

Access Points: The Missing 27% at Your Front Desk—Why Audiologists Must Lead Canada’s Accessibility Fight

Published February 25th, 2026

Lorin MacDonald, CM, OOnt, LSM, JD

***Editor’s Note:** I would like to introduce a new regular feature—Access Points. This is written by Lorin MacDonald, CM, OOnt, LSM, JD. Lorin is a hard-of-hearing disability rights lawyer with over 30 years of experience in accessibility law and advocacy. She is a Member of the Order of Canada, the Order of Ontario, and the Canadian Disability Hall of Fame, and was named one of Canada’s Top 25 Most Influential Lawyers.*

The Moment Everything Changed for Sarah

Sarah walks into your clinic on a Tuesday morning. Moderate-to-severe bilateral hearing loss, progressive over five years. You do what you do best: comprehensive assessment, careful device selection. She leaves six weeks later with premium hearing aids, perfectly fitted.

Follow-up appointments show excellent outcomes. Clinically, this is a success.

Six months later, she’s back. Not for a device adjustment.

She’s in tears.

“The hearing aids work,” she says. “I can hear. But I still can’t participate at work. My boss says the hearing aids should be ‘enough accommodation.’ They won’t provide CART for meetings. The conference room has terrible acoustics. I asked for a microphone system. HR said it’s “too expensive”. Last week, I got written up for ‘not engaging’ in team meetings.”

You did everything right clinically. You changed nothing systematically. I’ve sat with countless Sarahs in my advocacy work. The details change. The pattern doesn’t.

And that is not your fault—no one trained you to think systemically. No one told you that advocacy is part of comprehensive audiological care. But it could be. And right now, as Canada’s DEI landscape shifts dramatically, audiologists have an unprecedented opportunity to lead.

Why This Moment Matters: The Merit Conversation Canada Needs

Let me tell you what’s happening in Canada right now—and why audiologists are uniquely positioned to shift the conversation.

Pierre Poilievre’s federal Conservative party released a petition last fall calling for the end of DEI initiatives, citing the need to “restore the merit principle.” Provincial governments are reassessing equity programs. Corporate Canada is retreating from diversity commitments.

The argument has intuitive appeal: Focus on qualifications, not demographics. Judge people by their abilities, not their identities.

And here’s what makes this moment critical: I agree that merit matters. But as someone born profoundly deaf, I know that merit needs equity to be visible.

Here's what I've spent 30 years explaining:

Merit sounds fair—until you recognize that not everyone starts from the same position.

Without the captioning accommodations I fought for at Ryerson University (now Toronto Metropolitan University) and Western University, my merit would have been invisible. The same intelligence, work ethic, and legal acumen existed before those accommodations—but the system couldn’t see it.

This is what your patients experience every single day.

And audiologists can help Canada understand that removing barriers to merit isn’t lowering standards—it’s revealing capability.

The Opportunity Hiding in Plain Sight

Here is what both sides of the DEI debate are missing: Disability is the bridge.

According to Statistics Canada’s 2022 Canadian Survey on Disability, 27% of Canadians have disabilities—eight million people, the “missing 27%.” We exist in every racial group, every gender, every socioeconomic class, every political persuasion.

When you design for disability, you are not choosing between different groups. You are building systems that work better for everyone.

Think about what disability-centred design has already given us:

- **Curb cuts** help wheelchair users—and parents with strollers, delivery workers, travellers
- **Captioning** serves deaf viewers—and according to Verizon Media research (2019), 80% of caption users don’t have hearing loss
- **Flexible work** supports people with disabilities—and transformed work-life balance for everyone
- **Automatic doors** assist mobility device users—and everyone carrying packages

This isn't accommodation for a minority. This is brilliant design serving the majority.

And communication accessibility? It's the perfect example. People use captions because they are learning English as a second language, have ADHD, are in noisy environments, or simply process information better with visual text.

“When you design for disability, you are not choosing between different groups. You are building systems that work better for everyone.”

When audiologists advocate for communication access, you are not arguing for special treatment. You are advocating for evidence-based design that serves diverse populations.

That's the merit argument that actually resonates in 2025.

Why Your Voice Changes the Conversation

I know this landscape intimately—both professionally and personally. I was born with congenital bilateral sensorineural profound hearing loss. I've worn hearing aids my entire life. I've sat in countless meetings where I could hear but couldn't participate because no one provided proper acoustics or communication access.

(I'm speaking here primarily about hard-of-hearing patients — the Deaf community's relationship with audiology is more complex, and deserves its own fuller treatment.)

So when I tell you that audiologists are uniquely positioned to shift Canada's equity conversation, I'm speaking from both sides of the clinical encounter.

Here's what's happening right now that affects your patients:

As DEI initiatives face political scrutiny, accommodation budgets are being cut. The workplace that provided CART? “Too expensive” in the new budget. The university that captioned lectures? Reduced to “essential only.” The conference that prioritized accessibility? Now it's “optional.”

When disability gets erased from equity conversations, your patients lose access.

But here's the exciting part: You have the credibility to change this.

When I tell an organization they need captioning, I'm citing compliance. When YOU explain how communication access serves multiple populations—ESL employees, neurodivergent colleagues, aging workers, anyone in challenging acoustics—you are making the case that resonates in conversations about merit and efficiency.

Your clinical expertise transcends political polarization.

You are not arguing identity politics. You are explaining human communication science. You are showing how removing barriers lets merit shine through. You are demonstrating return on investment that serves the majority.

That's leadership Canada needs right now.

What Audiology's Evolution Could Look Like

You see the gap between clinical success and environmental barriers every day:

- The student whose FM system sits unused because professors forget the transmitter
- The employee whose open-concept workplace undermines hearing aid effectiveness
- The professional who can hear but can't participate in key meetings

These aren't "someone else's problem." These are opportunities for audiology to evolve.

Not because you are failing now—but because the profession can expand its impact.

What's missing from audiology education:

Graduates emerge clinically excellent but without the tools to address systemic barriers. Accessibility law, human rights frameworks, accommodation advocacy strategies, and awareness of Deaf culture are largely absent from curricula, which means the very profession best positioned to advocate for communication access often doesn't know it can. The result is a gap between clinical success and environmental reality that no hearing aid can bridge.

The result? Graduates are clinically excellent but lack the tools to address systemic barriers that undermine their clinical work.

The opportunity? Audiologists could become advocates who understand both the clinical AND systemic dimensions of communication access.

The Legal Framework That Empowers You

After 30 years in accessibility advocacy, here's what I want every audiologist to know: you have legal frameworks that support expanded practice. The Accessible Canada Act makes you a subject matter expert that organisations need to consult. Provincial Human Rights Codes give you tools to help patients navigate accommodation processes. The Canadian Human Rights Act allows you to help identify discrimination versus legitimate limits. And the UN Convention on the Rights of Persons with Disabilities lets you frame advocacy as rights-based rather than merely procedural.

Here's what matters: The difference between an accommodation request that succeeds versus fails often comes down to whether someone with professional credibility framed it as necessary for effective function, not just as a favour and the right thing to do.

You have that credibility.

When you write clinical reports that specify environmental modifications as essential (not optional)

for device effectiveness, you are using professional authority strategically.

When you explain that CART isn't a "nice-to-have" but is necessary for participation, you are making a case that resonates.

You are not just treating hearing loss. You are revealing merit.

What Leadership Looks Like (It's Achievable)

Start small. Build gradually. Partner strategically.

In Your Practice:

- ? Include environmental recommendations in clinical reports (30 seconds per patient)
- ? Frame them using accessibility law language
- ? Create referral pathways to accessibility resources

In Your Community:

- ? One speaking engagement per year to employers or educators
- ? Explain how communication access serves diverse populations
- ? Share research showing 80% of caption users don't have hearing loss

In Your Profession:

- ? Encourage CAA to develop advocacy training
- ? Support adding accessibility law to curricula
- ? Partner with disability rights organizations

None of this requires abandoning clinical excellence. All of it amplifies patient outcomes.

Sarah's Success Story

Six months after that tearful appointment, Sarah came back. Different story this time.

Her audiologist provided a detailed accommodation letter citing the *Canadian Human Rights Act*. The letter explained that hearing aids, CART, and acoustic modifications weren't three separate accommodations—they were an integrated communication access system that would benefit the entire team.

The employer agreed. Not because they were forced, but because the argument made sense.

Sarah's workplace installed sound-dampening panels, provides CART for all meetings, implemented microphone protocols, and trained colleagues on communication access.

Her hearing aids work as intended—because the environment finally supports them.

She told her audiologist: "You understood that my hearing loss isn't just a medical problem. Thank you for showing my employer that accessibility helps everyone."

That's leadership. That's impact. That's possible.

The Invitation

Eight million Canadians have disabilities. We're 27% of the population—often invisible in DEI debates despite being Canada's largest equity-seeking group.

The current conversation about merit and inclusion could erase us further. Or it could be the moment when disability inclusion becomes central to how Canada thinks about equity.

“Merit and equity aren't opposites. They're partners. Your patients have merit—brilliant ideas, strong work ethics, valuable skills. They just need environments that let that merit shine through.”

Audiologists can tip that balance.

Because you understand something fundamental: Merit and equity aren't opposites. They're partners.

Your patients have merit—brilliant ideas, strong work ethics, valuable skills. They need environments that let that merit shine through.

You can help build those environments.

Not through litigation. Through education, partnership, evidence-based advocacy, and clinical expertise applied beyond the fitting room.

When you advocate for communication inclusion, you are not just helping patients with hearing loss. You are making workplaces, schools, and communities better for everyone.

That's not special treatment. That's smart design. That's what merit looks like when barriers are removed.

The missing 27% need you. Not someday. Now.

A Note on the Deaf Community

Deaf culture views deafness as a linguistic and cultural identity. Audiologists must develop cultural competency: understanding Deaf culture, recognizing diverse patient goals, providing patient-centred care, and challenging audism within the profession.

True accessibility advocacy includes honouring the Deaf community's autonomy and self-determination.