



# Heart or brain.

Which one truly guides our health(care) choices?

**The perceptions of Belgian citizens on health and healthcare costs**

# Table of contents

<b>Key highlights</b>	<b>4</b>
<b>State of Health</b>	<b>5</b>
Diagnosis: good but not great	5
Mental health: an urgent priority	7
Physical health: addressing lifestyle and workplace challenges	7
<b>Health literacy</b>	<b>8</b>
Understanding ‘understanding’	8
<b>Health expectations and experience</b>	<b>8</b>
How far away are we from equal access?	8
Healthcare costs and coverage: A complex landscape	9
The evolving expectations of Belgian health insurance	9
<b>Recommendations</b>	<b>11</b>
Recommendations to improve access, transparency, and experience of care for citizens	11
<b>Partnering with AG Insurance and Pr. Alfred Angerer</b>	<b>15</b>
AG Insurance	15
Professor Angerer	15
<b>Research methodology</b>	<b>16</b>
Survey of Belgian perceptions	16
Lexicon	17
<b>Colophon</b>	<b>18</b>
<b>Bibliography</b>	<b>20</b>

# Foreword

Heart or brain. Which one truly guides our healthcare choices?

When it comes to making decisions, we like to believe we act rationally and responsibly. Our healthcare is no exception to this rule. Yet if we are honest, emotions often sneak in, influencing our choices and sometimes holding us back from taking actions that would benefit our health.

This report explores a fundamental theme: Belgian citizens and their healthcare costs.

In partnership with AG Insurance, Deloitte has conducted a comprehensive study incorporating insights from a survey of 1,500 Belgians to offer a detailed and nuanced understanding of the financial aspects of healthcare coverage in Belgium.

With 99% of the population covered by compulsory health insurance and nearly 85% of residents opting for additional complementary health insurance, Belgium is renowned for its robust healthcare coverage. Nevertheless, like many countries, it faces challenges in keeping pace with evolving societal needs. Disparities in access, outcomes, health literacy, and financial resilience persist, impacting how individuals interact with and benefit from healthcare services. These challenges, while significant, also represent opportunities for improvement and innovation.

Through this report, we aim to shed light on these disparities while emphasising the importance of prevention and equity. We delve into critical topics such as generational shifts in expectations, and the growing need for transparent communication to foster trust and loyalty between individuals and healthcare providers.

We firmly believe that health and healthcare is a shared responsibility between individuals, providers, insurers, and policymakers. By understanding barriers and identifying solutions, we can collectively move toward a healthcare system that not only treats illness but also empowers individuals to take charge of their health and wellbeing.

We hope this paper serves as a catalyst for dialogue, collaboration, and meaningful change. Together, we can build a healthier and more equitable future for all Belgians.

Happy reading!



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# Key highlights

1

## Broad healthcare coverage in Belgium

While Belgium's compulsory health insurance covers 99%<sup>1</sup> of the population. Nearly 85% of survey respondents opted for at least one complementary health insurance policy (e.g. hospitalization insurance, dental care insurance). Of these, 59% acquired their coverage personally (private insurer or mutual health fund), while 41% obtained it through their employer (private insurer).

2

## Significant financial barriers

Significant inequalities persist in healthcare access, particularly among socioeconomically disadvantaged groups and younger individuals. Over one-third of respondents delay or avoid care due to financial constraints, especially for specialist consultations and regular check-ups – 44% for those in the lowest socioeconomic group.

Over a quarter of the respondents struggle to afford unexpected medical expenses exceeding €200, corresponding to services like dental visits or glasses. When the expenses exceed €500, half of the respondents struggle.

3

## Transparency of healthcare information

Good news when it comes to information from healthcare providers: 86% of respondents find it easy to understand their healthcare providers, recognizing that those with lower education levels face greater difficulties.

However, when it comes to financial information regarding healthcare, the picture is less rosy. Around 26% of respondents struggle with billing and cost comprehension, especially younger individuals and those with a less healthy lifestyle and 44% are unaware of their personal costs before committing to treatment. This lack of transparency disproportionately affects those with lower health literacy and contributes to financial strain.

4

## Health monitoring technology

Younger generations actively use technology for health monitoring, utilising wearables, mobile apps, and online symptom checkers more frequently than older generations. Mental health tools and screening services offered by health insurers and mutual health funds are significantly more valued by younger generations, considering it an important factor when choosing a health insurer (private and mutual health fund) (32% of the 25-34 vs. 16% for those over 65), signalling a shift in expectations that healthcare stakeholders must address through proactive adaptation and tailored services.

5

## Recommendations

Drawing from the key findings of our research, we have outlined several actions that could be considered by healthcare stakeholders to improve access, transparency, and the care experience for citizens. We fully acknowledge the extensive research and expertise already present within the healthcare ecosystem and understand that many stakeholders are actively working on these challenges. In some cases, our recommendations align with and reinforce initiatives already underway.

Our recommendations include:

- Promote preventive health measures
- Empower employers to foster employees' health
- Address health disparities
- Enhance financial protection, transparency and accessibility
- Adapt to younger generations
- Expand the digital flows between the citizens and all stakeholders

# State of health

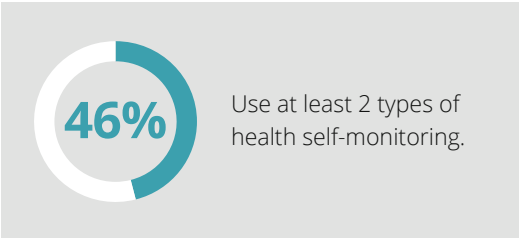
## Diagnosis: good but not great

Most Belgians value good health and report their overall health as positive, though perceptions on health state and their engagement in activities for a healthy lifestyle are **more favourable** among those with **higher socioeconomic status**. Key challenges include increasing obesity rates, insufficient physical activity, and external influences such as workplace policies, urban environments, and varying level of government support depending on location.<sup>2</sup>

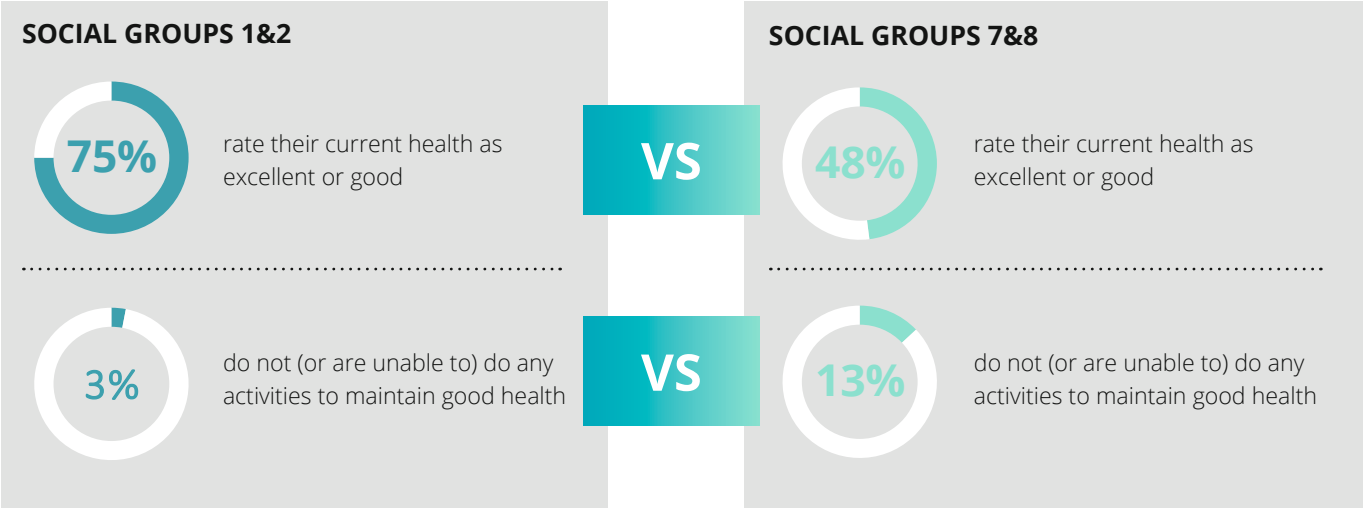
Individuals with higher education and stable employment feel **more empowered to take health-positive actions**, while those with lower education and unstable jobs face more barriers, thereby contributing to health disparities. Interestingly, higher socioeconomic groups may experience a **“burnout paradox”**, where the pressure to maintain health-supporting behaviours contributes to burnout. Employers have a critical role in addressing these issues and improving workplace well-being.



### Belgians take good care of themselves



However, having or maintaining a good health is not available to everyone



See explanation of Social Groups in Lexicon

Social Groups 1&2: Individuals with higher levels of education and more skilled or professional employment roles

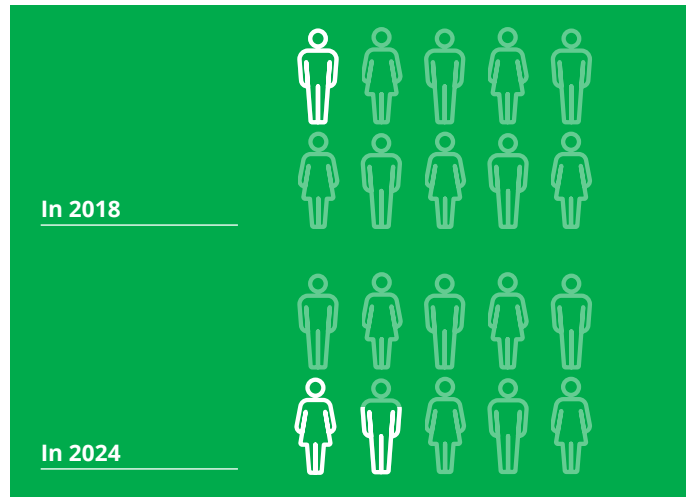
Social Groups 7&8: Individuals with lower levels of education and less skilled or inactive employment statuses





## Mental health: an urgent priority

Mental health is a pressing concern in Belgium, particularly among younger generations. Individuals aged **18-49** report significantly **higher rates of anxiety and depression** compared to older groups.<sup>3</sup> Younger respondents also place greater emphasis on access to mental health tools when selecting insurance: 32% versus 15.9% for the oldest generation (65-75). The COVID-19 pandemic exacerbated mental health issues, with **anxiety and depression** peaking in 2022 and affecting one in four Belgians. By 2024, this figure dropped to **one in six** but remained above pre-pandemic levels.<sup>4</sup> Over the past decade, antidepressant use among adolescents aged 12-18 rose by 43.6% and by 36.8% among young adults aged 19-24, compared to just a 4% increase in those aged 55-64.<sup>5</sup> This trend underscores the need for targeted mental health support and preventive measures.



**Stress management and health-maintenance activities**, such as relaxation, healthy eating, and sleep, are less prioritised by individuals **aged 25-34** but become significantly more important after the age of 55. Younger respondents typically invest less time and effort in health prevention, which is understandable given their lower risk of physical health issues. However, this trend becomes a concern when considering that younger populations are the most affected by mental health challenges. This underscores the importance of early intervention to promote healthier lifestyles and support mental well-being among younger generations.

The impact of neglecting health is not limited to personal well-being but extends to workplace productivity. The total number of long-term absences from work has been **rising every year**, with a cumulated increase of 151% since 2000 (INAMI/RIZIV, 2022). Mental disorders are one of the main causes for this rise. According to a survey conducted by AG Insurance, factors causing **long-term sick leave** include not only mental wellbeing but also physical wellbeing, lifestyle and work context.<sup>6</sup>

## Physical health: addressing lifestyle and workplace challenges

Belgium faces persistent issues related to physical health and lifestyle. Rising levels of obesity and insufficient physical activity are compounded by external factors, including workplace policies and urban environments. Nearly 64% of screen workers report physical complaints, with neck, lower back, and shoulder pain being the most common issues.<sup>7</sup>

Despite Belgium's high life expectancy, the quality of life in later years remains a concern. Less than half of the years after age 65 are free from disability, with women spending a greater proportion of their lives with activity limitations than men – 22% compared to 18% in the EU, according to OECD data.<sup>8</sup> This disparity highlights the importance of focusing on **health span**, not just lifespan, particularly **with an ageing population** that is expected to work longer.



## Health literacy

### Understanding 'understanding'

Health literacy in Belgium varies greatly across demographics. While 86% of Belgians find it easy to understand their healthcare providers, **younger generations** (aged 25-54) and those with **lower education levels** face greater **difficulties**. Among respondents aged 55-75, 90% report ease in understanding, compared to only 80% of younger adults, which could be linked to a lack of experience. This divide is compounded by gaps in understanding specific health risks related to lifestyle, family history, and environment, leaving many unprepared to make informed health decisions.<sup>9</sup>

Similarly, a significant portion of the population **overestimates their understanding** of health coverage. Many Belgians are **unaware of critical coverage details** such as coverage continuity after employment or the potential for double coverage (42% are uninformed and 30% are uncertain about the latter). **Women** report **lower confidence in their coverage** (30% responding "no" or "don't know" when asked if they feel well covered) compared to men (21%). This could be linked to women often being more proactive in managing their health, particularly in areas like mental health and burnout prevention, where they seek more comprehensive insurance support. This could also be correlated to the fact that men tend to be more overconfident than women in their abilities.<sup>10</sup>



## Health expectations and experience

### How far away are we from equal access?

Access to healthcare services is a growing concern. **Waiting times** are significant: On average, 53% of respondents wait over a week to see a healthcare provider, while 39.4% report waiting more than three weeks for a dentist, 28.2% for a psychiatrist or therapist, and 33.7% for a specialist. GP's show shorter waiting times, with only 3.1% of respondents waiting over 3 weeks; however, 30% still face delays of more than one week.

Financial barriers exacerbate access issues, with **one in three** Belgians **delaying or avoiding healthcare due to costs**. Specialised consultations (47%) and regular check-ups (43%) are the most commonly postponed services. Vulnerable groups, including individuals with lower education or limited financial resources, are particularly affected.<sup>11</sup>

These financial constraints are reflected in respondents' limited ability to manage **unexpected** medical expenses. Over **27% can only cover unforeseen personal costs of up to €200**, corresponding to basic services like dental visits or glasses. The situation is even more challenging for those **without complementary insurance**, with nearly 40% unable to manage unexpected expenses of this amount.

Furthermore, **48%** of Belgians face **difficulties** with unexpected personal expenses **exceeding €500**, covering treatments like physiotherapy or spinal injections, and **85% struggle** to handle unexpected expenses **exceeding €3,000**, such as orthodontic care or childbirth in individual room.

#### Maximum personal coverage capability for unexpected medical costs

##### Unable to cover more than:



Belgians without complementary health insurance are even more vulnerable and 40% of them are often unable to personally cover more than €200 of unexpected medical costs.

(Note: 15% of Belgian are able to cover more than € 3,000)

#### These amounts correspond to:

- €200** – dental care visit, glasses
- €500** – prosthesis, kinesitherapy, spinal injection for back pain
- €3,000** – childbirth, orthodontic care

Over one in four Belgians can only personally cover medical expenses up to €200, indicating that any cost exceeding this amount would be beyond their capacity to manage.

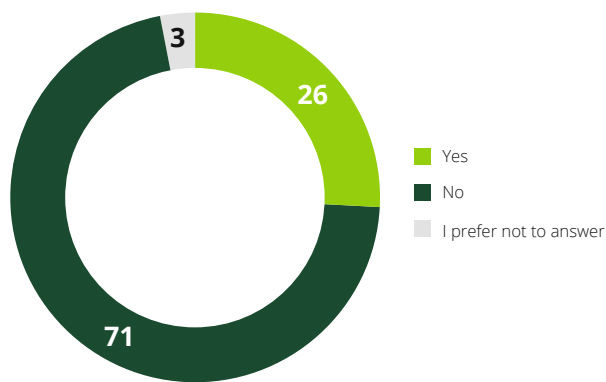


## Healthcare costs and coverage: a complex landscape

Understanding healthcare costs remains a challenge for many Belgians. Around 26% of respondents **struggle with billing and cost comprehension**, especially younger individuals and those with a less healthy lifestyle, and **44% are unaware of their personal costs before** committing to treatment. This lack of transparency disproportionately affects those with lower health literacy and contributes to financial strain.

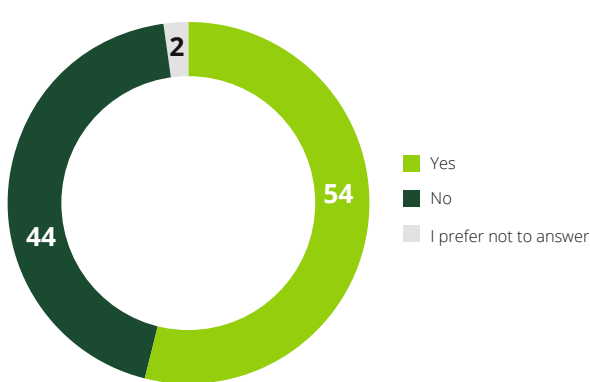
### Medical billing and awareness of personal costs:

Difficulties with the billing or understanding the costs



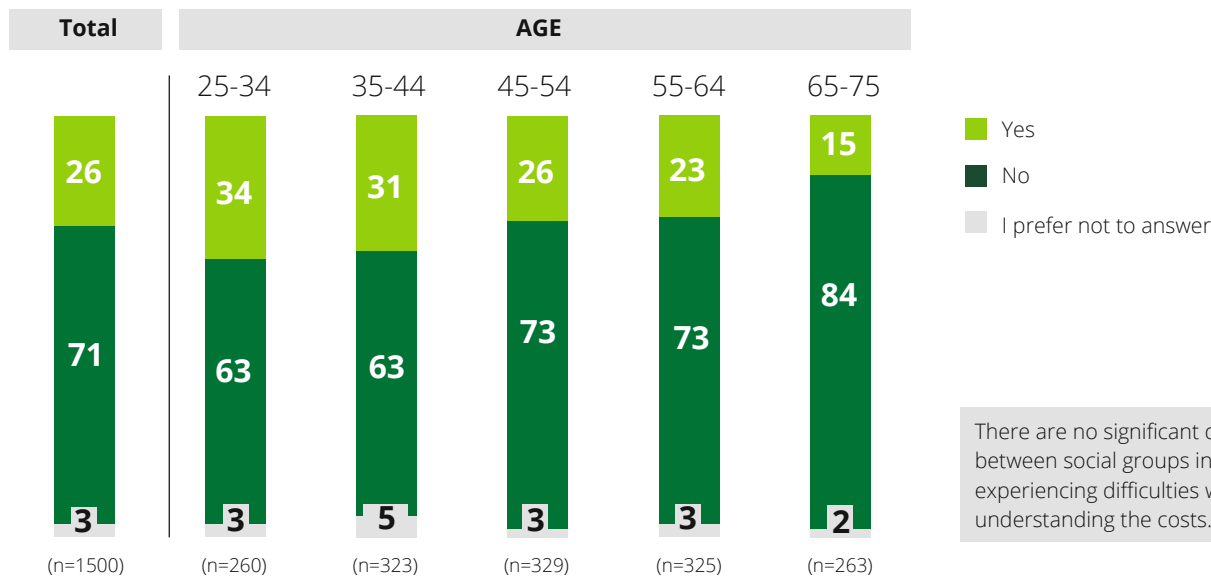
Those who received in-patient care in the past 12 months more often experienced difficulties with billing or understanding the costs of their medical procedure/treatment compared to those who didn't receive in-patient care in this period (42% vs. 27%).

Awareness of personal cost before committing to treatment



Those with complementary hospitalisation insurance from a private insurance company are more often aware of the personal cost before committing to a treatment than those with complementary hospitalization insurance from their mutuality (55% vs. 48%).

### Difficulties with the billing or understanding the costs – age group:



There are no significant differences between social groups in terms of experiencing difficulties with billing or understanding the costs.

Respondents tend to **underestimate** the importance of **dental care** coverage. While 73% of Belgians visit a dentist annually<sup>12</sup>, only 27% have dental insurance. Standard treatments with contracted dentists are well-covered, but out-of-pocket costs for specialised care, such as dental implants, remain high. Indeed, dental care in Belgium has one of the highest personal contribution rates, at 65%, compared to the EU-14<sup>13</sup> average of 53%. Additionally, around 25% of Belgians say they have postponed a dental treatment due to cost<sup>14</sup>, highlighting the significant issue related to this dental care underestimation.

In contrast, **hospitalisation** – although an infrequent occurrence – holds a notably higher priority, with **74% of respondents having complementary coverage**. Hospitalisation costs also vary significantly, with the average personal contribution for an inpatient hospital stay amounting to €660 in 2021.<sup>15</sup> However, single-room stays incur almost eight times higher costs than shared rooms, reflecting wide disparities in expense.



**Out-of-pocket (OOP) payments as a share of current spending on health by type of care**

(KCE. (2024). Performance of the Belgian health system: Report 2024)



**The evolving expectations of Belgian health insurance**

Satisfaction with health complementary insurance depends on key factors such as financial coverage, transparency, and accessibility. Among respondents, **54%** value complementary insurance for **peace of mind**, and **44%** choose it for **better reimbursements**, showing the importance of having a reliable safety net. **Transparency** is also crucial, with respondents preferring pre-hospitalisation coverage verification (52%), digital claim filing (47%), and coverage digital overviews (39%) as key factors in choosing a health insurance, which simplify processes and build trust.

There is growing interest in holistic health services, including **mental health and screening tools** (29%) and **physical health tools & guidance** (39%), reflecting a shift toward comprehensive health management. When comparing generations, younger respondents (under 34) place significantly more importance on **mental health tools** (32% vs. 16% for those over 65), **mental health support** (24% vs. 14%), and **symptom checkers** (28% vs. 5%).

Health self-monitoring is common but varies across age groups. Older individuals aged 65-75 rely on traditional methods like weighing (74%) and blood pressure monitoring (55.5%), while **younger** generations favor **health apps and wearable** devices. However, 18% of respondents do not engage in self-monitoring at all, highlighting an opportunity to promote preventive care and personal health responsibility.

# Recommendations

## Recommendations to improve access, transparency, and experience of care for citizens

Drawing from the key findings of our research, we have outlined several actions that could be considered by stakeholders to improve access, transparency, and the care experience for citizens. We fully acknowledge the extensive research and expertise already present within the healthcare ecosystem and understand that many stakeholders are actively working on these challenges. In some cases, our recommendations align with and reinforce initiatives already underway.

### Promote preventive health measures

Encourage a societal shift from curative to preventive health practices by highlighting the long-term benefits of early intervention and regular monitoring. This transition is particularly crucial as the population ages, ensuring an extended span of healthy, productive years. In Belgium in 2021, only 3% of total healthcare expenditures were allocated to prevention. Solving this issue requires healthcare stakeholders to align incentives through policies and prioritise education and awareness campaigns to foster this change.

#### Potential actions to be considered by healthcare stakeholders:

- **Public awareness campaigns.** Launch education initiatives promoting preventive care, including regular health screenings, vaccinations, and healthier lifestyle habits. Use relatable messaging that resonates with diverse age groups, demographics, and cultural identities.
- **Incentivise preventive practices.** Introduce financial incentives, such as tax benefits or reduced insurance premiums, for individuals who participate in regular health check-ups or wellness programmes.
- **Collaborate with healthcare providers.** Encourage healthcare professionals to proactively discuss preventive measures during routine visits, framing early detection as a cornerstone of better health outcomes, and introduce financial incentives for them as well.
- **Digital health tools.** Utilise mobile apps and wearable devices to promote preventive behaviours through reminders, progress tracking, and teleconsultations for early intervention. Ensure these programs are designed to be inclusive and equitable, addressing the diverse needs and circumstances of all individuals, regardless of age, digital literacy, or financial means.
- **Policy support.** Advocate for policies that allocate more resources toward preventive healthcare programmes and research, shifting the focus from curative services to early interventions.



## Empower employers to foster employees' health

Employers should integrate and expand workplace health and wellbeing initiatives, ensuring they address the needs of employees (including those who haven't yet experienced health issues) to create a healthier work environment. Employers can have a significant impact due to their extensive reach.

There are some factors over which an organisation has little or no influence. But for others the approach an organisation or employer takes can make a significant difference. Encouraging an environment where mental wellbeing can be openly discussed, promoting a better lifestyle, and optimising the work context or social interactions with work colleagues can all enhance employee wellbeing and in turn reduce absenteeism. Providing employees with the tools to improve their workplace and wellbeing will increase the level of caring in your organisation and minimise psychosocial risks.

### Potential actions to be considered by employer:

- **Focus on the employee's lifestyle.** Encourage employees to get more exercise and adopt healthier eating habits. This can also include programmes that enhance mental wellbeing (e.g., relaxation). Even general initiatives that promote health (such as "wellness" programmes) can combine info campaigns, screening tests, consultations, self-help or self-study materials, group activities, etc.
- **Eliminate stressors or other risks in the work itself.** Adjust employee tasks and responsibilities to reduce the workload or better define the employee's role.
- **Promote good ergonomics.** Ensure support for more ergonomic remote working. One example is a better office chair, leading to better posture, fewer back problems, and potentially lower rates of absenteeism.

## Address health disparities

Implement targeted public health strategies to reduce disparities linked to socioeconomic status, ensuring **equitable access** to resources and the **promotion of healthier lifestyles** across diverse population groups.

### Potential actions to be considered by policy makers and other stakeholders:

- **Design and implement programmes tailored** to address the unique health challenges of different socioeconomic groups. These strategies should focus on equitable access to preventive services, nutritious food, physical activity opportunities, and education about maintaining a healthy lifestyle.
- **Community outreach.** Collaborate with local organisations and community leaders to ensure health initiatives are accessible and culturally appropriate for underserved populations.

- **Digital inclusion.** Promote the use of telemedicine and digital health mobile apps to reach remote or underserved areas, ensuring access to care for all demographic groups. Age-related challenges should not be a barrier to this evolution. As with the widespread adoption of digital payment systems, such technologies can successfully reach and benefit all social segments when effectively implemented and supported.

## Enhance financial protection, transparency and accessibility

Improve public **awareness** of complementary health **coverage**, enhance **cost transparency**, and provide targeted financial support to **reduce out-of-pocket expenses** where possible.

Belgium's mandatory universal health coverage system provides extensive coverage for nearly the entire population, as well as robust financial protection mechanisms like the Maximum à Facturer / Maximumfactuur and increased reimbursements for vulnerable groups. However, personal contributions remain high compared to neighbouring countries, despite gradual improvements.

Reforms to review the **hospital financing** approach and address systemic inefficiencies are ongoing but need to progress at a faster pace.

High out-of-pocket costs can create **financial barriers** to accessing healthcare, leading to unmet medical needs or financial hardship for individuals requiring care. Measures should be taken to ensure equitable access to healthcare services, and minimise the risk of catastrophic health expenditures.

### Potential actions to be considered by healthcare providers, insurers and policy makers:

- **Raise awareness about complementary coverage.** Improve public understanding of how complementary insurance can bridge gaps in coverage, especially for dental and ambulatory care. Provide clear, accessible information about insurance options and their benefits to empower individuals to make informed decisions.
- **Improve billing transparency and reduce administrative complexity.** Provide patients with clear, personalised cost estimates before procedures to improve trust and reduce confusion about out-of-pocket expenses, as difficulties understanding costs are prevalent, especially among those who have undergone inpatient care. **Tailor support** and solutions to address diverse needs based on age, gender, cultural identities, and care types.







## Adapt to younger generations

Healthcare providers and insurers must **adjust** their **communication** and services to **meet** younger generations' **expectations**, offering **clear guidance** to help them access reliable information and make informed decisions. This group, particularly those aged 25-34, often rate their health as excellent but place less emphasis on maintaining a healthy lifestyle, while simultaneously facing a higher prevalence of mental health challenges compared to older generations.

### Potential actions to be considered by healthcare providers, insurers and policy makers:

- **Tailor preventive healthcare awareness to younger generations.** They report insufficient access to preventive healthcare information, especially compared to older groups (55-75). As they often rely on informal sources for health information (such as social media, friends, sports clubs, and employers), healthcare stakeholders should expand their presence on these channels to deliver accurate, engaging, and accessible content. Healthcare providers and insurers continue to lag behind in effectively communicating and engaging with younger generations and should invest in these competencies. However, some initiatives are already ongoing like Christian Mutuality with their OnlyFans channel to address health misinformation.
- **Improve billing transparency and cost education.** Younger individuals face more challenges with billing and understanding medical costs, highlighting the need for educational resources to aid them in navigating the healthcare landscape.
- **Promote the value of routine healthcare.** Young adults are more likely to delay or avoid healthcare, particularly routine check-ups and treatments for common illnesses, often due to cost concerns or a belief in their invincibility. Launch targeted campaigns emphasising the importance of routine care and early detection, highlighting affordable options and the long-term benefits of preventive healthcare.
- **Focus on mental health support.** Address the higher rates of mental health issues among younger generations by offering accessible mental health resources (e.g., employers could offer psychological counselling or support) and integrating them into existing health insurance and care services. This is necessary for our society as a whole, as younger generations represent a significant portion of the "workforce, and untreated mental health issues contribute to reduced productivity and increased healthcare costs."

## Expand the digital flows between the citizens and all stakeholders

Develop an interoperable digital platform for claims, reimbursements, and patient data to facilitate seamless communication among healthcare stakeholders, reduce administrative burden, and enhance transparency and efficiency, while respecting privacy of data.

All healthcare stakeholders, particularly patients, continue to face significant challenges due to the fragmented nature of the system, especially between care providers, insurers and patients.

We see that mutual health funds and insurers are making significant investments in digital and physical tools to enhance healthcare delivery and expand their role within the broader ecosystem. These include teleconsultation platforms, symptom checkers, and mental health support services, such as employee assistance programmes and helplines. Additionally, automated data exchange systems like AssurPharma (pharmacist interactions) and Assurmed (outpatient medical expenses) represent an important first step toward streamlining collaboration between insurers and healthcare providers. However, access to structured and comprehensive health data for private insurers remains limited compared to benchmarks in countries like France, posing challenges for further innovation and service optimisation.

### Potential actions to be considered by healthcare providers, insurers and policy makers:

- **Streamline data exchange.** Expand and integrate existing automated systems (like AssurPharma) into a comprehensive platform, ensuring consistent and secure data flow between all healthcare entities.
- **Collaboration between public and private sectors.** The public sector and the private sector should collaborate further to achieve technological innovation and improve healthcare flows and information.

# Partnering with AG Insurance and Prof. Dr. Alfred Angerer

## AG INSURANCE

At AG Insurance, we recognise that ensuring access to high-quality healthcare for all Belgian citizens is a significant challenge that requires collective effort. As one of the Belgium's leading health insurers, we take pride in our role as a key player in addressing these issues and driving systemic improvements.

Our mission extends beyond providing insurance solutions; we strive to support the transition towards a more inclusive and sustainable healthcare system. For example, our My AG Employee Benefits app empowers employees of our client companies with a comprehensive view of their health (and pension) benefits, and digital introduction of their claims.

From prevention to reintegration, over the years AG has developed a 360° approach to effectively and sustainably address long-term absenteeism, particularly mental health issues. We developed our Return to Work programme, designed to sustainably reintegrate workers after long-term absences. And we created Waldon, a subsidiary solely dedicated to supporting employers to develop and implement a wellbeing strategy driven by data, guided with expertise.

Thanks to Waldon, our insured have access via the My AG Employee Benefits app to vital mental health services through MY MIND and personalised resilience advice. Additionally, we have further strengthened our commitment to employee well-being with solutions like My WellRi (also powered by Waldon), which delivers scientifically backed insights into personal and professional well-being, allowing employers to develop a data driven wellbeing policy.

Through initiatives like the integration of the Doktr teleconsultation solution and a symptom checker into our group insurance offerings, known as MY CARE, we have also simplified access to primary care. And through a series of partnerships with both digital and physical partners in the health space we help our insured access state-of-the-art health services and initiatives at discounted rates.

With over 200 years of expertise in the insurance sector, we remain at the forefront of innovation, working closely with healthcare providers, policymakers, and employers to address current and future healthcare challenges. Our dedication to fostering health education, preventive care, and mental well-being reflects our broader responsibility to enhance the health and quality of life of Belgian citizens.

By participating in this report, we aim to contribute valuable insights into health perceptions and healthcare access, aligning with our mission to create a healthier, more equitable future for all.

## PROFESSOR ANGERER

Prof. Dr. Alfred Angerer contributed to this research as an external healthcare expert, ensuring the quality of the study. As a professor of health economics and healthcare management, his research focuses on digital health and process optimisation (lean healthcare). He has authored numerous international publications, books, lectures, and podcasts on healthcare management. Pr. Angerer leads the Center for Healthcare Management at the Zurich University of Applied Sciences (ZHAW) in Winterthur, Switzerland. Additionally, he is the co-director of the ZHAW Digital Health Lab and serves as a board member of the Digital Health Center in Bülach.

Prof. Dr. Angerer's contribution to the team was invaluable in providing a Swiss perspective when analysing the results of this research. While both Switzerland and Belgium share several similarities – such as their combination of public and private healthcare players to ensure broad coverage, and the requirement for all residents to purchase basic health insurance – there are also notable differences. Both countries emphasise high-quality care and have strong healthcare infrastructures, with costs shared between patients and insurers through co-pays and premiums. However, Belgium's healthcare system is primarily funded by mandatory social security contributions, while Switzerland requires citizens to take out private health insurance, with premiums paid directly by individuals and varying by region and insurer.

Therefore, it is important not to blindly copy solutions from other systems, but instead learn from their successes and failures. In collaboration with Mr. Angerer, the team looked at Swiss success stories, as well as challenges, to gather valuable insights. For example, Switzerland has a different system of capping on out-of-pocket healthcare costs ("Selbstbeteiligung") of around €745 annually per individual. This system focuses on individual responsibility and cost control (e.g., choosing higher deductibles for lower premiums). However, compared to the MAF system in Belgium, it does not adjust based on income. Additionally, we could draw lessons from Switzerland regarding its relatively low level of digitalisation in its healthcare system. This is partly due to the fragmented nature of the system, where the 26 cantons have pursued digital transformation independently. To avoid similar challenges, therefore this study recommended that the public sector take on a strong central ownership role in driving digitalisation forward.

# Research methodology

**Our objective was to research the financial healthcare literacy level of Belgians and examine how health insurers and other stakeholders could help improve access, transparency, and experience of care for citizens. We examined the following topics.**

- Level of understanding of insurance, coverage, and the cost of healthcare
- Accessibility to (affordable) healthcare
- Opinions about different actors in the healthcare sector
- The impact and role of insurers (including mutual health funds) on costs, administration and prevention

## Survey on health(care) perceptions in Belgium

To achieve these objectives, we conducted a study combining **quantitative data collection, expert discussions** and a **literature review**. The quantitative input was collected via a survey conducted by a specialized marketing agency in November 2024. Targeting 1,500 Belgians who have responsibility for decisions related to mutual health funds and/or health insurance, it investigated five main research topics.

1. Coverage of mutual health funds, health insurance, and specific areas like dental care and other specialists
2. Demographic and healthcare-related profiles of Belgians
3. Self-reported health status of participants
4. Current literacy and knowledge about mutual health funds and insurance systems
5. Experience with healthcare-related processes, including digital tools and billing perceptions

**Ipsos ensured the sample was nationally representative through the following quotas.**

- **Age:** balanced across five decennial segments (25-34 through 65-75)
- **Gender:** 50% female, 50% male
- **Region:** 10% Brussels, 55% Flanders, 35% Wallonia
- **Language:** 46% French-speaking, 54% Dutch-speaking
- **Family situation:** a mix of singles, couples, and households averaging 2.5 persons per household
- **Social group:** represented by education levels (from no diploma to university level) and employment status (e.g., full-time employees, retirees, and unemployed individuals)

The survey collected data via online interviews lasting approximately 20 minutes. It provided insights that have informed our recommendations for improving access, transparency, and care experiences.

## Expert discussions

In December 2024, we held expert discussions with representatives from AG Insurance and Professor Alfred Angerer to challenge and refine the study's preliminary findings. These discussions revolved around 12 driving questions identified as critical to the research objectives.

For each question, the experts critically reviewed key figures and correlations from the survey, and provided alternative perspectives and additional insights to enrich the report. The expert feedback played a key role in refining our recommendations and broadening the scope of our analysis.

## Literature review

To further test the conclusions drawn from the quantitative data, we conducted a literature review using resources from our Belgian repository and wider networks. This allowed us to validate findings, contextualise them, and highlight where results either confirmed or nuanced our conclusions.

This comprehensive methodology ensured that the findings of this study were robust and actionable, offering clear insights into Belgian citizens' healthcare literacy and the role of insurers in improving care.

## Lexicon

In this report, we analyse data using social group classifications based on the methodology established by CIM (Centrum voor Informatie over de Media), the gold standard for market research in Belgium. This framework, which utilises official FGov data, ensures accurate socio-demographic segmentation and provides valuable insights into the varying socio-economic dynamics of the population.

The classification of respondents into social groups relies on a calculated score derived from two key variables: education level and employment status. Education reflects the highest degree or diploma obtained by the individual, while employment considers the nature of the respondent's current or most recent job function. Each of these variables is assigned a numerical score, and their combination determines the respondent's final placement within the social class spectrum.

The scoring system is designed to capture the interplay between education and employment. Higher levels of education, such as university degrees, and more skilled or professional employment roles result in higher scores, placing individuals in higher social classes. Conversely, lower levels of education and less skilled or inactive employment statuses lead to lower scores, situating respondents in lower social groups. This calculation divides the population into four broad categories: high social class (groups 1&2), mid-high social class (groups 3&4), mid-low social class (groups 5&6), and low social class (groups 7&8).

This framework is intentionally flexible, allowing for nuanced categorisations that reflect real-world scenarios. For example, an individual with a bachelor's degree who is unemployed or inactive may not be placed in the highest social group (1&2) due to their lower employment score. On the other hand, someone without formal education but working full-time in a skilled role might rank higher on the social scale than anticipated. By accounting for the interaction of these variables, the classification system provides a more comprehensive understanding of socio-economic positioning.

This method's strength lies in its ability to capture the complexity of socio-economic realities, ensuring a more accurate analysis of healthcare equity and access. While it is difficult to assign a fixed description to each group due to the variety of scenarios possible, the use of this framework allows us to draw meaningful conclusions about how different segments of society experience healthcare, prevention, and insurance.





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