Attitudes towards the welfare state and health systems in particular still vary largely between Eastern and Western Europe. Past research indicates that Eastern Europeans are far more critical towards the system and less satisfied with its political/public institutions than Western Europeans. It has been argued that these differences between Eastern and Western Europeans are due to the legacies of communism (cradle-to-grave welfare states), double transition (to capitalism and democracy) and still inferior performance of Eastern systems. However, empirical studies that explain these divergent patterns in attitudes are rare and call for more research into the topic. This paper investigates attitudes towards the welfare state, in particular attitudes towards healthcare, in Eastern and Western Europe two decades after the fall of communism. It studies whether the gap in attitudes towards healthcare between the East and the West still exists and if so, whether it is due to differences in the (i) perceived performance of the healthcare system (equality of treatment, efficiency of health system), (ii) expectations on the government’s role to provide health care, and/or (iii) contextual forces (prevalence of sick people, burden of older people on/for health services) (see Figure 1). The empirical analysis is based on the fourth round of the European Social Survey using structural equation modeling techniques and multilevel mediation analysis. Preliminary results show that Eastern Europeans evaluate health services in their country significantly lower than Western Europeans, even after controlling for various socio-economic and socio-demographic characteristics at the individual level. Further, at the micro level, an individual’s perceived performance of health services (efficiency and equality of treatment) together with an individual’s expectation on the government’s role to provide health services significantly affect how individuals rate the quality of the health services in their country. Multi-level mediation analysis reveals that it is not the expectation on government’s role in healthcare, but rather the perceived performance (here: the efficiency of health services and the equality of treatment) that fully mediates the difference between Eastern and Western attitudes towards health care. Hence, our preliminary results indicate that perceptions of the system matter to shape people’s attitudes. East-West differences can be fully explained by differences in the perceived efficiency and equality of treatment of services. In other words, the perceived performance of the health system (less efficiency, more inequality) explains why Eastern Europeans are more critical towards the health system than Western Europeans.