POLICY AND SYSTEM IMPLICATIONS

Ontario's 2026 Fall Economic Statement

Implications for older adult health care | October 29, 2026

EXECUTIVE TAKEAWAY

The statement maintains growth in health spending and advances established priorities in team-based primary care, workforce, hospital capacity and long-term care. For older adults, the main opportunity is to connect these investments through stronger specialized, community-based geriatric capacity that can manage frailty, dementia, mental health conditions and complex multimorbidity before needs escalate to hospital or institutional care.

What the Fall Economic Statement signals

- **Health spending continues to rise.** Health-sector expense is projected at $100.7 billion in 2026-27 and $108.2 billion by 2029-30.
- **Primary care remains the dominant transformation priority.** The $3.4-billion Primary Care Action Plan includes more than 300 new or expanded teams and continued work toward universal attachment by 2029.
- **Long-term care expansion continues.** Ontario maintains its commitment to 58,000 new and upgraded beds, with more than 26,000 beds reported as open, under construction or approved to begin construction.
- **Hospital capacity and flow remain prominent.** Investments continue in hospital redevelopment and emergency-department improvement.
- **Fiscal restraint will shape future decisions.** The projected deficit and explicit focus on efficiency suggest that new proposals will need to demonstrate measurable value, avoided utilization and improved system flow.

Implications for older adult care

Signal	Implication
Team-based primary care	A major opportunity to embed or connect specialized geriatric expertise with primary care teams managing frailty, dementia and complex health conditions.
Long-term care beds	Important capacity growth, but bed expansion alone does not address upstream prevention, caregiver support, community management or transitions.
Home and community care	No comparably prominent new expansion is highlighted. This remains the clearest gap in the older-adult care continuum.
Hospitals and ED flow	Strengthens the case for geriatric interventions that reduce avoidable ED visits, admissions, alternate-level-of-care days and delayed transitions.
Seniors supports	Affordability programs are helpful, but they are distinct from clinical service capacity for older adults with complex needs.

Strategic considerations for PGLO and Regional Programs

Position geriatrics as an enabler of primary care:

Frame specialized geriatric services as infrastructure that helps primary care teams manage complexity, rather than as a parallel specialty sector.

Lead with capacity, flow and value:

Connect proposals to reduced avoidable utilization, improved transitions, delayed institutionalization and better use of existing resources.

Advance coordinated access:

Position standardized referral and coordinated access as practical ways for primary care and partners to find and use specialized capacity.

Use the Provincial Asset Inventory as decision infrastructure:

Demonstrate where services exist, the populations they serve and where material capacity gaps remain.

Articulate the missing middle:

Highlight the specialized community capacity required between primary care, hospital and long-term care.

Recommended executive message

> *"Ontario is investing at key points in the care continuum through primary care, hospitals and long-term care. The next opportunity is to strengthen the specialized, community-based capacity that connects these investments and enables older adults living with frailty, dementia and complex health conditions to remain at home and avoid preventable escalation to acute or institutional care."*

Alignment with PGLO priorities

- Integrate specialized geriatric expertise into primary care implementation and planning.
- Develop a clear value proposition linking geriatric capacity to hospital flow, ALC reduction and aging at home.
- Use provincial asset and access data to identify gaps and support investment decisions.
- Seek explicit recognition of frailty, dementia, seniors' mental health and caregiver needs within health-system transformation.
- Frame Specialized Geriatric Services (SGS and Seniors' Mental Health (SMH) coordinated access and central intake as system infrastructure that improves equity, navigation and use of scarce expertise.

At a glance

Area	What the Fall Economic Statement says	What it means for older adults
Overall health spending	Health-sector expense is projected at **$100.7B in 2026-27**, rising to **$108.2B by 2029-30**.	Health spending continues to grow, but the statement signals increasing emphasis on value, efficiency and sustainability rather than a major new expansion.
Primary care	The four-year **Primary Care Action Plan totals $3.4B**. More than **300 teams** are being created/expanded, with $250M+ in 2026-27 intended to connect another 500,000 people.	Potentially very important for older adults, particularly if team-based primary care is connected to geriatric expertise and community services.
Health workforce	Ontario reports more than **$182M supporting 13,000+ learners** through the Learn and Stay Grant; its $220M expansion supports 2,000+ future family physicians.	More primary-care capacity should help, although this is not specifically an older-adult or geriatric workforce strategy.
Hospitals / flow	Hospital redevelopment continues, while a **$47M/four-year Emergency Department Action Team** will work with 26 hospitals on ED waits and patient flow.	Relevant to older adults given their substantial interaction with ED and inpatient care, although the measures described here largely focus on hospital processes and capacity.
Long-term care	The province maintains **$6.4B in planned investment since 2019** toward 58,000 new/upgraded beds. As of July, 165 projects representing more than 26,000 beds are open, under construction or approved to start construction.	LTC remains the most explicit older-adult-specific health-system investment.
Home/community care	No comparable new expansion is highlighted. Instead, Ontario emphasizes the importance of maintaining federal funding for home/community care.	This is the biggest gap from an aging-population perspective.
Seniors supports	Existing measures referenced include Guaranteed Annual Income System (GAINS), Seniors Care at Home Tax Credit, Ontario Seniors Dental Care Program and seniors' drug benefits/co-pay supports.	Helpful affordability measures, but distinct from expansion of clinical services for older adults with complex needs.

Source

Source: Government of Ontario (2026). Ontario Economic Outlook and Fiscal Review: A Plan to Protect Ontario (Fall Economic Statement), released October 29, 2026. https://budget.ontario.ca/2026/fallstatement/contents.html

Financial figures and program commitments in this briefing reflect the public statement. The implications and recommended positioning are PGLO-oriented policy interpretation.