used: (1) How easy was it to get information from [the source]—*easy, fairly easy, not easy at all?* (2) How easy was it to understand information from [the source]—*easy, fairly easy, not easy at all?* and (3) How useful was [source] in answering your questions—*useful, fairly useful not useful at all?* The findings for these questions apply only to TRICARE households with a beneficiary who used the particular sources in the past year to look for information about TRICARE. We first present general findings for all households, then discuss findings for each of the assessment questions.

Overall: Ratings are Mostly Positive

Generally, all of the TMA- managed information sources are rated as easy or fairly easy to get and understand, and as useful in answering beneficiary questions. Only one information source received overall negative ratings above 10 percent; 16 percent of total households rate the information received from customer service agents at a TRICARE toll-free call center as not easy to get. However, more than 90 percent rate the information (when finally connected) as easy or fairly easy to understand and useful. For all of the other TRICARE-managed information sources that were rated, fewer than 8 percent of households rate TRICARE-managed sources of information as not easy to find and understand and not useful in answering their questions.

TRICARE Sources are Accessible to Beneficiaries

The first assessment question asked how easy it is to get information from TMA-managed TRICARE sources. The response options were *easy, fairly easy,* and *not easy at all*. Overall, the top five sources that households rate as *easy to get* information from are:

- Military-sponsored town hall meetings on base **69.5%**
- Briefings or orientations (about TRICARE) **66.5%**
- Print materials (handbooks, brochures, periodicals) **64.3%**
- TRICARE doctors, nurses, or technicians **64.1%**
- Beneficiary advisors at service centers and MTFs **56.3%**

Few Users Within Households Groups Rate Sources as Not Easy to Access

In only a few cases did households rate sources as hard to access. Retirees under 65 rate the TRICARE website and service agents at toll-free call centers as "not easy to get to" than other sources (12.2% and 17%, respectively). In addition, all other household types also rate the service agents at toll-free call centers similarly, with approximately 16 percent viewing this source as "not easy to get to." Table 5-9 presents findings for the top five sources with an overall rating of easy to get.

Table 5-9.   Assessment of how easy it is to **get information** from the source, by household

Source (Top Five)		Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
Percent who used source		5.4	4.8	9.4	2.3	5.5
Military-sponsored town hall meetings on base	Easy	69.5	66.9	66.1	N/R	N/R
	Fairly easy	25.4	26.9	30.4	N/R	N/R
	Not easy at all	5.2	6.2	3.6	N/R	N/R
Percent who used source		15.4	17.2	27.3	5.2	5.4
Briefings or orientations (about TRICARE)	Easy	66.5	68.3	62.6	N/R	N/R
	Fairly easy	29.0	28.3	31.0	N/R	N/R
	Not easy at all	4.5	3.5	6.4	N/R	N/R
Percent who used source		56.9	52.8	61.8	59.4	59.5
TRICARE print materials (handbook, periodical, brochures)	Easy	64.3	62.6	61.7	67.1	69.2
	Fairly easy	31.1	32.2	32.3	29.5	28.3
	Not easy at all	4.7	5.2	6.0	3.5	2.5
Percent who used source		32.2	44.3	30.4	23.4	14.8
TRICARE doctors, nurses, or technicians at a military hospital or clinic	Easy	64.1	65.1	61.8	60.1	69.4
	Fairly easy	30.5	30.0	30.1	35.7	24.8
	Not easy at all	5.5	4.9	8.1	4.3	5.8
Percent who used source		55.6	66.4	54.1	48.7	33.2
TRICARE beneficiary advisors at a service center, hospital, or clinic	Easy	56.3	57.5	52.4	55.5	60.1
	Fairly easy	36.2	36.3	39.6	34.0	31.8
	Not easy at all	7.5	6.2	8.0	10.6	8.0

Note: N/R indicates that data are not reported because of small cell size.

TRICARE Sources are Easy to Understand

The second assessment question asked users of TRICARE-managed information sources how easy it is to understand information about TRICARE from those sources. The response options were *easy, fairly easy,* and *not easy at all.* Nearly 60 percent or more of all households think the information they get is easy to understand. Overall percentage ratings of *easy to understand* are highest for the following five sources:

- TRICARE doctors, nurses, or technicians   **67.4%**
- Military-sponsored town hall meetings on base   **62.6%**
- Beneficiary advisors at service centers and MTFs   **60.0%**
- Customer service agents at TRICARE toll-free call centers   **59.3%**
- Briefings or orientations (about TRICARE)   **59.1%**

This list is similar to the list of sources that are easy to get information from, except that print materials has been replaced by customer service agents at a toll-free number. The easy to get list is shown again here:

- Military-sponsored town hall meetings on base   **69.5%**
- Briefings or orientations (about TRICARE)   **66.5%**
- Print materials (handbooks, brochures, periodicals)   **64.3%**
- TRICARE doctors, nurses, or technicians   **64.1%**
- Beneficiary advisors at service centers and MTFs   **56.3%**

Ratings by Households in the Four Households are Positive

Generally, all household types find all sources of information easy to understand. At least 90 percent of all respondents rate all sources of information as "easy" or "fairly easy" to understand.

Table 5-10 presents findings for the five sources with the highest percentage ratings of information that are easy to understand.

Table 5-10. Assessment of how easy it is to **understand information** from the source, by household

Source (Top Five)		Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
Percent who used source		32.2	44.3	30.4	23.4	14.8
TRICARE doctors, nurses, or technicians at a military hospital or clinic	Easy	67.4	69.5	64.0	64.3	63.1
	Fairly easy	28.9	26.9	30.7	33.1	34.1
	Not easy at all	3.7	3.5	5.4	2.7	2.7
Percent who used source		5.4	4.8	9.4	2.3	5.5
Military-sponsored town hall meetings on base	Easy	62.6	62.9	53.6	N/R	84.5
	Fairly easy	30.7	30.9	37.5	N/R	15.5
	Not easy at all	6.7	6.3	8.9	N/R	0.0
Percent who used source		55.6	66.4	54.1	48.7	33.2
TRICARE beneficiary advisors at a service center, hospital, or clinic	Easy	60.0	62.5	52.4	61.4	59.0
	Fairly easy	35.7	33.4	42.9	32.8	39.8
	Not easy at all	4.3	4.1	4.8	5.8	1.2
Percent who used source		49.0	49.2	57.2	51.4	33.3
Customer service agents at a TRICARE toll-free center	Easy	59.3	59.8	56.5	62.1	58.2
	Fairly easy	32.4	32.0	35.6	28.9	33.6
	Not easy at all	8.3	8.1	7.9	9.0	8.1
Percent who used source		15.4	17.2	27.8	5.2	5.4
Briefings or orientations (about TRICARE)	Easy	59.1	63.0	53.8	N/R	N/R
	Fairly easy	35.5	34.0	36.8	N/R	N/R
	Not easy at all	5.4	3.0	9.4	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

TRICARE Sources Provide Useful Information to Beneficiaries

The third assessment question asked users of TRICARE-managed sources how useful the sources were in answering their questions. Response options included *useful, fairly useful,* and *not useful at all.*

The five sources with the highest overall percentages of TRICARE households rating them as providing useful information are:

- Beneficiary advisors at service centers and MTFs   **72.9%**
- TRICARE doctors, nurses, or technicians   **71.7%**
- Military-sponsored town hall meetings on base   **69.6%**
- Briefings or orientations (about TRICARE)   **66.3%**
- Customer service agents at a TRICARE toll-free call center   **65.7%**

Among the four household types, the *useful* ratings for TRICARE doctors, nurses, or technicians and customer service agents at a TRICARE toll-free call center are noticeably highest among households with retirees 65 years of age and older (79.6% and 75.7%). The active duty beneficiary group has the lowest *useful* rating for customer service agents at a TRICARE toll-free call center (61.9%).

Few Users Rate Source Information As Not Useful

Ratings of information usefulness were also very high for virtually all sources of information and across households, with 90 to 95 percent of respondents reporting the sources were either "useful" or "fairly useful." The only exceptions to this trend are ratings by retirees under 65; 10.4 percent reported TRICARE briefings are "not useful at all" and 15.2 percent rate military-sponsored town hall meetings/orientations in the same manner.

Table 5-11 contains more details about the five highly rated sources of information overall.

Table 5-11. Assessment of how **useful** the source is in answering questions, by household

Source (Top Five)		Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
Percent who used source		55.6	66.4	54.1	48.7	33.2
TRICARE beneficiary advisors at a service center, hospital, or clinic	Useful	72.9	70.5	75.5	75.4	77.6
	Fairly useful	22.3	24.1	18.8	22.1	19.6
	Not useful at all	4.8	5.5	5.7	2.5	2.3
Percent who used source		32.2	44.3	30.4	23.4	14.8
TRICARE doctors, nurses, or technicians	Useful	71.7	71.5	72.2	68.1	79.6
	Fairly useful	25.0	25.8	22.5	29.3	16.5
	Not useful at all	3.3	2.7	5.4	2.7	3.9
Percent who used source		5.4	4.8	9.4	2.3	5.5
Military-sponsored town hall meetings on base	Useful	69.6	68.0	60.7	N/R	N/R
	Fairly useful	22.9	25.7	28.6	N/R	N/R
	Not useful at all	7.4	6.3	10.7	N/R	N/R
Percent who used source		15.4	17.2	27.8	5.2	5.4
Briefings or orientations (about TRICARE)	Useful	66.3	66.5	63.7	N/R	N/R
	Fairly useful	26.4	27.5	27.5	N/R	N/R
	Not useful at all	7.4	6.0	8.8	N/R	N/R
Percent who used source		49.0	49.2	57.2	51.4	33.3
Customer service agents at a TRICARE toll-free center	Useful	65.7	61.9	67.0	68.0	75.7
	Fairly useful	26.0	28.9	24.6	23.9	20.4
	Not useful at all	8.3	9.2	8.5	8.1	4.0

Note: N/R indicates that data are not reported because of small cell size.

5.5   Difficulty in Using Source

An additional item for assessing sources of information about TRICARE used in the past year asked which source was the most difficult to use. Responses were coded into four categories: People, Print Materials, Telephone/Electronic Sources, and Other. The telephone sources include only menu-driven toll-free numbers, not calls to TRICARE customer service agents.

Some Sources Are Difficult to Use

For those respondents who indicated difficulty with some TRICARE information sources, the TRICARE telephone and electronic sources of information are the most difficult to use to get information about TRICARE, according to about half of TRICARE households overall and each of the beneficiary groups. As indicated in Table 5-12, about one-fifth to one-fourth of households overall, with somewhat similar proportions across the household types, find it difficult to get TRICARE information from people (e.g., doctors, nurses, technicians, beneficiary advisors, and presenters at briefings and town hall meetings) and print materials (e.g., TRICARE handbooks, brochures, and periodicals and non-TMA materials such as military newspapers, newsletters, and direct mail).

Table 5-12. Most difficult source of information to use, by household

Most difficult source	Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
Phone/Electronic Sources*	50.2	48.0	51.1	55.9	47.8
People	24.4	28.0	22.3	20.2	18.2
Print Materials	20.4	19.8	21.6	19.3	23.9
Other	4.9	4.3	5.2	4.6	10.1

*Phone services in this category include automated TRICARE toll-free numbers.

5.6   Satisfaction With Available Information About TRICARE

The survey included an item to measure overall satisfaction with information about TRICARE. The 5-point response scale ranged from *very satisfied* to *very dissatisfied*. This item appeared after other items that cued TRICARE users about TRICARE information sources and asked them to assess possible problems with the sources.

Satisfaction Is High

About 8 of every 10 (80.6%) households with TRICARE information seekers are satisfied (55.6%) or very satisfied (25.0%) with available information (Table 5-13). Only 6.9 percent of the households with users who seek information are either dissatisfied (5.0%) or very dissatisfied (1.9%).

All Beneficiary Groups Are Satisfied, Especially Older Retiree Households

The high levels of satisfaction exist across all four households, particularly the 65-and-over retiree group—levels of satisfied/very satisfied TRICARE users range from 79.1 percent among Active Duty and Reserve Component households to 89.7 percent among the 65-and-over retiree group. About 40 percent of the beneficiaries in the 65-and-over retiree group are very satisfied, compared with about 20 percent of Active Duty and Reserve Component households and about 30 percent of households with retirees under age 65. Dissatisfaction levels (i.e., dissatisfied/very dissatisfied) across households range from less than 4 percent of the 65-and-over group to around 7 percent among the other three (Table 5-13).

Table 5-13. Overall satisfaction/dissatisfaction with available information about TRICARE, by household

Satisfaction/dissatisfaction	Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
Very satisfied	26.1	22.3	21.2	29.5	40.6
Satisfied	55.1	56.8	57.9	52.5	49.1
Neither satisfied nor dissatisfied	12.2	13.8	13.6	10.8	6.5
Dissatisfied	4.9	5.6	4.8	4.9	2.5
Very dissatisfied	1.8	1.5	2.6	2.2	1.3

Satisfaction/Dissatisfaction Levels and Primary Source

Satisfaction levels (satisfied/very satisfied) are particularly high among households with beneficiaries using any of the following four sources as a primary source:

- TRICARE staff at a military hospital   **85.0%**
- Doctors or staff at a civilian hospital   **84.5%**
- *TRICARE Handbook*   **84.5%**
- TRICARE Internet sites   **84.1%**

5.7   Communication Strategies: Preferences for Getting TRICARE Information

Communications need to take into account not only what sources of information beneficiaries use but also how they prefer to get needed information. Before addressing strategies that target the sources households actually use, we discuss the methods households most and least prefer for getting answers to their TRICARE questions. The information on preferences applies to all households with beneficiaries who use TRICARE services, not just to those saying they looked for TRICARE information in the past year.

Most Preferred Method: Overall Findings

Overall, TRICARE households most prefer the following methods for getting answers to their questions:

- Telephone   **28.4%**
- Face-to-face   **28.3%**
- Mail   **18.4%**
- Internet Sites   **16.7%**

Beneficiary Groups Differ Regarding Preferences for Getting TRICARE Information

The overall findings mask important differences across the households that have implications for marketing strategies (Table 5-14). Among the four household types, Active Duty households most prefer getting answers face-to-face (35.0%). The telephone is most preferred by Reserve Component households (30.0%) and households with retirees under age 65 (32.5%). In strong contrast to the other three groups, households with retirees 65 years and over most prefer getting answers to their TRICARE questions by mail (39.9 %).

Although 44.8 percent of TRICARE households looking for information in the past year used the Internet to do so, and 22.3 percent list TRICARE Internet sites as their primary source, it is only the third most preferred method for getting answers among households with Active Duty and Reserve Component beneficiaries and retirees under age 65. The proportion of households with retirees 65 and over most preferring to get answers by using the Internet is low (7.4%). Preferences for getting answers by e-mail are even lower, ranging from 6.4 percent for households with retirees 65 and over to 10.7 percent for Reserve Component households.

Types of Telephone Calls. Beneficiaries who said they most prefer using the telephone as a way of getting answers to their TRICARE questions were asked three followup questions with yes/no response options. They were asked whether they were thinking about each of the following three types of calls: local calls to TRICARE staff, TRICARE toll-free numbers that are entirely automated, and toll-free numbers with menus lending you to a TRICARE representative.

For the most part, households that preferred to use the telephone were thinking about talking to a live person—either by calling local TRICARE staff or by using menu-driven toll-free numbers leading to a TRICARE representative.

Menu-Driven Toll-Free Calls to TRICARE Representatives. Among those who most preferred to use the telephone, at least three-fourths within each of the four groups were thinking about menu-driven toll-free calls leading to representatives of TRICARE.

Table 5-14. Most preferred method to get answers to TRICARE questions, by household

Method	Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
Telephone	28.4	25.1	30.0	32.5	30.2
Menu-driven toll-free numbers leading to a TRICARE representative	*79.5*	*83.6*	*75.9*	*75.0*	*78.6*
Local calls to TRICARE staff	*68.0*	*77.5*	*68.9*	*61.2*	*46.2*
Entirely automated TRICARE toll-free numbers	*21.6*	*21.9*	*15.9*	*20.7*	*32.6*
Face-to-Face	28.3	35.0	26.5	26.9	16.1
Mail	18.4	13.0	12.1	15.7	39.9
Internet Site	16.6	17.8	20.8	18.4	7.4
E-mail	8.7	9.1	10.7	6.4	6.4

Note: Italicized percentages apply only to households indicating telephone as the most preferred way to get answers to their TRICARE questions. Among that subset the values indicate the percentage thinking about the type of call identified in the row.

Local Calls to TRICARE Staff. Differences exist across households regarding local calls. In the 65-and-over group, 46.2 percent of households most preferring to use the telephone are thinking about local calls. In contrast, about 61 percent to 78 percent in the other three groups are thinking about local calls.

Entirely Automated TRICARE Toll-Free Numbers. Among those who preferred to use the telephone to get answers, beneficiaries in the 65-and-over retiree group are more likely than beneficiaries in the other three groups to think about entirely automated calls (about 33 percent, compared with 15 to 21 percent in the other three groups).

More details on most preferred methods are presented in Table 5-14.

Seekers of Information Differ From Nonseekers

TRICARE users who look for TRICARE information and TRICARE users who do not look for information differ somewhat regarding their most preferred way to get answers to TRICARE questions. The preferences of "seekers" are quite similar to the overall findings. "Nonseekers" differ from

"Seekers" in that they have a lower preference for getting answers face-to-face and a higher preference for getting answers by mail (Table 5-15).

Table 5-15. Most preferred method, by seekers and nonseekers

Most preferred method	Seekers of information (%)	Nonseekers of information (%)
Face-to-Face	29.8	20.8
Telephone	27.7	32.1
Internet	17.3	13.3
Mail	16.7	26.2
E-mail	8.6	7.7

Overall, Mail and Telephone Are Least Preferred Ways to Get Answers

The findings on least preferred ways to get information reinforce the findings on most preferred ways to get answers to TRICARE questions (Table 5-16). Except for the 65-and-over retiree group (18.1%), households least prefer to get answers to their questions by mail. That is most true in Active Duty (47.0%) and Reserve Component (44.9%) households.

About one-fourth of households least prefer getting TRICARE information by telephone. The three followup questions about types of calls they are thinking about indicated they are thinking mostly about toll-free numbers—that is, menu-driven calls leading to a TRICARE representative and entirely automated calls. Households with retirees who are 65-and-over are less likely than those in the other three groups (56% vs. about 71% to 74%) to be thinking about entirely automated calls. Also, the under 65 retiree households are less likely than the other groups to be thinking about local calls to TRICARE staff (30% vs. about 44%).

About 31 percent of households with retirees 65 years of age least prefer using the Internet to get TRICARE information, compared with much lower percentages for the other three household groups: Active Duty (13.3%), Reserve Component (15.6%) and retirees under age 65 (19.7%).

Table 5-16. Least preferred method to get answers to TRICARE questions, by household

Method	Total (%)	Active duty (%)	Reserve component (%)	Retirees under 65 (%)	Retirees 65 and older (%)
Mail	39.2	47.0	44.9	36.3	18.1
Telephone	23.2	22.5	23.1	22.9	25.2
Menu-driven toll-free numbers leading to a TRICARE representative	*73.3*	*78.2*	*77.8*	*69.0*	*62.5*
Local calls to TRICARE staff	*41.7*	*44.5*	*44.4*	*30.3*	*44.0*
Entirely automated TRICARE toll-free numbers	*69.2*	*72.3*	*73.6*	*71.8*	*56.0*
Internet site	18.3	13.3	15.6	19.7	31.2
E-mail	14.5	13.2	11.8	14.8	20.1
Face-to-Face	4.9	4.1	4.7	6.4	5.4

Note: Italicized percentages apply only to households indicating telephone as the most preferred way to get answers to their TRICARE questions. Among that subset the values indicate the percentage thinking about the type of call identified in the row.

Seekers of Information and Nonseekers Are Mostly Similar

TRICARE users who looked for information and those who did not look for information have the same ranking of preferences regarding methods they least prefer for getting answers to their TRICARE questions, but seekers are more likely than nonseekers of information to least prefer using mail (41.1% vs. 32.0%). Also, the proportion of nonseekers is a little higher than the proportion of seekers least preferring the Internet as a way of getting TRICARE information (Table 5-17).

Table 5-17. Least preferred method, by seekers and nonseekers

Least preferred method	Seekers of information (%)	Nonseekers of information (%)
Mail	41.1	32.0
Telephone	23.2	23.0
Internet	17.2	23.5
E-mail	13.7	18.4
Face-to-Face	4.9	4.9

5.8   Market Reach

In this section we describe an analysis performed to inform market reach on the TRICARE user households. The goal was to provide TMA officials with a prioritized list of the seven surveyed TRICARE sources managed by TMA that could be used to reach an increasing percentage of the TRICARE households. The analysis was based on TRICARE user responses regarding sources they used in the past year to get information on TRICARE. Figure 5-1 shows findings for the total population of TRICARE households with users. Figures 5-2 through 5-5 present market reach findings for each of the four household types.

The chart presents information for two TRICARE populations—households with beneficiaries who used the TRICARE military health care system within the past 12 months and a subset of those users *who also sought TRICARE information* within the past year. (This second population is the group of users described in Table 5-3.) The two data series displayed as vertical bars represent the percentage of households of each type that used a specific source within the past year. For example, TRICARE households with members who sought TRICARE information from TRICARE print materials constitute 46.9 percent of all TRICARE households with users and 56.9 percent of TRICARE households with users who sought any TRICARE information in the past year. (The percentages are based on the same count of households with users but on different denominators that correspond to the two different populations.)

As shown in Figure 5-1, the single source used by the largest percentage of TRICARE households with users was TRICARE print materials. More than 45 percent (46.9%) of the TRICARE household population can be reached via TRICARE print materials. (The individual source usage is presented in Figure 5-1 by the two series depicted with vertical bars. The cumulative reach for each corresponding population is displayed as a line series.) To determine the possible increase in reach of the remaining populations, we computed percentages *among the remaining users for the remaining sources.* The source with the largest percentage of users was selected and used as the source offering the highest incremental increase in reach for an additional portion of the remaining population. The source that provided the highest incremental increase in reach following TRICARE print materials was *TRICARE beneficiary advisors.*

Market Reach by TRICARE Information Source
All Users

Notes:
1. Used TRICARE within the past .
2. Only 83% of all TRICARE users reported actually seeking information about TRICARE.
3. Approximately x.0% of TRICARE users who sought TRICARE information obtained this information from sources other than those listed.
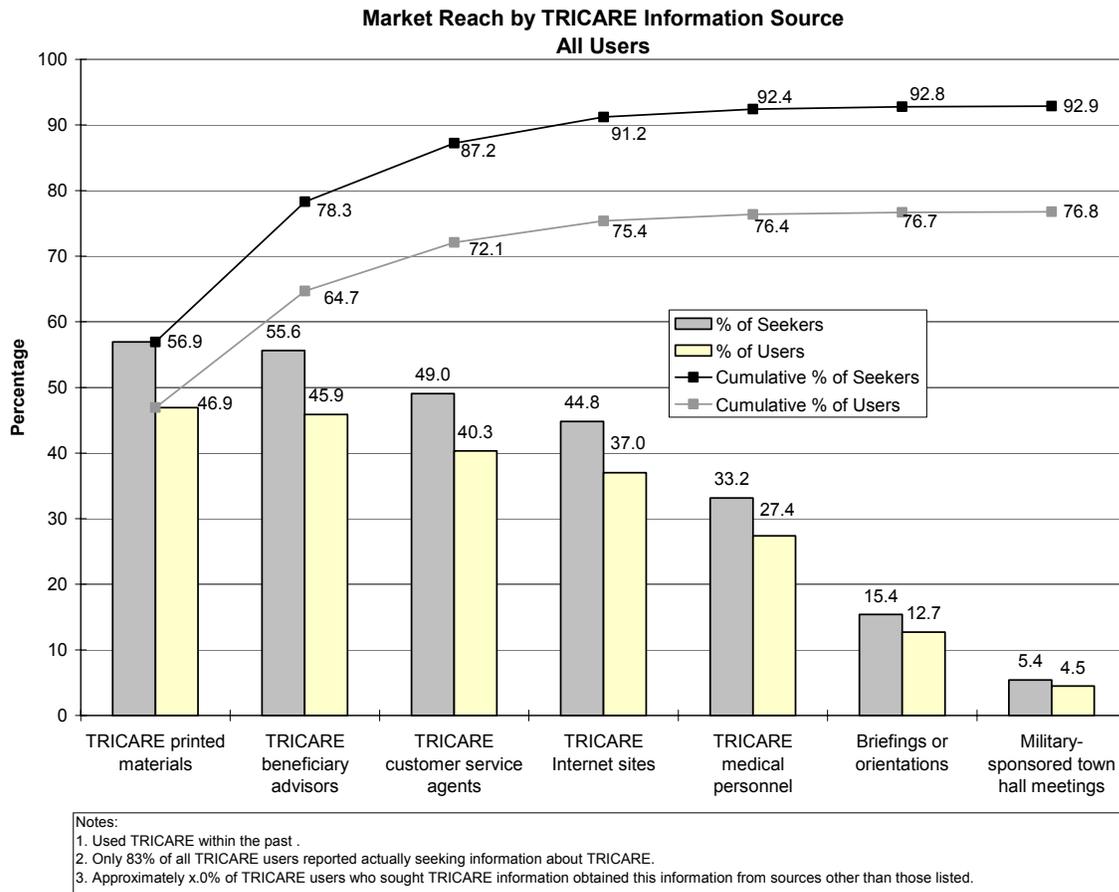
Figure 5-1. Market reach by TRICARE information source, all households with users

Together, TRICARE print materials and beneficiary advisors reach about 65 percent (64.7%) of the TRICARE user population. The incremental increase provided by beneficiary advisors is 17.8 percent (64.7% — 46.9%). This iterative procedure was used to determine the optimum market reach provided by the seven TRICARE information sources for both populations and does not consider any other factors such as cost of developing the sources or TMA priorities.

These results tell TRICARE officials they can reach over 70 percent (72.1%) of TRICARE households with users with three sources of information: TRICARE print materials, TRICARE beneficiary advisors, and TRICARE customer service agents. Also, these three sources reach approximately 87 percent (87.2%) of TRICARE households with users who sought information about TRICARE in the past year.

Market Reach by TRICARE Information Source
Active Duty Members and Spouses
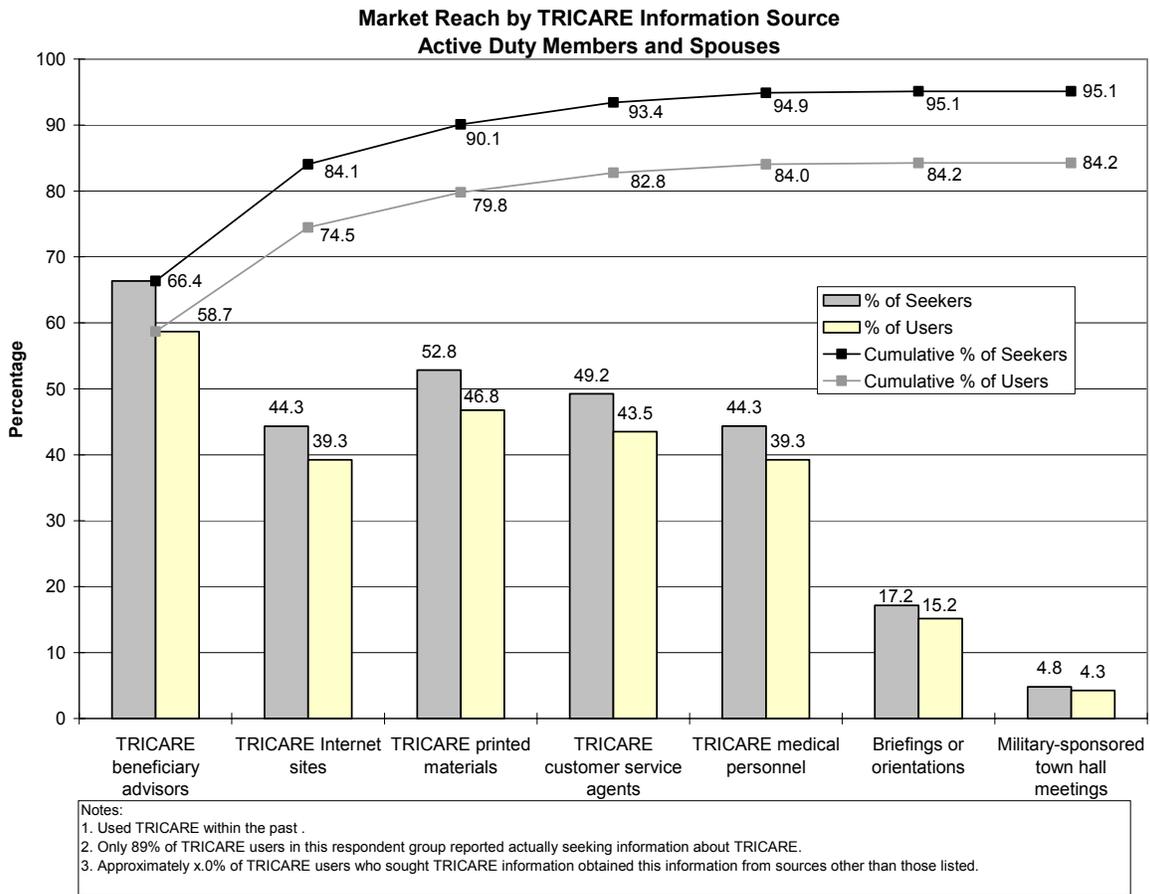
Figure 5-2. Market reach by TRICARE information source, active duty households

The increase in reach in going from the nth source to the $n+1^{st}$ source is only the incremental increase and does not necessarily inform one about the sources used by the highest percentage of users after the first source is selected. However, the data in the chart show that, for this population, when the sources of information are ordered by the size of the incremental increase from highest increase to lowest increase, the percentages of household users decline successively for the ordered sources of information.

These seven TRICARE sources alone do not reach 100 percent of the population who sought information, because users also mentioned other sources besides the seven TRICARE-managed sources explicitly inquired about during the 2005 TRICARE Marketing Survey.

Market Reach by TRICARE Information Source
Reserve Component Members and Spouses
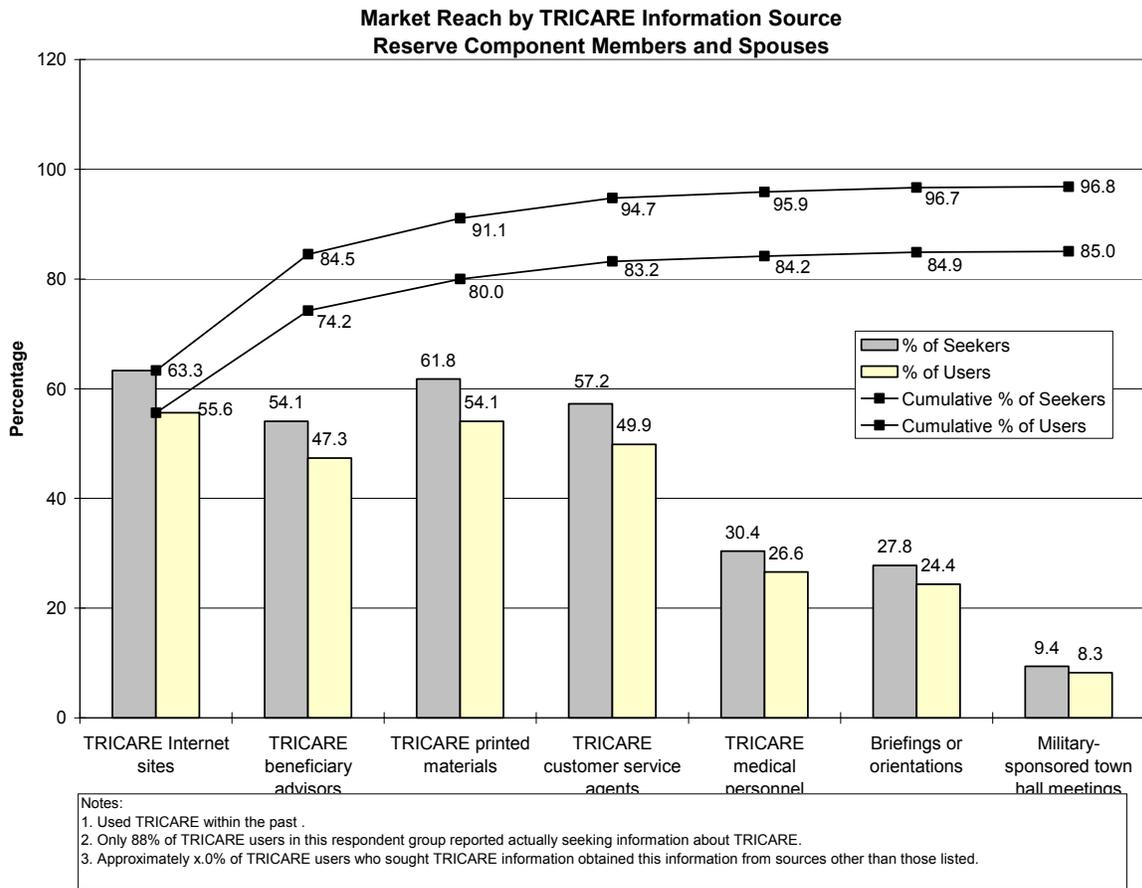
Figure 5-3. Market reach by TRICARE information source, reserve component households

This market reach analysis shows that TMA can reach more than 50 percent of the TRICARE user population in each of the four beneficiary groups with four information sources:

1. TRICARE beneficiary advisors;

2. TRICARE Internet sites;

3. TRICARE customer service agents; and

4. TRICARE print materials.
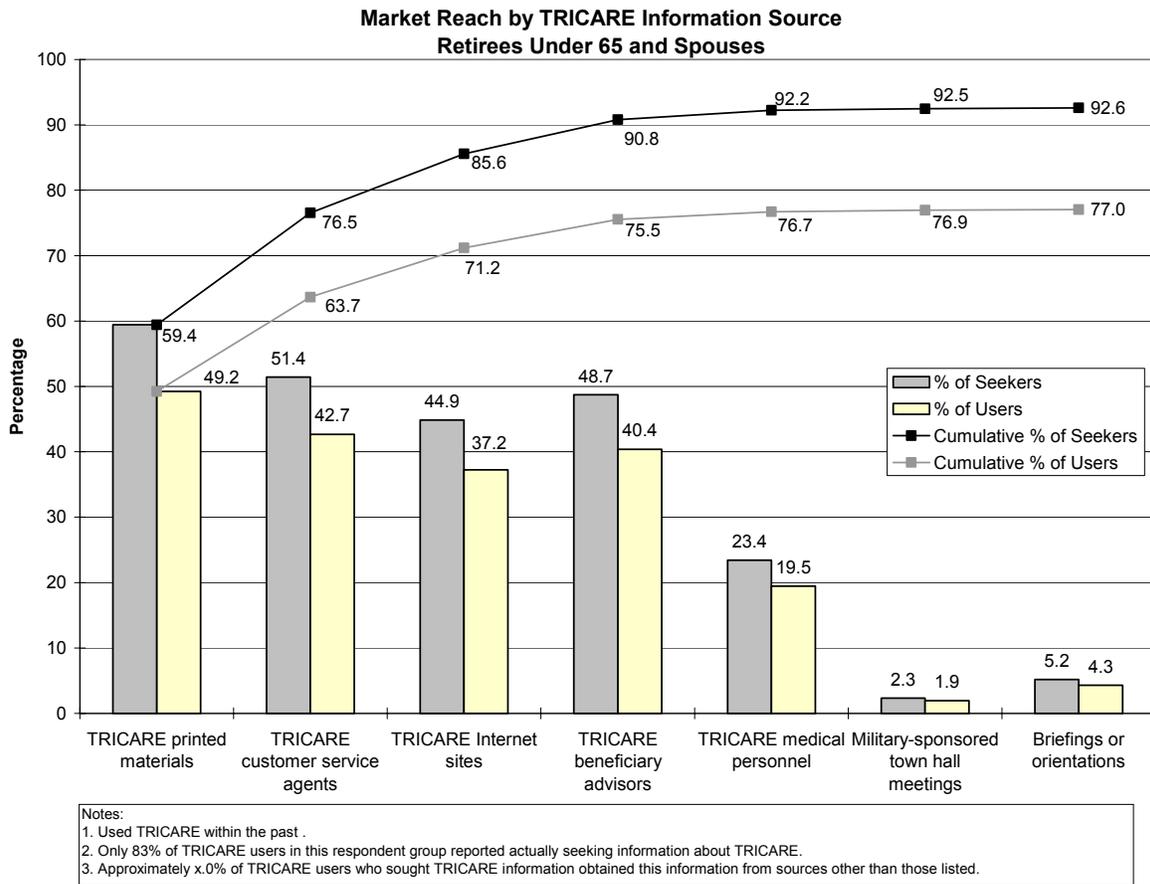
Figure 5-4. Market reach by TRICARE information source, households with retirees under 65

Moreover, if TMA decides to focus its marketing plans on households with users that sought information in the past year, TMA could reach more than 70 percent of them with the same four information sources:

1. TRICARE beneficiary advisors;
2. TRICARE Internet sites;
3. TRICARE customer service agents; and
4. TRICARE print materials.

Market Reach by TRICARE Information Source
Retirees 65 and Over and Spouses
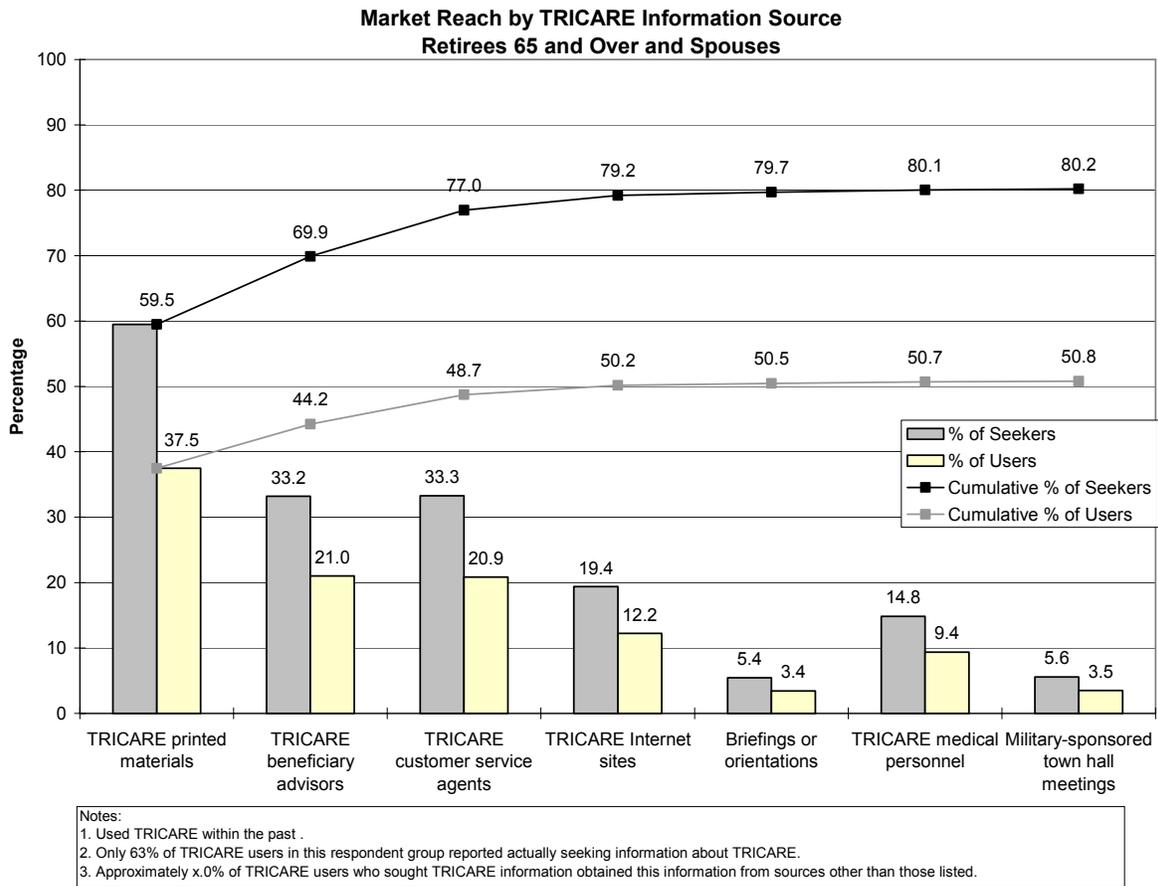
Figure 5-5. Market reach by TRICARE information source, households with retirees 65 and over

Also, if TMA sets a marketing goal to reach about two-thirds of active duty households with users, the findings indicate that TMA could achieve this goal simply with TRICARE beneficiary advisors (Figure 5-2). To reach nearly three-fourths of those active duty households, TMA could focus on beneficiary advisors and TRICARE Internet sites.

There are other findings of interest within the difference beneficiary groups (Figures 5-3, 5-4, and 5-5). For example, TRICARE reaches more than two-thirds of households with users in the under 65 retiree group with three sources: TRICARE print materials, TRICARE customer service agents, and TRICARE Internet sites (Figure 5-4).

This type of analysis could be used, along with the costs associated with producing and distributing the various TRICARE sources, in a cost-benefit model to determine how resources should be allocated to reach the largest percentage of the population of TRICARE households with users. This analysis could also be used to determine the market reach efficiency afforded by any combination of information sources decided on by TMA. For example, if TMA decides to put all of its resources into three information sources, say X, Y, and Z, it can calculate the reach—for either the household user population or the population of households with users who sought information in the past year—based on these findings.

6. COMPARISONS BETWEEN 2003 AND 2005 FINDINGS

In this chapter, selected comparisons of 2003 and 2005 findings from the TRICARE Marketing Survey are made among <u>three</u> household types—Active Duty, retirees under age 65, and retirees 65 years and over. The comparisons do not include Reserve Component households because the data from 2003 include only spouses of activated Reserve members, not the members themselves. It is important to note that overall percentages will not match those reported in Chapter 5 because the denominators used for calculating the percentages differ as a result of the exclusion of Reserve Component respondent data.

The reports in this chapter focus on statistically significant differences (using t-tests with a probability level of $p<.05$) in overall ratings between 2003 and 2005 and in satisfaction ratings by household type. These differences are noted with an asterisk ("*") in the "Sign" column in the tables. While other differences are noted across household types, no testing was done to determine if those differences are statistically significant.

6.1   Awareness of TRICARE Information Sources

Awareness of four general types of TRICARE information sources was measured in the 2003 and 2005 TRICARE Marketing Surveys to gain some sense of how many households know about typical TMA-sponsored information sources.

Awareness of Information Sources Is Increasing

The findings indicate statistically significant increases in awareness from 2003 to 2005 for three types of TRICARE information sources:

- TRICARE Internet sites   **+6.4** points, to 83.6%
- TRICARE staff   **+4.7** points, to 93.2%
- TRICARE print materials   **+2.4** points, to 93.4%

There was no change in awareness for TRICARE toll-free numbers (remain at 93%).

Changes in Awareness Vary Across Household Types

Awareness of Internet sites increased by more than 10 percentage points among the two retiree groups: from 76.9 percent to 88.4 percent for households with retirees under age 65 and from 60.2 percent to 71.1 percent for households with retirees 65 and over. A similar percentage-point increase is noted for awareness of TRICARE staff among households with retirees 65 years and over (from 73.3% to 84.5%). Awareness of TRICARE information sources changed little for active duty households (Table 6-1).

Table 6-1.   Awareness of TRICARE information sources, by household (2003 vs. 2005)

	Total			Active duty		Retirees under 65		Retirees 65 and older	
	2005	2003	Sign	2005	2003	2005	2003	2005	2003
TRICARE toll-free numbers	93.6	93.0		95.1	96.0	95.2	91.8	88.8	87.1
Printed materials from TRICARE	93.4	91.0	*	94.4	94.8	95.6	91.5	88.9	79.7
TRICARE staff	93.2	88.5	*	96.0	94.9	95.5	87.5	84.5	73.3
TRICARE Internet sites	83.6	77.2	*	86.9	82.7	88.4	76.9	71.1	60.2

6.2   Sources of Information for TRICARE Users

Findings on differences between 2003 and 2005 in the use of five TRICARE-managed information sources indicate three significant changes, including an increase in the use of one source and decreases in the use of two:

- TRICARE Internet sites   **+4.8** points, to 39.9%
- TRICARE doctors, nurses, or technicians   **–4.8** points, to 33.9%
- Military-sponsored town hall meetings on base   **–1.9** points, to 4.4%

There were no significant changes for TRICARE beneficiary advisors and for briefings or orientations about TRICARE.

6.3   User Assessment of TRICARE-Managed Information Sources

Each household reporting use of a TRICARE information source managed by TMA was asked to assess the source with three followup questions: (1) How easy was it to get information from [the source]—*easy, fairly easy, not easy at all?* (2) How easy was it to understand information from [the source]—*easy, fairly easy, not easy at all?* and (3) How useful was [source] in answering your questions—*useful, fairly useful not useful at all?* Findings on changes between 2003 and 2005 are reported here regarding five TRICARE-managed information sources: (1) TRICARE beneficiary advisors at a service center or a military treatment center or clinic; (2) TRICARE Internet sites; (3) TRICARE doctors, nurses, or technicians; (4) briefings or orientations (about TRICARE); and (5) military-sponsored town hall meetings on base.

Overall Change in Assessment Ratings Noted Only for Internet Sites

Of the five TRICARE-managed information sources for which comparisons were made, the only source with overall significant changes in assessment ratings from 2003 to 2005 is TRICARE Internet sites (Tables 6-2, 6-3, and 6-4; also see Tables C-1 to C-5 in Appendix C). There was an increase in the percentage of households reporting that TRICARE Internet sites are not easy at all to get information from (that negative rating rose from 6.5% to 10.4%). There were no changes in ratings on how easy it is to understand the information from TRICARE Internet sites (Table 6-3). The ratings on usefulness of TRICARE Internet sites in answering questions, however, have decreased since 2003: The rating of *useful* dropped from 60.4 percent to 52.7 percent, and the rating of *not useful at all* increased from 4.9 percent to 9.4 percent (Table 6-4).

Difficulty Ratings Have Improved for TRICARE Toll-Free Numbers, but Have Worsened for TRICARE Internet Sites

Households were asked which information source about TRICARE was most difficult to use. Findings are presented regarding the five sources of information listed in Table 6-5. Comparisons were limited for other sources because of small cell sizes (see Table C-6 in Appendix C).

Table 6-2.   Assessment of how easy it is to **get information** from the source, by household (2003 vs. 2005)

		Total		Sign	Active duty		Retirees under 65		Retirees 65 and older	
		2005	2003	Sign	2005	2003	2005	2003	2005	2003
TRICARE beneficiary advisors at a service center, military treatment center or clinic	Percent who used source	56.0	52.9		66.3	59.6	48.7	49.9	33.2	30.7
	Easy	57.3	60.3		57.5	58.8	55.5	53.8	60.1	68.0
	Fairly easy	35.3	33.7		36.3	35.4	34.0	36.5	31.8	N/R
	Not easy at all	7.3	6.0		6.2	5.8	10.6	N/R	N/R	N/R
TRICARE' Internet sites	Percent who used source	39.9	35.1	*	44.3	38.0	44.9	34.8	19.4	19.2
	Easy	46.4	50.1		47.2	51.8	42.8	38.6	51.6	55.9
	Fairly easy	43.2	43.4		42.9	42.1	45.0	51.6	39.8	N/R
	Not easy at all	10.4	6.5	*	9.9	N/R	N/R	N/R	N/R	N/R
TRICARE doctors, nurses, or technicians	Percent who used source	33.9	38.7	*	44.3	50.3	23.4	27.4	14.8	14.6
	Easy	64.6	66.6		65.1	67.5	60.0	63.4	69.4	N/R
	Fairly easy	30.5	29.2		30.0	27.8	35.7	33.8	N/R	N/R
	Not easy at all	4.9	4.2		N/R	N/R	N/R	N/R	N/R	N/R
Briefings or orientations (about TRICARE)	Percent who used source	12.1	13.6		17.2	17.1	5.2	N/R	N/R	N/R
	Easy	68.9	73.0		68.3	75.2	N/R	N/R	N/R	N/R
	Fairly easy	27.7	26.1		28.3	24.0	N/R	N/R	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Military-sponsored town hall meetings on base	Percent who used source	4.4	6.3	*	4.8	6.9	N/R	N/R	N/R	N/R
	Easy	71.4	68.3		66.9	68.3	N/R	N/R	N/R	N/R
	Fairly easy	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table 6-3. Assessment of how easy it is to **understand information** from the source, by household (2003 vs. 2005)

		Total			Active duty		Retirees under 65		Retirees 65 and older	
		2005	2003	Sign	2005	2003	2005	2003	2005	2003
TRICARE beneficiary advisors at a service center, military treatment center or clinic	Percent who used source	56.0	52.9		66.3	59.6	48.7	49.9	33.2	30.7
	Easy	61.9	61.4		62.5	60.8	61.4	61.2	59.0	67.7
	Fairly easy	33.9	36.2		33.4	36.0	32.8	35.4	39.8	31.3
	Not easy at all	4.2	2.5		4.1	N/R	N/R	N/R	N/R	N/R
TRICARE's Internet sites	Percent who used source	39.9	35.1	*	44.3	38.0	44.9	34.8	19.4	19.2
	Easy	53.5	54.6		55.2	56.1	50.4	54.3	51.3	56.1
	Fairly easy	39.6	41.2		38.8	40.1	39.9	38.6	44.9	N/R
	Not easy at all	6.8	4.2		6.0	N/R	N/R	N/R	N/R	N/R
TRICARE doctors, nurses, or technicians	Percent who used source	33.9	38.7	*	44.3	50.3	23.4	27.4	14.8	14.6
	Easy	68.2	67.5		69.5	66.8	64.3	71.0	63.1	73.3
	Fairly easy	28.5	29.3		26.9	29.4	33.0	27.6	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Briefings or orientations (about TRICARE)	Percent who used source	12.1	13.6		17.2	17.1	5.2	N/R	N/R	N/R
	Easy	62.4	67.3		63.0	71.0	N/R	N/R	N/R	N/R
	Fairly easy	34.7	29.7		34.0	26.5	N/R	N/R	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Military-sponsored town hall meetings on base	Percent who used source	4.4	6.3	*	4.8	6.9	N/R	N/R	N/R	N/R
	Easy	67.8	53.5		62.9	55.4	N/R	N/R	N/R	N/R
	Fairly easy	N/R	38.2	N/R	N/R	N/R	N/R	N/R	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table 6-4. Assessment of **how useful** the source is in answering questions, by household (2003 vs. 2005)

		Total			Active duty		Retirees under 65		Retirees 65 and older	
		2005	2003	Sign	2005	2003	2005	2003	2005	2003
TRICARE beneficiary advisors at a service center, military treatment center or clinic	Percent who used source	56.0	52.9		66.3	59.6	48.7	49.9	33.2	30.7
	Useful	72.3	76.6		70.4	76.2	75.4	72.5	77.6	83.0
	Fairly useful	23.2	19.7		24.1	20.0	22.1	23.7	N/R	N/R
	Not useful at all	4.5	3.7		5.5	N/R	N/R	N/R	N/R	N/R
TRICARE's Internet sites	Percent who used source	39.9	35.1	*	44.3	38.0	44.9	34.8	19.4	19.2
	Useful	52.7	60.4	*	50.9	59.6	55.1	59.6	58.2	62.7
	Fairly useful	37.9	34.7		40.6	35.9	33.1	31.7	N/R	N/R
	Not useful at all	9.4	4.9	*	8.5	N/R	N/R	N/R	N/R	N/R
TRICARE doctors, nurses, or technicians	Percent who used source	33.9	38.7	*	44.3	50.3	23.4	27.4	14.8	14.6
	Useful	71.5	73.2		71.5	71.9	68.1	75.2	79.6	86.4
	Fairly useful	25.6	23.6		25.8	24.9	29.2	21.4	N/R	N/R
	Not useful at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Briefings or orientations (about TRICARE)	Percent who used source	12.1	13.6		17.2	17.1	5.2	N/R	N/R	N/R
	Useful	67.8	69.7		66.5	69.8	N/R	N/R	N/R	N/R
	Fairly useful	25.7	24.4		27.5	24.4	N/R	N/R	N/R	N/R
	Not useful at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Military-sponsored town hall meetings on base	Percent who used source	4.4	6.3	*	4.8	6.9	N/R	N/R	N/R	N/R
	Useful	74.8	66.7		68.0	64.0	N/R	N/R	N/R	N/R
	Fairly useful	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
	Not useful at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table 6-5. Most difficult source of information, by household (2003 vs. 2005)

	Total			Active duty		Retirees under 65		Retirees 65 and older	
	2005	2003	Sign	2005	2003	2005	2003	2005	2003
TRICARE toll-free numbers (other than 'Ask a Nurse')	25.7	30.5	*	24.4	32.2	28.3	28.7	28.5	N/R
TRICARE Internet sites	23.9	12.9	*	23.3	11.6	27.4	18.4	N/R	N/R
TRICARE beneficiary advisors at a service center, military treatment facility, or clinic	8.8	8.6		9.1	8.6	9.7	N/R	N/R	N/R
Doctors, nurses, or technicians at a military treatment facility or clinic	5.2	5.7		6.5	7.2	N/R	N/R	N/R	N/R
Briefings or orientations	2.3	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Military-sponsored town hall meetings on base	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Overall, the percentage of households reporting that TRICARE toll-free numbers are the most difficult source to use declined by nearly 5 points, from 30.5 percent in 2003 to 25.7 percent in 2005. The decline is reflected in findings for active duty households (7.8 points) but not in retiree households.

In contrast, households reporting that TRICARE Internet sites are the most difficult source of TRICARE information to use increased, overall, by more than 9 percentage points between 2003 and 2005 (rose from 12.9% to 23.9%). That finding is reflected in both active duty households and households with retirees under age 65.

None of the other ratings on difficulty of use changed for the four other TMA-managed sources listed in Table 6-5.

6.4　　　　Primary Sources of TRICARE Information

The TRICARE Marketing Survey includes an open-ended item asking households what their single primary source of information about TRICARE was in the past year. They were then asked how effective that source was in providing them with the information needed—Did the source provide *all the information, most of the information,* or *some of the information?*

TMA-Managed Sources Rank High As Primary Sources

Overall, the top four primary information sources for TRICARE service users in active duty and retiree households in 2003 and 2005 are as follows:

		2005	2003
■	TRICARE beneficiary advisors at a service centers and MTFS	**19.5%**	**20.8%**
■	TRICARE Internet sites	**18.6%**	**16.0%**
■	TRICARE toll-free numbers	**13.5%**	**13.9%**
■	TRICARE doctors, nurses, or technicians at a military hospital or clinic	**9.9%**	**13.2%**

The only significant change in rating for these four sources was a lower rating in 2005 (down by 3.3 points) for TRICARE doctors, nurses, or technicians at a military hospital or clinic (Table 6-6).

Primary Sources Remain Good Sources of Needed Information

There are no significant differences between 2003 and 2005 in the amount of information received by households from their primary sources. About one-third get all the information they seek, almost half get most of the information, and about one-fifth get some of the information (Tables 6-7).

Table 6-8 includes findings on the amount of information provided by TRICARE Internet sites; TRICARE doctors, nurses, or technicians at a military hospital or clinic; and TRICARE beneficiary advisors. Although from 2003 to 2005, the percentage of all households saying they receive most of the information they need from TRICARE Internet sites dropped from 68.7 percent to 62.6 percent, the change was not significant. The drop in that rating stemmed mostly from a lower rating in 2005 by active duty households (decline of 9.7 points).

A similar decline in the *most of the information* rating by active duty households occurred for TRICARE doctors, nurses, or technicians at a military hospital or clinic (10.1-point drop). Those declines among active duty households were not offset by increases in the *all the information* ratings. Ratings on amount of information received from TRICARE beneficiary advisors remained relatively stable across the three household types.

6.5   Satisfaction With Available Information About TRICARE

The 2003 and 2005 surveys included an item to measure overall satisfaction with information about TRICARE. The 5-point response scale ranged from *very satisfied* to *very dissatisfied*.

Satisfaction Remains High

The overall satisfaction level (very satisfied/satisfied) with information about TRICARE remained high between 2003 and 2005 (slightly more than 80%). There was a significant increase in the

Table 6-6. Primary sources of information about TRICARE, by household (2003 vs. 2005)

	Total			Active duty		Retirees under 65		Retirees 65 and older	
	2005	2003	Sign	2005	2003	2005	2003	2005	2003
TRICARE beneficiary advisors at a service center, hospital, or clinic	19.5	20.8		24.1	21.6	14.4	21.8	10.4	14.8
TRICARE Internet sites	18.6	16.0		20.4	17.3	21.8	14.9	7.6	N/R
TRICARE toll-free numbers (other than 'Ask a Nurse')	13.5	13.9		13.7	17.0	15.5	14.7	9.9	N/R
TRICARE doctors, nurses, or technicians at a military hospital or clinic	9.9	13.2	*	11.9	16.5	7.7	9.9	N/R	N/R
Military newspapers or newsletters	5.6	4.5		N/R	N/R	6.1	N/R	17.8	15.2
Other	4.6	2.2	*	3.9	N/R	N/R	N/R	N/R	N/R
Relatives, friends, or co-workers	4.4	4.5		4.5	5.8	N/R	N/R	N/R	N/R
Doctors or staff at civilian hospitals or clinics	3.0	2.1		2.6	N/R	N/R	N/R	N/R	N/R
Veterans' organizations or military associations	1.4	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Military-sponsored town hall meetings on base	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Briefings or orientations (about TRICARE)	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Newspapers or newsletters (other than military)	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Civilian associations	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Civilian telephone books	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
E-mail	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
TV or radio	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Video or CD-ROM	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table 6-7. Amount of information provided by primary information source, by household (2003 vs. 2005)

	Total			Active duty		Retirees under 65		Retirees 65 and older	
	2005	2003	Sign	2005	2003	2005	2003	2005	2003
Most of the information	44.2	50.5		46.0	54.9	42.5	44.4	40.1	38.8
All the information	34.5	33.0		32.9	30.1	35.4	36.1	39.1	39.6
Some of the information	21.4	16.5		21.2	15.0	22.1	19.5	20.8	21.6

Table 6-8.   Amount of information provided by TRICARE sources, by household (2003 vs. 2005)

	Total			Active duty		Retirees under 65		Retirees 65 and older	
	2005	2003	Sign	2005	2003	2005	2003	2005	2003
TRICARE Internet Sites									
Percent indicating source was primary source	18.7	16.1		20.4	17.3	21.8	15.2	7.7	N/R
Most of the information	62.6	68.7		64.9	74.6	57.0	54.1	N/R	N/R
All the information	21.1	21.7		16.5	16.1	29.0	N/R	N/R	N/R
Some of the information	16.3	N/R	N/R	18.6	N/R	N/R	N/R	N/R	N/R
TRICARE doctors, nurses, or technicians at a military hospital or clinic									
Percent indicating source was primary source	9.9	13.4		11.9	16.6	7.7	9.9	N/R	N/R
Most of the information	40.6	46.5		41.2	51.3	N/R	N/R	N/R	N/R
All the information	37.8	44.5		37.2	42.2	N/R	N/R	N/R	N/R
Some of the information	21.6	N/R	N/R	21.5	N/R	N/R	N/R	N/R	N/R
TRICARE beneficiary advisors at a service center, hospital, or clinic									
Percent indicating source was primary source	19.6	20.8		24.2	21.7	14.4	22.2	10.3	14.2
Most of the information	48.9	48.9		49.6	45.8	49.3	55.6	N/R	N/R
All the information	39.2	40.1		38.7	43.1	38.0	31.5	N/R	N/R
Some of the information	11.9	11.0		11.7	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

satisfaction ratings for retiree households under age 65, while households with retirees 65 and over decreased from 42.7 percent to 40.6 percent (Table 6-9).

6.6   Preferences for Getting TRICARE Information

The TRICARE Marketing Survey includes items asking about TRICARE households' most and least preferred methods for getting answers to their TRICARE questions. The question applies to all households using TRICARE services, not just those with users who sought information in the year preceding the survey.

Some Changes Occurred in Methods Most Preferred

Between 2003 and 2005, overall household ratings regarding most preferred method for getting answers to their TRICARE questions changed significantly for the following two methods:

- Telephone   **+3.0 points,** to 28.0%
- Mail   **–3.3 points,** to 19.9%

Those rating changes are reflected mostly in retiree households. Household ratings for most preferring to get answers face-to-face, on TRICARE Internet sites, and by email remained stable between 2003 and 2005 (Table 6-10).

Rating for Telephone as Least Preferred Method Improves

The rating for least preferred method to get answers to TRICARE questions declined for the telephone method, from 26.3 percent to 23.2 percent. This decline mirrors the increased rating for use of the telephone as the most preferred method. The decline is reflected mostly in the ratings of active duty households. Least preferred ratings were stable for four methods: mail, Internet sites, email, and face-to face (Table 6-11).

Table 6-9. Overall satisfaction/dissatisfaction with available information about TRICARE, by household (2003 vs. 2005)

	Total			Active duty			Retirees under 65			Retirees 65 and older		
	2005	2003	Sign	2005	2003	Sign	2005	2003	Sign	2005	2003	Sign
Very satisfied	27.4	25.4		22.3	21.1		29.5	22.6	*	40.6	42.7	*
Satisfied	54.3	56.3		56.8	59.3		52.5	55.5		49.1	45.2	
Neither satisfied nor dissatisfied	11.8	12.9		13.8	14.6		10.8	13.7		N/R	N/R	N/R
Dissatisfied	4.9	4.3		5.6	4.0		4.9	6.4		N/R	N/R	N/R
Very dissatisfied	1.7	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table 6-10. Most preferred method to get answers to TRICARE questions, by household (2003 vs. 2005)

	Total			Active duty		Retirees under 65		Retirees 65 and older	
	2005	2003	Sign	2005	2003	2005	2003	2005	2003
Face-to-face	28.7	29.7		35.0	34.6	26.9	25.5	16.1	16.2
Telephone	28.0	25.0	*	25.1	25.2	32.5	28.9	30.2	25.5
Menu-driven toll-free numbers leading to a TRICARE representative	80.0	79.6		83.6	80.4	75.0	80.5	78.6	77.2
Local calls to TRICARE staff	65.2	70.6		77.5	80.1	61.2	70.6	46.2	48.7
Entirely automated TRICARE toll-free numbers	24.2	24.6		21.9	19.6	20.7	24.3	32.6	37.7
Mail	19.9	23.2	*	13.0	14.8	15.7	23.6	39.9	47.4
Internet site	15.5	14.7		17.8	17.1	18.4	15.0	7.4	6.4
E-mail	7.9	7.4		9.1	8.2	6.4	7.0	6.4	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table 6-11. Least preferred method to get answers to TRICARE questions, by household (2003 vs. 2005)

		Total			Active duty		Retirees under 65		Retirees 65 and older	
		2005	2003	Sign	2005	2003	2005	2003	2005	2003
Mail		37.8	35.5		47.0	43.9	36.3	32.4	18.1	15.2
Telephone		23.2	26.3	*	22.5	26.1	22.9	23.5	25.2	25.3
	Menu-driven toll-free numbers leading to a TRICARE representative	70.7	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
	Local calls to TRICARE staff	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
	Entirely automated TRICARE toll-free numbers	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Internet site		18.9	17.7		13.3	12.7	19.7	21.6	31.2	29.3
E-mail		15.2	16.5		13.2	14.8	14.8	15.8	20.1	24.1
Face to face		4.9	4.0		4.1	2.5	6.4	6.7	5.4	N/R

Note: N/R indicates that data are not reported because of small cell size.

6.7   Discussion

As noted in this section, respondents' views of the information sources used to access TRICARE information have remained generally consistent between 2003 and 2005. This consistency is apparent for most sources, though awareness, use, and ratings of the TRICARE Internet sites shows significant differences between the two time periods.

Of note is the increase in the overall awareness of the TRICARE Internet sites, and the increased awareness of the sites by the two retiree group households. This could be an indication of the impact of recent publicity regarding these sites and possibly an increased acceptance of the Internet by these two household groups. In addition to this increase in awareness, use of the Internet sites also shows an increase since 2005.

Increases in the proportion of TRICARE users who access the Internet sites, however, did not result in increases of ratings of the sites. In 2005 respondents rated "the ease at getting on to the sites" and "usefulness at answering questions" lower than in 2003. However, ratings of "understanding the information on the Internet sites" has not significantly changed since 2003. Therefore, while households show an increase in awareness and use of the TRICARE Internet sites, this increase may be accompanied by a set of expectations of the sites' content and format. While users may understand the information they access, it could be that being able to navigate to it on the sites may be perceived as difficult. This finding could be reflected in the increase, since 2003, of the proportion of households who rated the TRICARE Internet sites as the "most difficult to use."

Of note is that the TRICARE toll-free numbers were viewed more positively in 2005; the proportion who rated that information source as "most difficult to use" significantly decreased.

More than three-fourths of respondents also reported they get "all the information" or "most of the information" they need from their primary TRICARE sources.

Finally, respondents showed some variation in the sources they prefer to use to receive TRICARE information between 2003 and 2005. The preference for telephones increased by 3.0 percent while preference for mail decreased by 3.3 percent.

REFERENCES

U.S. Department of Commerce. (2002). A nation online: How Americans are expanding their use of the Internet. Washington, DC: U.S. Department of Commerce, NTIA and Economics Statistics Administration. Retrieved February 25, 2004, from the World Wide Web: http://www.ntia.doc.gov/ntiahome/dn/html/Chapter2.htm

U.S. Department of Veterans Affairs. (2003). *2001 National Survey of Veterans: Final report.* Washington, DC: U.S. Department of Veterans Affairs, Assistant Secretary for Policy and Planning. Available at
http://www.va.gov/vetdata/SurveyResults/nsv/final/NSV%20Final%20Report.pdf

Appendix A

TRICARE Survey

INTRODUCTION TO EXTENDED INTERVIEW

Introduction

Greeting: Hello, may I please speak to {Subject name} or {Spouse name}?

My Name Is { }. We are conducting a survey on behalf of the Department of Defense TRICARE Program. Your participation is important and the information and feedback you provide will help to improve the quality of the TRICARE information sources.

The interview will take about 10 minutes. Any information you provide is protected under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. Your identity will not be released for any reason. Answering is voluntary, you may ask to skip any questions with which you are not comfortable, and you can stop the discussion at any time.

[IF R WANTS A COPY OF PRIVACY ACT NOTICE, USE CTRL/I TO CODE MAILOUT.]

[IF R WANTS TO SEND COMMENTS REGARDING ANY PART OF THIS STUDY TO THE DEPARTMENT OF DEFENSE, PROVIDE ADDRESS:

Health Program Analysis and Evaluation
Office of the Assistant Secretary of Defense/Health Affairs
5111 Leesburg Pike, Suite 810
Falls Church, VA 22041-3206]

First, I'm going to ask some general questions about TRICARE information sources.

A1. TRICARE provides information to health plan beneficiaries in various ways. Are you aware that there are . . .

    a.   TRICARE Internet sites?

Yes	1
No	2
REFUSED	-7
DON'T KNOW	-8

    b.   . Toll-free numbers that you can call to get TRICARE information?

Yes	1
No	2
REFUSED	-7
DON'T KNOW	-8

    c.   Printed materials from TRICARE, such as handbooks, directories, pamphlets, and brochures?

Yes	1
No	2
REFUSED	-7
DON'T KNOW	-8

    d.   TRICARE staff to assist beneficiaries at TRICARE service centers and military treatment facilities and clinics?

Yes	1
No	2
REFUSED	-7
DON'T KNOW	-8

Now, I'm going to read a list of topics about TRICARE and ask if you have looked for these types of information. Just answer yes or no.

A2a. In the past 12 months, did you look for information on . . .

Yes	1
No	2
REFUSED	-7
DON'T KNOW	-8

a. Enrollment or disenrollment in TRICARE?

Yes	1
No	2
REFUSED	-7
DON'T KNOW	-8

b. Benefit coverage for new family members?

Yes	1
No	2
REFUSED	-7
DON'T KNOW	-8

c. Benefit coverage for current beneficiaries?

Yes	1
No	2
REFUSED	-7
DON'T KNOW	-8

d. Billing or claims?

Yes	1
No	2
REFUSED	-7
DON'T KNOW	-8

e. Military treatment facilities or clinics in your area?

Yes 1

No 2

REFUSED .... -7

DON'T KNOW .... -8

A2b. [In the past 12 months, did you <u>look for information on</u> . . .]

f. Phone numbers for healthcare providers or military treatment facilities and clinics?

Yes 1

No 2

REFUSED .... -7

DON'T KNOW .... -8

g. Scheduling an appointment?

Yes 1

No 2

REFUSED .... -7

DON'T KNOW .... -8

h. Switching from one military treatment facility or clinic to another?

Yes 1

No 2

REFUSED .... -7

DON'T KNOW .... -8

i. Finding a primary care provider?

Yes 1

No 2

REFUSED .... -7

DON'T KNOW .... -8

A2c. [In the past 12 months, did you look for information on . . .]

    j.   Referrals to specialists or other doctors?

            Yes 1

            No 2

            REFUSED .... -7

            DON'T KNOW .... -8

    k.   Prescription benefits?

            Yes 1

            No 2

            REFUSED .... -7

            DON'T KNOW .... -8

    l.   Local pharmacies participating with TRICARE?

            Yes 1

            No 2

             REFUSED .... -7

            DON'T KNOW .... -8

A3. Did you look for <u>any other</u> information about TRICARE in the past 12 months?

            Yes 1

            No 2

            REFUSED .... -7

            DON'T KNOW .... -8

    A3OV. IF Yes, ASK: What other information did you look for?
        [RECORD RESPONSE]_____

        [IF R HAS LOOKED FOR ANY OF THE TOPICS IN A2 OR A3, GO TO
        A4A. ELSE, IF **ALL** OF THE ABOVE VARIABLES = 2, -7, OR -8, GO
        TO A12.]

Now I have some questions about **where** you get information about TRICARE benefits and services.

A4a.   In the past 12 months , did you use any of the following sources to get information about TRICARE? Did you get information about TRICARE from . . .

Yes   1
No   2
REFUSED ....   -7
DON'T KNOW ....   -8

    a.   TRICARE beneficiary advisors at a service center, military treatment facility, or clinic?

Yes   1
No   2
REFUSED ....   -7
DON'T KNOW ....   -8

    b.   Customer service agents at a TRICARE toll-free call center?

Yes   1
No   2
REFUSED ....   -7
DON'T KNOW ....   -8

    c.   Doctors, nurses, or technicians at a military treatment facility or clinic?

Yes   1
No   2
REFUSED ....   -7
DON'T KNOW ....   -8

A4b.[In the past 12 months , did you use any of the following sources to get information about TRICARE? Did you get information about TRICARE from . . .]

    d.   TRICARE's Internet sites?

Yes   1
No   2
REFUSED ....   -7
DON'T KNOW ....   -8

e. Printed TRICARE materials such as a handbook, , periodical, or brochure?

Yes 1
No 2
REFUSED .... -7
DON'T KNOW .... -8

f. Military-sponsored town hall meetings on base?

Yes 1
No 2
REFUSED .... -7
DON'T KNOW .... -8

g. Briefings or orientations?

Yes 1
No 2
REFUSED .... -7
DON'T KNOW .... -8

A5a. In the past 12 months, did you use any of these <u>other</u> sources to get information about TRICARE? Did you get information about TRICARE from . . .

a. Doctors, nurses or technicians at civilian hospitals or clinics?

Yes 1
No 2
REFUSED .... -7
DON'T KNOW .... -8

b. Relatives, friends, or co-workers?

Yes 1
No 2
REFUSED .... -7
DON'T KNOW .... -8

c. Military newspapers or newsletters?

Yes 1
No 2
REFUSED .... -7
DON'T KNOW .... -8

d. Other newspapers or newsletters?

Yes 1

No... 2

REFUSED .... -7

DON'T KNOW .... -8

e. Veterans' organizations or military associations?

Yes 1

No... 2

REFUSED .... -7

DON'T KNOW .... -8

A5b. [In the past 12 months, did you use any of these _other_ sources to get information about TRICARE? Did you get information about TRICARE from . . .]

f. Civilian telephone books?

Yes 1

No... 2

REFUSED .... -7

DON'T KNOW .... -8

g. Civilian associations?

Yes 1

No... 2

REFUSED .... -7

DON'T KNOW .... -8

h. A video or CD-ROM?

Yes 1

No... 2

REFUSED .... -7

DON'T KNOW .... -8

i. Television or radio?

Yes 1

No... 2

REFUSED .... -7

DON'T KNOW .... -8

[IF RESPONDENT RESPONDED REFUSED OR DON'T KNOW TO ALL SOURCES FOR GETTING INFORMATION ABOUT TRICARE, THEN GO TO A12]

A7. In the past 12 months, what was your <u>primary</u> source of information about TRICARE?

A7OV. [IF 91, ASK]: What other information sources did you use? [RECORD RESPONSE]

A7a. [In the past 12 months what was your <u>primary</u> source of information about TRICARE?]

PEOPLE

TRICARE BENEFICIARY ADVISORS AT A SERVICE
   CENTER, MILITARY TREATMENT FACILITY,
   OR CLINIC 1

CUSTOMER SERVICE AGENTS AT A TRICARE
   TOLL-FREE CALL CENTER 2

DOCTORS, NURSES, OR TECHNICIANS AT A
   MILITARY TREATMENT FACILITY OR CLINIC 3

DOCTORS, NURSES, OR TECHNICIANS AT A
   CIVILIAN HOSPITAL OR CLINIC 4

WORD OF MOUTH (FRIENDS, RELATIVES,
   CO-WORKERS) 5

MILITARY-SPONSORED TOWN HALL MEETINGS
   ON BASE 6

BRIEFINGS OR ORIENTATIONS 7

PRINT MATERIALS

A TRICARE HANDBOOK (SUCH AS THE BENEFICIARY HANDBOOK, TRICARE CHOICES, TRICARE PRIME OR PRIME REMOTE HANDBOOK).................................. 8

A TRICARE PERIODICAL (SUCH AS THE HEALTH MATTERS NEWSLETTER OR QUARTERLY BULLETIN) 9

A TRICARE BROCHURE (SUCH AS TRAVELING WITH TRICARE, TRICARE AT A GLANCE, CHOICES FOR COLLEGE STUDENTS, CHOICES FOR RETIREES, MAINTAINING ELIGIBILITY AND DEERS)...................... 10

MILITARY NEWPAPERS OR NEWSLETTERS................... 12

OTHER NEWSPAPERS OR NEWSLETTERS 13

DIRECT MAIL/EMAIL FROM VETERANS ORGANIZATIONS OR MILITARY ASSOCIATIONS......... 14

DIRECT MAIL/EMAIL FROM CIVILIAN ASSOCIATIONS ... 15

CIVILIAN TELEPHONE BOOKS 16

TELEPHONE/ELECTRONIC SOURCES

TRICARE TOLL-FREE NUMBERS 18

TRICARE INTERNET SITES 19

E-MAIL 20

TV OR RADIO 21

VIDEO OR CD-ROM 22

[IF A PRIMARY SOURCE WAS IDENTIFIED (EXTD.PRIMSRC = 1-26 or 91), GO TO A8]

A8. Did <u>this primary source</u> provide you with….

All the information, ... 1

Most of the information, or 2

Some of the information you

   needed about TRICARE? 3

REFUSED .... -7

DON'T KNOW .... -8

[IF ANY SOURCES IN A4 AND A4C WERE USED (**ANY** OF THE FOLLOWING VARIABLES = 1), GO TO A9A AND ASK THE SERIES A9A, A9B, AND A9C ABOUT EACH SOURCE MARKED Yes IN A4 AND A4C. ELSE, IF **ALL** OF THE ABOVE VARIABLES = 2, -7, OR -8, GO TO A10.]

A9a.   You mentioned [NAMED SOURCE] as an information source. How easy was it to <u>get information</u> from this source? Would you say getting it was . . .

Easy, ...	1
Fairly easy, or....................................	2
Not easy at all?	3
REFUSED	-7
DON'T KNOW	-8

A9b. How easy was it to <u>understand</u> the information from [NAMED SOURCE]? Would you say understanding it was . . .

Easy, ...	1
Fairly easy, or....................................	2
Not easy at all?	3
REFUSED	-7
DON'T KNOW	-8

A9c. How <u>useful</u> (was/were) [NAMED SOURCE] in answering your questions? Was this source...

Useful, ...	1
Fairly useful, or.................................	2
Not useful at all?	3
REFUSED	-7
DON'T KNOW	-8

A10. Of all the TRICARE information sources you have used, which one was the <u>most difficult</u> to use?

NONE 0

PEOPLE 1

PRINT MATERIALS 2

TELEPHONE/ELECTRONIC

   SOURCES 3

OTHER 91

A10OV. [IF 91, RECORD RESPONSE]

_____

A10a. [Of all the TRICARE information sources you have used, which one was the <u>most difficult</u> to use?]

PEOPLE

TRICARE BENEFICIARY ADVISORS AT A SERVICE
  CENTER, MILITARY TREATMENT FACILITY,
  OR CLINIC 1

CUSTOMER SERVICE AGENTS AT A TRICARE
  TOLL-FREE CALL CENTER 2

DOCTORS, NURSES, OR TECHNICIANS AT A
  MILITARY TREATMENT FACILITY OR CLINIC 3

DOCTORS, NURSES, OR TECHNICIANS AT A
  CIVILIAN HOSPITAL OR CLINIC 4

WORD OF MOUTH (FRIENDS, RELATIVES,
  CO-WORKERS) 5

MILITARY-SPONSORED TOWN HALL MEETINGS
  ON BASE 6

BRIEFINGS OR ORIENTATIONS 7

PRINT MATERIALS

TELEPHONE/ELECTRONIC SOURCES

A11.   Overall, how satisfied or dissatisfied are you with available information about TRICARE? Would you say you are . . .

Very satisfied, ... 1

Satisfied, ... 2

Neither satisfied nor dissatisfied, ... 3

Dissatisfied, or 4

Very dissatisfied? 5

REFUSED .... -7

DON'T KNOW .... -8

My final questions are about your preferences for getting TRICARE information.

A12.   By what method would you most prefer to get answers to your TRICARE questions? Would you most prefer to get answers by . . .

Mail, ... 1

Telephone, ... 2 (Go To A12a)

E-mail, ... 3

Face to face, or 4

Internet site? 5

REFUSED .... -7

DON'T KNOW .... -8

A12a. There are several ways to get TRICARE information by telephone. Were you thinking of . . .

Local calls to TRICARE staff? 1

TRICARE toll-free numbers that
   are entirely automated? 2

Toll-free numbers with menus leading you to a
   TRICARE representative? 3

REFUSED .... -7

DON'T KNOW .... -8

A13. By what method would you <u>least prefer</u> to get answers to your TRICARE questions? Would you <u>least prefer</u> to get answers by . . .

Mail,... 1

Telephone, ... 2 (Go To A13a)

E-mail, ... 3

Face to face, or 4

Internet site? 5

REFUSED .... -7

DON'T KNOW .... -8

A13a. There are several ways to get TRICARE information by telephone. Were you thinking of . . .

Toll-free numbers with menus leading you to a TRICARE representative?.. 1

TRICARE toll-free numbers that are entirely automated?.... 2

Local calls to TRICARE staff? 3

REFUSED .... -7

DON'T KNOW .... -8

A14. In thinking about how you would prefer to get information, either using printed sources or the Internet, which of the following options would you prefer?

I prefer content to be specific – showing only information that pertains to my location and enrollment option (for example Prime or Standard or TRICARE for Life).? 1

I prefer content to be comprehensive - showing more information than just my location and enrollment option. .. 2

REFUSED .... -7

DON'T KNOW .... -8

Those are all the questions I have. Thank you for participating in this survey. Your responses are appreciated and will help the Department of Defense provide better service.

Appendix B

2005 TRICARE Marketing Survey II Summary Tables by Pay
Category, Enrollment Status, and Region

This appendix provides summary listings for the 2005 TRICARE marketing survey II response items by:

- Pay Category (rank E4 and below, E5 and above) – Tables B-1 through B-13;

- Enrollment Status (Enrolled, Not Enrolled) – Tables B-14 through B-26; and

- Region (North, South, and West) – Tables B-27 through B-39.

When reviewing these tables it is important to note that:

- Where information is presented in order of rankings in this appendix, the order of response items reflects the same order as presented in Section 5. This has been done in order to allow for easily comparing the (ranking of the) results of the entire sample to the group summaries in this appendix.

- The Pay Category tables include only the Active Duty and Reserve Component Households.

- All Retiree Over 65 Years-Old Households are included in the "Not Enrolled" status in the Enrollment Status tables.

Table B-1.   Awareness of TRICARE Information Sources, by Paygrade

Information Source	Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
TRICARE toll-free numbers	95.5	95.6	95.4
Printed materials from TRICARE	94.7	94.8	94.7
TRICARE staff	95.0	94.8	95.1
TRICARE Internet sites	88.7	88.1	89.0

Table B-2.   Types of Health Plan Information TRICARE Users Look For, by Paygrade

Type of Information	Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
Scheduling an appointment	60.1	62.1	59.1
Phone numbers for health care providers or military treatment facilities	55.2	58.1	53.8
Referrals to specialists or other doctors	49.7	49.3	49.9
Military treatment facilities in the area	45.3	49.5	43.1
Benefit coverage for current beneficiaries	41.3	43.6	40.0
Billing or claims	38.0	37.0	38.5
Finding a primary care provider	41.5	44.1	40.2
Enrollment or disenrollment in TRICARE	41.4	47.6	38.1
Prescription benefits	30.2	30.9	29.8
Local pharmacies participating with TRICARE	30.8	30.7	30.9
Benefit coverage for new family members	28.4	35.6	24.6
Switching from one military treatment facility to another	25.7	29.1	23.8
Other[*]	9.8	9.0	10.2

[*]Other types of information beneficiaries search for include filing a complaint, and changing a name or address, changing or checking on dependent status.

Table B-3. Sources of Information About TRICARE Used in the Past Year, by Paygrade, Ranked by Usage

Rank	Total Rank	Total % Using	Paygrade E4 and Below Rank	Paygrade E4 and Below % Using	Paygrade E5 and Above Rank	Paygrade E5 and Above % Using
TRICARE beneficiary advisors at a service center, hospital, or clinic	2	55.6	3	51.6	2	57.5
TRICARE printed materials (handbook, periodical, brochures)	1	56.9	1	56.8	1	60.2
Customer service agents at a TRICARE toll-free center	3	49.0	2	54.4	3	44.7
TRICARE Internet sites	4	44.8	4	49.4	4	43.8
TRICARE doctors, nurses, or technicians at a military hospital or clinic	5	33.2	5	31.7		
Military newspapers or newsletters	6	32.2			5	34.6

Table B-4.   Sources Used to Get Information About TRICARE, by Paygrade

Information Source	Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
TRICARE beneficiary advisors at a service center, hospital, or clinic	62.5	62.0	62.8
TRICARE printed materials (handbook, periodical, brochures)	55.6	55.8	55.6
Customer service agents at a TRICARE toll-free center	51.7	49.4	53.0
TRICARE Internet sites	50.3	48.6	51.2
TRICARE doctors, nurses, or technicians at a military hospital or clinic	40.0	43.0	38.4
Military newspapers or newsletters	24.6	23.4	25.1
Relatives, friends, or co-workers	26.4	30.7	24.2
Doctors or staff at civilian hospitals or clinics	18.0	19.7	17.1
Veterans' organizations or military associations	13.6	12.0	14.5
Briefings or orientations (about TRICARE)	20.5	23.5	18.9
Newspapers or newsletters (other than military)	4.4	3.6	4.8
Military-sponsored town hall meetings on base	6.3	6.1	6.4
Civilian telephone books	5.1	5.8	4.7
Civilian associations	2.2	1.3	2.7
Television or radio	1.7	1.6	1.8
A video or CD-ROM	2.0	1.8	2.2

Table B-5. Primary Source of Information About TRICARE, Ranked by Paygrade

Primary Information Source	Total		Paygrade E4 and Below		Paygrade E5 and Above	
	Rank	%	Rank	%	Rank	%
TRICARE Internet Sites	1	24.8	1	25.2	1	24.6
TRICARE beneficiary advisors at a service center, hospital, or clinic	2	21.7	2	21.8	2	23.2
TRICARE toll-free numbers	3	13.8	3	14.2	3	13.7
TRICARE doctors, nurses, or technicians at a military hospital or clinic	4	10.7	4	11.0	4	10.5
Word of mouth	5	5.2	5	6.2		
TRICARE brochure	6	4.8			**5**	5.1

Table B-6.   Amount of Information Provided by Primary Information Source, by Pay Category

Information Provided	Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
All the information	32.0	32.3	31.8
Most of the information	47.3	47.5	47.2
Some of the information	20.8	20.3	21.0

Table B-7.   Assessment of How Easy It Is to **Get Information** from the Source, by Paygrade

Source (Top Five Rated - Easy to Get Information)		Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
Percent who used source		6.3	6.1	6.4
Military-sponsored town hall meetings on base	Easy	66.5	78.3	60.4
	Fairly easy	28.5	N/R	37.2
	Not easy at all	5.0	N/R	N/R
Percent who used source		20.5	23.5	18.9
Briefings or orientations (about TRICARE)	Easy	65.8	69.6	63.3
	Fairly easy	29.4	27.2	30.9
	Not easy at all	N/R	N/R	N/R
Percent who used source		55.6	55.8	55.6
TRICARE printed materials (handbook, periodical, brochures)	Easy	62.3	62.8	62.0
	Fairly easy	32.2	30.4	33.2
	Not easy at all	5.5	6.8	4.8
Percent who used source		40.0	43.0	38.4
TRICARE doctors, nurses, or technicians at a military hospital or clinic	Easy	64.3	70.3	60.8
	Fairly easy	30.0	26.0	32.4
	Not easy at all	5.6	3.7	6.8
Percent who used source		62.5	62.0	62.8
TRICARE beneficiary advisors at a service center, hospital, or clinic	Easy	56.1	59.1	54.5
	Fairly easy	37.2	35.5	38.1
	Not easy at all	6.7	5.4	7.4

Note: N/R indicates that data are not reported because of small cell size.

Table B-8.   Assessment of How Easy It Is to **Understand Information** From the Source, by Paygrade

Source (Top Five Rated – Easy to Understand)		Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
Percent who used source		40.0	43.0	38.4
TRICARE doctors, nurses, or technicians at a military hospital or clinic	Easy	68.2	71.8	66.1
	Fairly easy	27.8	25.2	29.4
	Not easy at all	4.0	N/R	4.5
Percent who used source		6.3	6.1	6.4
Military-sponsored town hall meetings on base	Easy	58.4	66.4	54.0
	Fairly easy	34.0	N/R	40.8
	Not easy at all	N/R	N/R	N/R
Percent who used source		62.5	62.0	62.8
TRICARE beneficiary advisors at a service center, hospital, or clinic	Easy	59.8	62.2	58.5
	Fairly easy	36.0	34.3	36.8
	Not easy at all	4.3	3.5	4.7
Percent who used source		51.7	49.4	53.0
Customer service agents at a TRICARE toll-free center	Easy	58.7	60.2	57.9
	Fairly easy	33.3	30.6	34.6
	Not easy at all	8.1	9.2	7.5
Percent who used source			20.5	23.5	18.9
Briefings or orientations (about TRICARE)	Easy	59.1	64.0	55.8
	Fairly easy	35.2	31.6	37.6
	Not easy at all	5.7	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table B-9.   Assessment of How **Useful** the Source Is In Answering Questions, by Paygrade

Source (Top Five Rated – How Useful)		Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
Percent who used source		62.5	62.0	62.8
TRICARE beneficiary advisors at a service center, hospital, or clinic	Useful	71.8	74.7	70.3
	Fairly useful	22.7	20.2	24.0
	Not useful at all	5.5	5.2	5.7
Percent who used source		40.0	43.0	38.4
TRICARE doctors, nurses, or technicians	Useful	71.7	75.0	69.7
	Fairly useful	25.0	22.7	26.4
	Not useful at all	3.4	N/R	N/R
Percent who used source		6.3	6.1	6.4
Military-sponsored town hall meetings on base	Useful	64.5	80.8	55.5
	Fairly useful	27.1	N/R	35.3
	Not useful at all	8.4	N/R	N/R
Percent who used source		20.5	23.5	18.9
Briefings or orientations (about TRICARE)	Useful	65.3	67.8	63.7
	Fairly useful	27.5	24.7	29.3
	Not useful at all	7.2	N/R	N/R
Percent who used source		51.7	49.4	53.0
Customer service agents at a TRICARE toll-free center	Useful	63.7	63.0	64.0
	Fairly useful	27.4	27.0	27.6
	Not useful at all	8.9	10.0	8.4

Note: N/R indicates that data are not reported because of small cell size.

Table B-10. Most Difficult Source of Information to Use, by Paygrade

Most Difficult Source	Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
Phone/Electronic Sources*	49.0	48.2	49.4
People	26.1	26.4	25.8
Print Materials	20.3	20.5	20.3
Other	4.6	N/R	4.5

 *Phone services in this category include automated TRICARE toll-free numbers.

Note: N/R indicates that data are not reported because of small cell size.

Table B-11. Overall Satisfaction/Dissatisfaction With Available Information About TRICARE, by
Paygrade

Satisfaction / Dissatisfaction	Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
Very satisfied	22.0	22.4	21.7
Satisfied	57.1	56.8	57.3
Neither satisfied nor dissatisfied	13.8	13.9	13.7
Dissatisfied	5.3	4.7	5.7
Very dissatisfied	1.9	N/R	1.6

Note: N/R indicates that data are not reported because of small cell size.

Table B-12. Most Preferred Method to Get Answers to TRICARE Questions, by Paygrade

Method	Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
Face-to-Face	32.3	30.0	34.1
Telephone	26.6	27.6	26.1
Menu-driven toll-free numbers leading to a TRICARE representative	79.2	78.4	79.5
Local calls to TRICARE staff	66.0	72.8	63.5
Entirely automated TRICARE toll-free numbers	22.4	16.9	24.5
Internet Site	18.8	18.3	19.0
Mail	12.7	14.7	11.6
E-mail	9.6	10.3	9.3

Italicized percentages apply only to beneficiaries indicating telephone as the least preferred

Way to get answers to their TRICARE questions. Among that subset of beneficiaries, they indicate the percentage thinking about the type of call described in the row.

Table B-13. Least Preferred Method to Get Answers to TRICARE Questions, by Paygrade

Method	Total (%)	Paygrade E4 and Below (%)	Paygrade E5 and Above (%)
Mail	46.3	44.1	47.5
Telephone	22.7	22.2	22.9
Menu-driven toll-free numbers leading to a TRICARE representative	*73.3*	*78.4*	*71.6*
Local calls to TRICARE staff	*41.7*	*41.8*	*41.6*
Entirely automated TRICARE toll-free numbers	*69.2*	*77.6*	*66.4*
Internet site	14.0	14.5	13.8
E-mail	12.7	14.6	11.7
Face-to-Face	4.3	4.6	4.1

Note: *Italicized* percentages apply only to beneficiaries indicating telephone as the least preferred way to get answers to their TRICARE questions. Among that subset of beneficiaries, they indicate the percentage thinking about the type of call described in the row.

Table B-14. Awareness of TRICARE Information Sources, by Enrollment Status

Information Source	Total (%)	Enrolled (%)	Not Enrolled (%)
TRICARE toll-free numbers	94.2	95.5	91.8
Printed materials from TRICARE	93.8	95.4	91.0
TRICARE staff	93.1	95.7	88.5
TRICARE Internet sites	85.3	89.0	78.8

Table B-15. Types of Health Plan Information TRICARE Users Look For, by Enrollment Status

Type of Information	Total (%)	Enrolled (%)	Not Enrolled (%)
Scheduling an appointment	49.1	59.7	30.3
Phone numbers for health care providers or military treatment facilities	46.3	54.0	32.7
Referrals to specialists or other doctors	42.1	51.3	25.8
	36.7	42.5	26.4
Military treatment facilities in the area			
	37.5	41.1	31.1
Benefit coverage for current beneficiaries			
Billing or claims	37.6	38.9	35.5
	33.4	38.5	24.3
Finding a primary care provider			
Enrollment or disenrollment in TRICARE	32.6	37.1	24.6
Prescription benefits	30.1	29.7	30.7
Local pharmacies participating with TRICARE	29.8	29.6	30.2
Benefit coverage for new family members	20.7	22.9	16.9
Switching from one military treatment facility to another	19.0	24.0	10.0
Other[*]	9.9	9.9	10.0

[*]Other types of information beneficiaries search for include filing a complaint, and changing a name or
 address, changing or checking on dependent status.

Table B-16. Sources of Information About TRICARE Used in the Past Year, by Enrollment Status, Ranked by Usage

Information Source	Total		Enrolled		Not Enrolled	
	Rank	% Using	Rank	% Using	Rank	% Using
TRICARE beneficiary advisors at a service center, hospital, or clinic	2	63.1	1	63.1	4	40.0
TRICARE printed materials (handbook, periodical, brochures)	1	56.9	2	55.6	1	59.6
Customer service agents at a TRICARE toll-free center	3	49.0	3	51.6	2	43.7
TRICARE Internet sites	4	44.8	4	39.5	5	38.0
TRICARE doctors, nurses, or technicians at a military hospital or clinic	5	33.2	5	26.9		
Military newspapers or newsletters	6	32.2			3	43.2

Table B-17. Sources Used to Get Information About TRICARE, by Enrollment Status

Information Source	Total (%)	Enrolled (%)	Not Enrolled (%)
TRICARE beneficiary advisors at a service center, hospital, or clinic	55.6	63.1	40.0
TRICARE printed materials (handbook, periodical, brochures)	56.9	55.6	59.6
Customer service agents at a TRICARE toll-free center	49.0	51.6	43.7
TRICARE Internet sites	44.8	48.0	38.0
TRICARE doctors, nurses, or technicians at a military hospital or clinic	33.2	39.5	19.8
Military newspapers or newsletters	32.2	26.9	43.2
Relatives, friends, or co-workers	22.4	23.5	20.2
Doctors or staff at civilian hospitals or clinics	18.6	18.3	19.4
Veterans' organizations or military associations	19.0	15.9	25.6
Briefings or orientations (about TRICARE)	15.4	17.4	11.2
Newspapers or newsletters (other than military)	6.3	5.1	8.9
Military-sponsored town hall meetings on base	5.4	5.0	6.3
Civilian telephone books	4.9	4.9	4.8
Civilian associations	2.3	2.1	2.6
Television or radio	1.9	1.6	2.6
A video or CD-ROM	1.5	1.7	1.1

Table B-18. Primary Source of Information About TRICARE, Ranked by Enrollment Status

Primary Information Source	Total		Enrolled		Not Enrolled	
	Rank	%	Rank	%	Rank	%
TRICARE Internet Sites	1	22.3	1	23.8	1	19.1
TRICARE beneficiary advisors at a service center, hospital, or clinic	2	19.1	2	21.9	3	12.7
TRICARE toll-free numbers	3	13.9	3	14.3	2	13.1
TRICARE doctors, nurses, or technicians at a military hospital or clinic	4	9.6	4	11.2		
TRICARE Handbook	5	6.4			5	9.7
TRICARE brochure	6	6.0	5	5.2		
Military Newspaper or Newsletter	7	5.1			4	10.0

Table B-19. Amount of Information Provided by Primary Information Source, by Enrollment Status

Information Provided	Total (%)	Enrolled (%)	Not Enrolled (%)
All the information	33.5	32.9	35.0
Most of the information	45.5	46.3	43.6
Some of the information	21.0	20.9	21.4

Table B-20. Assessment of How Easy It Is to **Get Information** from the Source, by Enrollment Status

Source (Top Five Rated - Easy to Get Information)		Total (%)	Enrolled (%)	Not Enrolled (%)
Percent who used source		5.4	5.0	6.3
Military-sponsored town hall meetings on base	Easy	69.5	63.3	79.4
	Fairly easy	25.4	31.2	N/R
	Not easy at all	5.2	N/R	N/R
Percent who used source		15.4	17.4	11.2
Briefings or orientations (about TRICARE)	Easy	66.5	67.0	65.2
	Fairly easy	29.0	28.2	31.4
	Not easy at all	4.5	N/R	N/R
Percent who used source		56.9	55.6	59.6
TRICARE printed materials (handbook, periodical, brochures)	Easy	64.3	63.9	65.0
	Fairly easy	31.1	30.8	31.8
	Not easy at all	4.7	5.4	3.2
Percent who used source		33.2	39.5	19.8
TRICARE doctors, nurses, or technicians at a military hospital or clinic	Easy	64.1	62.5	70.6
	Fairly easy	30.5	31.8	24.9
	Not easy at all	5.5	5.7	4.5
Percent who used source		55.6	63.1	40.0
TRICARE beneficiary advisors at a service center, hospital, or clinic	Easy	56.3	56.0	57.4
	Fairly easy	36.2	37.0	33.7
	Not easy at all	7.5	7.0	9.0

Note: N/R indicates that data are not reported because of small cell size.

Table B-21. Assessment of How Easy It Is to **Understand Information** From the Source, by Enrollment Status

Source (Top Five Rated – Easy to Understand)		Total (%)	Enrolled (%)	Not Enrolled (%)
Percent who used source		33.2	39.5	19.8
TRICARE doctors, nurses, or technicians at a military hospital or clinic	Easy	67.4	68.2	63.9
	Fairly easy	28.9	28.0	33.0
	Not easy at all	3.7	3.9	N/R
Percent who used source		5.4	5.0	6.3
Military-sponsored town hall meetings on base	Easy	62.6	56.7	72.4
	Fairly easy	30.7	34.7	N/R
	Not easy at all	6.7	N/R	N/R
Percent who used source		55.6	63.1	40.0
TRICARE beneficiary advisors at a service center, hospital, or clinic	Easy	60.0	60.6	57.8
	Fairly easy	35.7	35.4	37.0
	Not easy at all	4.3	4.0	5.3
Percent who used source		49.0	51.6	43.7
Customer service agents at a TRICARE toll-free center	Easy	59.3	57.6	63.6
	Fairly easy	32.4	33.8	28.9
	Not easy at all	8.3	8.6	7.5
Percent who used source		15.4	17.4	11.2
Briefings or orientations (about TRICARE)	Easy	59.1	59.6	57.7
	Fairly easy	35.5	34.7	37.9
	Not easy at all	5.4	5.7	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table B-22. Assessment of How **Useful** the Source Is In Answering Questions, by Enrollment Status

Source (Top Five Rated – How Useful)		Total (%)	Enrolled (%)	Not Enrolled (%)
Percent who used source		55.6	63.1	40.0
TRICARE beneficiary advisors at a service center, hospital, or clinic	Useful	72.9	72.4	74.8
	Fairly useful	22.3	22.7	21.1
	Not useful at all	4.8	5.0	4.0
Percent who used source		33.2	39.5	19.8
TRICARE doctors, nurses, or technicians	Useful	71.7	72.8	67.0
	Fairly useful	25.0	24.0	29.6
	Not useful at all	3.3	3.3	N/R
Percent who used source		5.4	5.0	6.3
Military-sponsored town hall meetings on base	Useful	69.6	64.9	77.6
	Fairly useful	22.9	26.9	N/R
	Not useful at all	7.4	N/R	N/R
Percent who used source		15.4	17.4	11.2
Briefings or orientations (about TRICARE)	Useful	66.3	64.5	72.2
	Fairly useful	26.4	28.1	20.9
	Not useful at all	7.4	7.5	N/R
Percent who used source		49.0	51.6	43.7
Customer service agents at a TRICARE toll-free center	Useful	65.7	63.8	70.3
	Fairly useful	26.0	27.0	23.6
	Not useful at all	8.3	9.2	6.1

Note: N/R indicates that data are not reported because of small cell size.

Table B-23. Most Difficult Source of Information to Use, by Enrollment Status

Most Difficult Source	Total (%)	Enrolled (%)	Not Enrolled (%)
Phone/Electronic Sources*	50.2	51.0	48.1
People	24.5	25.2	22.3
Print Materials	20.4	19.4	23.3
Other	4.9	4.5	6.5

*Phone services in this category include automated TRICARE toll-free numbers.

Table B-24. Overall Satisfaction/Dissatisfaction With Available Information About TRICARE, by
Enrollment Status

Satisfaction / Dissatisfaction	Total (%)	Enrolled (%)	Not Enrolled (%)
Very satisfied	26.1	24.1	30.2
Satisfied	55.1	55.8	53.6
Neither satisfied nor dissatisfied	12.2	13.0	10.3
Dissatisfied	4.9	5.1	4.4
Very dissatisfied	1.8	2.0	1.5

Table B-25. Most Preferred Method to Get Answers to TRICARE Questions, by Enrollment Status

Method	Total (%)	Enrolled (%)	Not Enrolled (%)
Face-to-Face	28.3	33.1	19.7
Telephone	28.4	27.3	30.5
Menu-driven toll-free numbers leading to a TRICARE representative	*79.2*	*78.9*	*79.6*
Local calls to TRICARE staff	*66.0*	*73.6*	*53.8*
Entirely automated TRICARE toll-free numbers	*22.4*	*21.7*	*23.6*
Internet Site	16.6	17.6	14.7
Mail	18.4	12.6	28.5
E-mail	8.4	9.4	6.6

Note*: Italicized* percentages apply only to beneficiaries indicating telephone as the least preferred

Way to get answers to their TRICARE questions. Among that subset of beneficiaries, they indicate the percentage thinking about the type of call described in the row.

Table B-26. Least Preferred Method to Get Answers to TRICARE Questions, by Enrollment Status

Method	Total (%)	Enrolled (%)	Not Enrolled (%)
Mail	39.2	45.7	27.6
Telephone	23.2	21.8	25.6
Menu-driven toll-free numbers leading to a TRICARE representative	*73.3*	*77.0*	*67.6*
Local calls to TRICARE staff	*41.7*	*40.5*	*43.5*
Entirely automated TRICARE toll-free numbers	*69.2*	*73.2*	*63.1*
Internet site	18.3	15.1	23.9
E-mail	14.5	12.7	17.8
Face-to-Face	4.9	4.7	5.2

Note: *Italicized* percentages apply only to beneficiaries indicating telephone as the least preferred way to get answers to their TRICARE questions. Among that subset of beneficiaries, they indicate the percentage thinking about the type of call described in the row.

Table B-27. Awareness of TRICARE Information Sources, by Region

Information Source	Total (%)	North (%)	South (%)	West (%)
TRICARE toll-free numbers	94.2	94.1	93.5	95.1
Printed materials from TRICARE	93.8	93.6	94.2	93.6
TRICARE staff	93.1	92.0	93.7	93.8
TRICARE Internet sites	85.3	87.6	84.9	83.2

Table B-28. Types of Health Plan Information TRICARE Users Look For, by Region

Type of Information	Total (%)	North (%)	South (%)	West (%)
Scheduling an appointment	49.1	51.1	45.6	51.0
Phone numbers for health care providers or military treatment facilities	46.3	48.5	45.2	45.1
Referrals to specialists or other doctors	42.1	43.9	43.3	38.5
Military treatment facilities in the area	36.7	38.0	36.2	35.8
Benefit coverage for current beneficiaries	37.5	39.7	36.2	36.4
Billing or claims	37.6	38.9	37.7	36.3
Finding a primary care provider	33.4	34.1	33.7	32.2
Enrollment or disenrollment in TRICARE	32.6	33.7	33.4	30.4
Prescription benefits	30.1	30.7	31.6	27.6
Local pharmacies participating with TRICARE	29.8	30.2	30.8	28.1
Benefit coverage for new family members	20.7	20.6	20.4	21.3
Switching from one military treatment facility to another	19.0	20.1	19.5	17.0
Other[*]	9.9	12.3	8.9	8.4

[*]Other types of information beneficiaries search for include filing a complaint, and changing a name or address, changing or checking on dependent status.

Table B-29. Sources of Information About TRICARE Used in the Past Year, by Region, Ranked by Usage

Information Source	Total		North		South		West	
	Rank	% Using	k	% Using	Rank	% Using	Rank	% Using
TRICARE beneficiary advisors at a service center, hospital, or clinic	2	55.6	3	51.6	2	57.5	1	58.2
TRICARE printed materials (handbook, periodical, brochures)	1	56.9	1	56.8	1	60.2	2	53.2
Customer service agents at a TRICARE toll-free center	3	49.0	2	54.4	3	44.7	**3**	47.8
TRICARE Internet sites	4	44.8	4	49.4	4	43.8	4	40.6
TRICARE doctors, nurses, or technicians at a military hospital or clinic	5	33.2	5	31.7			5	34.2
Military newspapers or newsletters	6	32.2			5	34.6		

Table B-30. Sources Used to Get Information About TRICARE, by Region

Information Source	Total (%)	North (%)	South (%)	West (%)
TRICARE beneficiary advisors at a service center, hospital, or clinic	55.6	51.6	57.5	58.2
TRICARE printed materials (handbook, periodical, brochures)	56.9	56.8	60.2	53.2
Customer service agents at a TRICARE toll-free center	49.0	54.4	44.7	47.8
TRICARE Internet sites	44.8	49.4	43.8	40.6
TRICARE doctors, nurses, or technicians at a military hospital or clinic	33.2	31.7	33.8	34.2
Military newspapers or newsletters	32.2	30.7	34.6	31.0
Relatives, friends, or co-workers	22.4	24.7	21.9	20.5
Doctors or staff at civilian hospitals or clinics	18.6	18.0	21.7	15.8
Veterans' organizations or military associations	19.0	19.1	18.4	19.7
Briefings or orientations (about TRICARE)	15.4	13.2	14.4	19.1
Newspapers or newsletters (other than military)	6.3	6.0	6.6	6.2
Military-sponsored town hall meetings on base	5.4	4.6	5.3	6.5
Civilian telephone books	4.9	5.7	5.3	3.4
Civilian associations	2.3	2.7	2.5	1.5
Television or radio	1.9	1.4	2.5	1.9
A video or CD-ROM	1.5	1.5	1.5	1.5

Table B-31. Primary Source of Information About TRICARE, Ranked by Region

Primary Information Source	Total		North		South		West	
	Rank	%	Rank	%	Rank	%	Rank	%
TRICARE Internet Sites	1	22.3	1	25.5	1	22.4	2	18.3
TRICARE beneficiary advisors at a service center, hospital, or clinic	2	19.1	3	14.6	2	19.6	1	24.0
TRICARE toll-free numbers	3	13.9	2	18.3	3	10.7	3	12.2
TRICARE doctors, nurses, or technicians at a military hospital or clinic	4	9.6	4	8.8	4	9.9	4	10.2
The *TRICARE Handbook*	5	6.4	5	6.6	5	7.1		
Other TRICARE printed materials (periodical, brochures)	6	6.0					5	6.1

Table B-32. Amount of Information Provided by Primary Information Source, by Region

Information Provided	Total (%)	North (%)	South (%)	West (%)
All the information	32.5	31.9	34.2	34.8
Most of the information	45.5	46.7	44.1	45.6
Some of the information	21.0	21.5	21.7	19.7

Table B-33. Assessment of How Easy It Is to **Get Information** from the Source, by Region

Source (Top Five Rated - Easy to Get Information)		Total (%)	North (%)	South (%)	West (%)
Percent who used source		5.4	4.6	5.3	6.5
Military-sponsored town hall meetings on base	Easy	69.5	73.3	61.3	73.8
	Fairly easy	25.4	N/R	N/R	N/R
	Not easy at all	5.2	N/R	N/R	N/R
Percent who used source		15.4	13.2	14.4	19.1
Briefings or orientations (about TRICARE)	Easy	66.5	70.0	62.1	67.8
	Fairly easy	29.0	24.1	35.5	27.0
	Not easy at all	4.5	N/R	N/R	N/R
Percent who used source		56.9	56.8	60.2	53.2
TRICARE printed materials (handbook, periodical, brochures)	Easy	64.3	65.0	66.8	60.0
	Fairly easy	31.1	29.9	29.2	35.1
	Not easy at all	4.7	N/R	N/R	N/R
Percent who used source		33.2	31.7	33.8	34.2
TRICARE doctors, nurses, or technicians at a military hospital or clinic	Easy	64.1	60.7	63.3	68.7
	Fairly easy	30.5	32.9	30.4	28.0
	Not easy at all	5.5	N/R	N/R	N/R
Percent who used source		55.6	51.6	57.5	58.2
TRICARE beneficiary advisors at a service center, hospital, or clinic	Easy	56.3	54.8	56.2	58.1
	Fairly easy	36.2	37.5	36.2	34.9
	Not easy at all	7.5	7.7	7.6	7.1

Note: N/R indicates that data are not reported because of small cell size.

Table B-34. Assessment of How Easy It Is to **Understand Information** From the Source, by Region

Source (Top Five Rated – Easy to Understand)		Total (%)	North (%)	South (%)	West (%)
Percent who used source		33.2	31.7	33.8	34.2
TRICARE doctors, nurses, or technicians at a military hospital or clinic	Easy	67.4	68.3	67.9	65.7
	Fairly easy	28.9	28.6	27.4	31.1
	Not easy at all	3.7	N/R	N/R	N/R
Percent who used source		5.4	4.6	5.3	6.5
Military-sponsored town hall meetings on base	Easy	62.6	64.7	61.7	61.8
	Fairly easy	30.7	N/R	N/R	N/R
	Not easy at all	6.7	N/R	N/R	N/R
Percent who used source		55.6	51.6	57.5	58.2
TRICARE beneficiary advisors at a service center, hospital, or clinic	Easy	60.0	60.1	59.7	60.2
	Fairly easy	35.7	35.7	35.7	35.8
	Not easy at all	4.3	4.3	4.6	4.0
Percent who used source		49.0	54.4	44.7	47.8
Customer service agents at a TRICARE toll-free center	Easy	59.3	57.8	62.3	58.1
	Fairly easy	32.4	33.8	31.1	32.1
	Not easy at all	8.3	8.4	6.7	9.8
Percent who used source		15.4	13.2	14.4	19.1
Briefings or orientations (about TRICARE)	Easy	59.1	60.8	56.6	60.1
	Fairly easy	35.5	34.1	40.1	32.5
	Not easy at all	5.4	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table B-35. Assessment of How **Useful** the Source Is In Answering Questions, by Region

Source (Top Five Rated – How Useful)		Total (%)	North (%)	South (%)	West (%)
Percent who used source		55.6	51.6	57.5	58.2
TRICARE beneficiary advisors at a service center, hospital, or clinic	Useful	72.9	72.6	73.3	72.8
	Fairly useful	22.3	21.5	22.4	23.0
	Not useful at all	4.8	6.0	4.3	4.1
Percent who used source		33.2	31.7	33.8	34.2
TRICARE doctors, nurses, or technicians	Useful	71.7	72.7	70.1	72.4
	Fairly useful	25.0	23.3	26.8	24.5
	Not useful at all	3.3	N/R	N/R	N/R
Percent who used source		5.4	4.6	5.3	6.5
Military-sponsored town hall meetings on base	Useful	69.6	66.8	64.1	77.0
	Fairly useful	22.9	N/R	N/R	N/R
	Not useful at all	7.4	N/R	N/R	N/R
Percent who used source		15.4	13.2	14.4	19.1
Briefings or orientations (about TRICARE)	Useful	66.3	73.1	64.0	62.9
	Fairly useful	26.4	18.1	27.6	31.9
	Not useful at all	7.4	N/R	N/R	N/R
Percent who used source		49.0	54.4	44.7	47.8
Customer service agents at a TRICARE toll-free center	Useful	65.7	62.4	69.2	66.2
	Fairly useful	26.0	28.6	24.5	24.4
	Not useful at all	8.3	9.1	6.4	9.4

Note: N/R indicates that data are not reported because of small cell size.

Table B-36. Most Difficult Source of Information to Use, by Region

Most Difficult Source	Total (%)	North (%)	South (%)	West (%)
Phone/Electronic Sources*	50.2	53.0	50.2	46.8
People	24.4	24.0	23.4	26.1
Print Materials	20.4	20.0	21.0	20.3
Other	4.9	3.2	5.4	6.8

*Phone services in this category include automated TRICARE toll-free numbers.

Table B-37. Overall Satisfaction/Dissatisfaction With Available Information About TRICARE, by Region

Satisfaction / Dissatisfaction	Total (%)	North (%)	South (%)	West (%)
Very satisfied	26.1	24.5	28.6	25.0
Satisfied	55.1	54.0	55.2	56.1
Neither satisfied nor dissatisfied	12.1	13.5	10.3	12.8
Dissatisfied	4.9	6.2	4.2	4.1
Very dissatisfied	1.8	1.8	1.8	2.0

Table B-38. Most Preferred Method to Get Answers to TRICARE Questions, by Region

Method	Total (%)	North (%)	South (%)	West (%)
Face-to-Face	28.3	24.9	28.7	31.6
Telephone	28.4	31.0	27.4	26.7
Menu-driven toll-free numbers leading to a TRICARE representative	*79.2*	*81.2*	*76.3*	*80.0*
Local calls to TRICARE staff	*66.0*	*61.3*	*67.2*	*70.9*
Entirely automated TRICARE toll-free numbers	*22.4*	*22.2*	*19.3*	*26.6*
Internet Site	16.6	18.4	15.8	15.3
Mail	18.4	17.4	19.9	17.7
E-mail	8.4	8.4	8.3	8.7

Note: *Italicized* percentages apply only to beneficiaries indicating telephone as the least preferred way to get answers to their TRICARE questions. Among that subset of beneficiaries, they indicate the percentage thinking about the type of call described in the row.

Table B-39. Least Preferred Method to Get Answers to TRICARE Questions, by Region

Method	Total (%)	North (%)	South (%)	West (%)
Mail	39.2	40.6	37.0	40.3
Telephone	23.2	21.3	24.4	23.9
Menu-driven toll-free numbers leading to a TRICARE representative	*73.3*	*76.0*	*71.5*	*72.6*
Local calls to TRICARE staff	*41.7*	*36.8*	*42.5*	*45.7*
Entirely automated TRICARE toll-free numbers	*69.22*	*66.7*	*67.0*	*74.6*
Internet site	18.3	19.1	18.9	16.5
E-mail	14.5	14.2	14.8	14.5
Face-to-Face	4.9	4.8	5.0	4.8

Note: *Italicized* percentages apply only to beneficiaries indicating telephone as the least preferred way to get answers to their TRICARE questions. Among that subset of beneficiaries, they indicate the percentage thinking about the type of call described in the row.

Appendix C

Additional Summary Tables for 2003 and 2005 Comparisons

Table C-1. Assessment of TRICARE beneficiary advisors at a service center, hospital, or clinic, by household (2003 vs. 2005)

		Total		Sign	Active duty		Retirees under 65		Retirees 65 and older	
		2005	2003		2005	2003	2005	2003	2005	2003
Percent who used source		56.0	52.9		66.3	59.6	48.7	49.9	33.2	30.7
How easy was it to get the information?	Easy	57.3	60.3		57.5	58.8	55.5	53.8	60.1	68.0
	Fairly easy	35.3	33.7		36.3	35.4	34.0	36.5	31.8	N/R
	Not easy at all	7.3	6.0		6.2	5.8	10.6	N/R	N/R	N/R
How easy was it to understand the information?	Easy	61.9	61.4		62.5	60.8	61.4	61.2	59.0	67.7
	Fairly easy	33.9	36.2		33.4	36.0	32.8	35.4	39.8	31.3
	Not easy at all	4.2	2.5		4.1	N/R	N/R	N/R	N/R	N/R
How useful was the information?	Useful	72.3	76.6		70.4	76.2	75.4	72.5	77.6	83.0
	Fairly useful	23.2	19.7		24.1	20.0	22.1	23.7	N/R	N/R
	Not useful at all	4.5	3.7		5.5	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table C-2.   Assessment of TRICARE doctors, nurses, or technicians at a military hospital or clinic, by household (2003 vs. 2005)

		Total			Active duty		Retirees under 65		Retirees 65 and older	
		2005	2003	Sign	2005	2003	2005	2003	Sign	2005
Percent who used source		33.9	38.7		44.3	50.3	23.4	27.4	14.8	14.6
How easy was it to get the information?	Easy	64.6	66.6		65.1	67.5	60.0	63.4	69.4	N/R
	Fairly easy	30.5	29.2		30.0	27.8	35.7	33.8	N/R	N/R
	Not easy at all	4.9	4.2		N/R	N/R	N/R	N/R	N/R	N/R
How easy was it to understand the information?	Easy	68.2	67.5		69.5	66.8	64.3	71.0	63.1	73.3
	Fairly easy	28.5	29.3		26.9	29.4	33.0	27.6	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
How useful was the information?	Useful	71.5	73.2		71.5	71.9	68.1	75.2	79.6	86.4
	Fairly useful	25.6	23.6		25.8	24.9	29.2	21.4	N/R	N/R
	Not useful at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table C-3.　Assessment of TRICARE internet sites, by household (2003 vs. 2005)

		Total			Active duty		Retirees under 65		Retirees 65 and older	
		2005	2003	Sign	2005	2003	2005	2003	Sign	2005
Percent who used source		39.9	35.1		44.3	38.0	44.9	34.8	19.4	19.2
How easy was it to get the information?	Easy	46.4	50.1		47.2	51.8	42.8	38.6	51.6	55.9
	Fairly easy	43.2	43.4		42.9	42.1	45.0	51.6	39.8	N/R
	Not easy at all	10.4	6.5		9.9	N/R	N/R	N/R	N/R	N/R
How easy was it to understand the information?	Easy	53.5	54.6		55.2	56.1	50.4	54.3	51.3	56.1
	Fairly easy	39.6	41.2		38.8	40.1	39.9	38.6	44.9	N/R
	Not easy at all	6.8	4.2		6.0	N/R	N/R	N/R	N/R	N/R
How useful was the information?	Useful	52.7	60.4		50.9	59.6	55.1	59.6	58.2	62.7
	Fairly useful	37.9	34.7		40.6	35.9	33.1	31.7	N/R	N/R
	Not useful at all	9.4	4.9		8.5	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table C-4.　Assessment of military-sponsored town hall meetings on base, by household (2003 vs. 2005)

		Total			Active duty		Retirees under 65		Retirees 65 and older	
		2005	2003	Sign	2005	2003	2005	2003	Sign	2005
Percent who used source		4.4	6.3		4.8	6.9	N/R	N/R	N/R	N/R
How easy was it to get the information?	Easy	71.4	68.3		66.9	68.3	N/R	N/R	N/R	N/R
	Fairly easy	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
How easy was it to understand the information?	Easy	67.8	53.5		62.9	55.4	N/R	N/R	N/R	N/R
	Fairly easy	N/R	38.2	N/R	N/R	N/R	N/R	N/R	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
How useful was the information?	Useful	74.8	66.7		68.0	64.0	N/R	N/R	N/R	N/R
	Fairly useful	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
	Not useful at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table C-5.   Assessment of briefings or orientations about TRICARE, by household (2003 vs. 2005)

		Total			Active duty		Retirees under 65		Retirees 65 and older	
		2005	2003	Sign	2005	2003	2005	2003	Sign	2005
Percent who used source		12.1	13.6		17.2	17.1	5.2	N/R	N/R	N/R
How easy was it to get the information?	Easy	68.9	73.0		68.3	75.2	N/R	N/R	N/R	N/R
	Fairly easy	27.7	26.1		28.3	24.0	N/R	N/R	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
How easy was it to understand the information?	Easy	62.4	67.3		63.0	71.0	N/R	N/R	N/R	N/R
	Fairly easy	34.7	29.7		34.0	26.5	N/R	N/R	N/R	N/R
	Not easy at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
How useful was the information?	Useful	67.8	69.7		66.5	69.8	N/R	N/R	N/R	N/R
	Fairly useful	25.7	24.4		27.5	24.4	N/R	N/R	N/R	N/R
	Not useful at all	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.

Table C-6.　Most difficult source of TRICARE information used, by household (2003 vs. 2005)

	Total			Active duty		Retirees under 65		Retirees 65 and older	
	2005	2003	Sign	2005	2003	2005	2003	Sign	2005
TRICARE toll-free numbers (other than 'Ask a Nurse')	25.7	30.5	*	24.4	32.2	28.3	28.7	28.5	N/R
TRICARE Internet sites	23.9	12.9	*	23.3	11.6	27.4	18.4	N/R	N/R
TRICARE beneficiary advisors at a service center, hospital, or clinic	8.8	8.6		9.1	8.6	9.7	N/R	N/R	N/R
TRICARE doctors, nurses, or technicians at a military hospital or clinic	5.2	5.7		6.5	7.2	N/R	N/R	N/R	N/R
Other	4.9	N/R	N/R	4.3	N/R	N/R	N/R	N/R	N/R
Briefings or orientations (about TRICARE)	2.3	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Doctors or staff at civilian hospitals or clinics	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Relatives, friends, or co-workers	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Military-sponsored town hall meetings on base	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Military newspapers or newsletters	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Newspapers or newsletters (other than military)	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Veterans' organizations or military associations	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Civilian associations	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Civilian telephone books	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
E-mail	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R
Video or CD-ROM	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R

Note: N/R indicates that data are not reported because of small cell size.