

Before They Board

Equipping Patients with Communication Access Tools for Life Beyond the Clinic

Lorin MacDonald, CM, OOnt, LSM, JD (She/Her)

Disability Rights Lawyer and Educator

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27%

of Canadians have a disability

8 million people | Most disabilities are invisible

New Brunswick:
26.7%

Second-highest provincial disability rate in Canada. The patients you serve are at the centre of this reality.

Statistics Canada, Canadian Survey on Disability (2022)

Canadian Legal Frameworks

1

Canadian Human Rights Act

Federal jurisdiction. Separate human rights laws apply in each province and territory.

2

Accessible Canada Act

Proactive barrier removal within federal jurisdiction. Communication is a named priority.

3

Provincial accessibility legislation

Standards vary by province and sector. Ontario's AODA is one example.

4

UN CRPD

An international framework for accessibility. Not an identical domestic complaint route.

The setting determines the legal route. You contribute clinical evidence.

Clinical Care and Everyday Participation

Clinical Care

- Assess hearing and communication
- Fit and verify devices
- Support adjustment and use

Everyday Participation

- Follow a changing travel plan
- Contribute in a group meeting
- Receive timely, accessible information

The barriers your patients face beyond the clinic:

Competing sound

Information in one format

Unfamiliar interactions

Sustained effort

A successful fitting can coexist with unmet communication needs.

A Brief Clinical Reflection

A patient says:

“My hearing aids help, but I have stopped contributing in team meetings.”

1. **What would you ask next?**
2. **What would you document?**
3. **How would you know the plan worked?**

An Integrated Communication Access System

Hearing devices + remote mic	Access to the speaker's voice
Real-time captions (CART)	A text channel for the discussion
Room and meeting practices	Reduced noise, managed turn-taking
A named organizer	Tests setup, responds if access fails

80%

of caption users have no diagnosed hearing loss

ESL employees, auditory processing differences, ADHD, Baby Boomers, anyone in a noisy room

These are not separate accommodations.
They are components of one system — and that system benefits more people than you think.

Choosing Captioning for the Situation

Automatic Captions

- May offer immediate text access
- Check errors, delay, speaker labels
- Unreliable with proper nouns and unfamiliar speech patterns
- Plan what happens if they fail
- Often chosen for cost, not quality

Professional CART

- A trained provider captions live speech
- Handles speech patterns, proper nouns, and Q&A
- Available remotely
- Arrange audio access and prep materials
- Evaluate quality with the user

When you specify CART in your report, you protect your patient from the cheaper substitute.

From Travel Plan to Clinical Workflow

Before they travel, ask:

- Would the Sunflower suit you?
- Do you use live captioning?
- Does your companion know how to help?
- Do you carry backup accessories?

In every appointment:

1. Ask about participation
2. Document the barrier
3. Agree to a plan with consent
4. Review the outcome

Achievable within existing appointments. A brief participation question identifies the need.

From Clinical Report to Accommodation Letter

Before: clinical findings

“The patient has bilateral hearing loss. Hearing aids fitted and verified. Difficulty following group speech persists.”

After: access needs

“Despite verified hearing aids, the patient misses discussion in noisy meetings. To support equal participation, I recommend a quieter room, a compatible remote microphone, and CART for text access.”

Accommodation Letter Structure

1. State the functional limitation
2. Identify the task or setting
3. Link recommendations to participation
4. Propose consultation and follow-up

With consent, provide enough information to support accommodation without unnecessary medical history.

Connect the difficulty to the environment. Then identify complementary supports.



Communication access belongs in the care plan.

- Ask about the environments patients enter
- Explain the supports that work together
- Use clinical evidence to support participation

Choose one change to your next patient conversation.

What It Does and Doesn’t Do

It Does

- Signals an invisible disability discreetly
- Prompts trained staff to offer patience
- Reduces the burden of self-disclosure
- Empowers the wearer with choice

It Doesn’t

- Tell staff what the person needs
- Replace formal accommodation
- Guarantee an appropriate response
- Work without staff training



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Recognition is powerful. It is not accommodation.

My Experience



Wearing a visible signal of a non-apparent disability helped, but a lanyard does not communicate precise access requirements. That's where you come in.

A hearing aid does its work in the clinic. Recognition does its work everywhere else.



Questions?

Lorin MacDonald, CM, OOnt, LSM, JD (She/Her)

Disability Rights Lawyer and Educator
lorin@hearvue.com | linkedin.com/in/lorinmacdonald

"If we don't intentionally include, we unintentionally exclude."