

MuseumsForward

Art museum access programs: Virtual transition in response to COVID-19

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Abstract

Access programs at art museums for neurodivergent adults, specifically those with intellectual and developmental disabilities, as well as older adults with memory loss, were greatly impacted by closures during the Coronavirus pandemic in 2020. In response, institutions transitioned programming to a virtual platform, many for the first time. While museums are becoming increasingly accessible for visitors and participants with disabilities, the progression has been incremental but hesitant. Research from informal education, art therapy, disability studies, and digital accessibility support the potential benefits of art-based programming for participants with disabilities, with major opportunity for expanded access with the use of technology. Data was collected from five art museums with access programs regarding institutional practices; virtual program adaptations; impacts on staff and participants; common successes and barriers; and significance for future practice. Results show variations across art museums, but with many common experiences and practices. Findings show that access programs effectively transitioned to a virtual platform due to the preparation, training, flexibility, and feedback of program staff and participants. Program staff and facilitators predict virtual programming for the foreseeable future with suggestions of a hybrid format, separate programs for onsite and digital environments, amongst others. This case study may be significant to practitioners within the museum, cultural nonprofit, education, and disability fields to better understand current practices in digital access programs during and beyond the Coronavirus pandemic.

Keywords

neurodivergence; access programs; adults with disabilities; art museums; digital accessibility

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personal cheerleading. Time with you has been my cherished respite, and I love you. And of course, appreciation for the wonderful and compassionate humans in my cohort. This year has been impossible and emotional for all of us, and we have overcome it with grace and gratitude.

Reflexivity Statement

It is imperative to reflect on any implicit biases or identity influences when conducting qualitative research, particularly when the community at the center of the study has significance in my personal and professional life. This research case study was developed and compiled by a white, cisgender, able-bodied, late-20's, bisexual, half Puerto Rican, mentally disabled woman. I have listed my chosen identifiers in order of privilege and how society initially perceives me. My lived experiences through these intersections are valid, unique, and come with their own difficulties. Nevertheless, there are undeniable assumptions and misunderstandings that will emerge when attempting to examine accessibility and the success of a program that serves adults with disabilities, whose perspectives are not my own.

I grew up in working class Detroit, Michigan, centering art and culture while supporting underserved communities. My relationships with those of a different culture, race, disability status, sexual orientation, gender expression or identity, or any intersection within those identities, as well as my multi-generational roots in a Southern, impoverished family, have largely contributed to my work focusing on institutionally disadvantaged communities. I am the first person in my immediate family to receive a college education, and the first to receive a graduate degree. My formal background along with my direct experience with adults with disabilities in various roles has given me the ability to code-switch between the professional setting of academia and the informal navigation of community engagement. I have an extensive background in art museum spaces while being a novice in the disability field. This research case study is my first spanning both canons.

Land Acknowledgment

As I write this research study, I acknowledge and honor that I live, work, study, and play on the unceded ancestral lands of the Coast Salish People, specifically the Duwamish, Muckleshoot, Stillaguamish, and Squamish Peoples, who have resided here since time immemorial.

Seattle was given its name after the leader of the Duwamish and Suquamish, Chief Si'ahl. This territory in Northwestern Washington is covered by the Treaty of Point Elliott of 1855 from which these Indigenous lands were stolen and their peoples forcibly removed by genocide in preparation for governmental statehood. It is important that we honor and acknowledge with gratitude the land itself and the people who have stewarded it throughout the generations, through today and beyond.

This calls us all to a sustained commitment to be better stewards of this land ourselves, as well as to support and uplift the Indigenous communities who continue to live upon this and every other territory. Real Rent Duwamish is an organization led by the Duwamish Solidarity Group, working to undo institutional racism and white privilege through education and organizing. RRD is committed to repatriating what was looted through offering tribal services, financial support, and acting as a healing resource for all Indigenous Peoples. They accept support through monetary contributions on their website, signing their petition for Duwamish Federal Recognition, or connecting with their community gathering place, the Duwamish Longhouse and Cultural Center.

Introduction

Almost 7 million Americans currently live with an intellectual or developmental disability (IDD), with diagnoses increasing generationally (*Disability Demographics and Definitions*, 2020). IDDs typically present during the developmental phase of childhood and last a lifetime, affecting physical, learning, language, or behavior capacities (*Facts About Developmental Disabilities*, 2020). Likewise, more than 6 million Americans live with Alzheimer's dementia, with undoubtedly more living with early-onset or general dementia that does not advance into Alzheimer's (*Facts and Figures*, 2021). Dementia refers to a group of progressive cognitive diseases that cause memory loss and impacts on daily brain function and behavior (*Facts and Figures*, 2021). Alzheimer's dementia is an acute type of dementia with gradual symptoms like the decline in essential motor functions that is ultimately fatal (*Facts and Figures*, 2021).

When considering these two groups, the term neurodivergent (ND) will be used throughout this article. Neurodivergence has been used in the disability field for over 20 years and continues to gain traction. ND encompasses a spectrum of cognitions that are not considered neurotypical and includes IDDs, mental health disorders, brain injuries, and more (Weathington, 2020). While people with IDD have been

referred to as ND since it was coined, it is a more recent practice to consider older adults with dementia on the ND spectrum (Paul, 2015). Despite the lack of consensus on disability terminology, it is important for this study to have one group to reference adults with IDD and older adults with dementia, while considering current disability language.

ND adults and older adults are presently one of the most underserved and isolated populations in the United States. ND adults lack quality healthcare, social opportunities, housing, employment, financial security, and governmental support services (Havercamp & Scott, 2015; Yamaki & Fujiura, 2002). The societal ignorance of ND adults can negatively impact their long term physical and mental wellbeing (Cornwell & Waite, 2009). Mission-based nonprofit organizations have tried to address these needs and lack of resources through programs and services.

Museums have been engaged in physical disability access since the Americans with Disabilities Act passed in 1990. More recently, some museums have leveraged their informal learning environment to benefit ND visitors. Museums like the National Museum of African American History and Culture, the Walters Art Museum, and the Museum of Photographic Arts are just a few that have adapted their internal policies, interpretation practices, exhibit design, programs, virtual offerings, amongst others, to support their visitors with ND accessibility needs (Shrikant, 2018; Merritt, 2015). Using Universal Design for Learning (UDL) and supported field research, institutions have developed sensory tours, tactile exhibition components, art-based discussion and activity programs, along with additional creative methods to broaden their access for ND visitors.

In March 2020, the Coronavirus pandemic forced businesses and organizations to close their doors for the foreseeable future. Museums, specifically art museums, reacted by increasing their digital presence and transitioning programs and services to an online platform. Prior to the pandemic, virtual engagement had been hypothesized as one way to expand disability accessibility, making the enforced digital environment over the last year an ideal opportunity to put this hypothesis into practice. A number of art museums with existing access programs took on the virtual challenge to continue supporting their ND visitors.

Purpose

The purpose of this case study was to examine art museum access programs for neurodivergent participants that transitioned to a virtual platform due to COVID-19. Four research questions drove this study:

1. In what ways have museums created accessibility for neurodivergent visitors?
2. In what ways have museums transitioned to a virtual platform as a result of COVID-19?
3. What have been the impacts of the transition on museums, staff, and participants?
4. How does the transition inform future practice?

Significance

This study contributes to the newer focus on technology and digital access in museums, acting as a small but necessary expansion on the conversations around museums as more than informal learning spaces, but spaces to build social and emotional wellbeing for visitors with disabilities. Further, researchers and instructors involved in adult learning or disability education will gain insight into the potential of physical museums, as well as their virtual counterparts, to better serve disabled adults and older adults.

Background

Disability Prevalence and Impacts

Intellectual and developmental disabilities (IDD) are prevalent and increasing every year. IDD is characterized by “an impairment in physical, learning, language or behavior areas...[that] begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person’s lifetime” (*Facts About Developmental Disabilities*, 2020). Over 6 million Americans had an IDD in 2019, with 1 in 6 children between the ages of 2-17 having an IDD, compared to 1 in 7 children in 2008 and 1 in 8 children in 1997, illustrating the rise in younger generations (*Facts About Developmental Disabilities*, 2020). People with IDD have varying traits including, but not limited to, atypical communication or social interactions, limited cognition, differing neuromuscular and sensory functions, underdiagnosed or undertreated mental health conditions, and overall behavioral divergences (Kripke, 2018). In the last decade, IDD has predominantly been viewed through a social model as a valued part of human

neurologic diversity, as opposed to the medical model that views IDD as a deficiency or illness to overcome (Kripke, 2018).

Similarly, dementia and Alzheimer's dementia in adults and older adults is widespread and increasingly so. Dementia is an umbrella term for a number of progressive diseases "that are caused by abnormal brain changes...[and] trigger a significant decline in...cognitive abilities, severe enough to impair daily life, independent function,...behaviors, feelings, and relationships" (*Facts and Figures*, 2021). It is estimated that 1 in 3 seniors die with dementia (*Facts and Figures*, 2021). At least 6 million Americans are living with Alzheimer's dementia, which is an acute type of dementia that gradually worsens overtime, eventually impacting essential bodily functions and leading to fatality (*Facts and Figures*, 2021). This number might be vastly undercounted, as there is a lack of research statistics in the United States for early-onset dementia afflicting those under the age of 65, as well as dementia that does not develop into Alzheimer's (*Facts and Figures*, 2021). This conservative estimate is projected to increase to 13 million Americans with Alzheimer's dementia in 2050 (*Facts and Figures*, 2021).

For the purpose of this study, I will be referring to IDD, dementia along with Alzheimer's dementia, and atypical neurological functioning as neurodivergence (ND). Neurodivergence is on the neurodiversity spectrum, and is the display of differing neurological behavior, with no emphasis on a standard or normal to pathologize (Zisk, 2019). ND expands on IDD with the inclusion of mental health disorders, brain injuries, and cognitions that are not considered neurotypical (Weathington, 2020). Further, referring to adults and older adults with dementia as neurodivergent is a newer practice in the disability field and is meant to move away from common labels such as "memory-impaired" or "memory loss" that highlight the disease or stigmatized disadvantage of the disability (Paul, 2015). However, there is also a debate within the field about the potential for harm in using the term neurodivergent. One of the primary arguments is that if there is a neurodivergent, then there is also a neurotypical, which implies a standard for human cognition (Armstrong, 2015). "There is no such standard...[or] brain...that represents the standard to which all other human brains must be compared" (Armstrong, 2015). This opposition pervades the use of similar terms such as able-bodied or high functioning/low functioning (*Disability Language Style Guide*, 2021). Neurodivergence was chosen for this study because it recognizes a spectrum of abilities and includes mental illnesses, brain injuries, underdiagnosed and invisible disabilities, which is specifically

applicable to adults with IDD as they have a significantly higher rate of having more than one disability.

Neurodivergent adults have the least available resources out of any age group. They experience worse health and have less access to quality healthcare than people without a disability (Havercamp & Scott, 2015). In a 2000 study on the life satisfaction of young adults with IDD, reports showed significantly lower life satisfaction ratings compared to those of young adults without disabilities (Salkever, 2000). However, while research has shown that the IDD population experienced a higher life satisfaction rate when they “engaged in paid employment, schooling, and/or volunteer work” compared to being idle, it also established that such resources and programs are rare or costly (Salkever, 2000). Employment is also a major disadvantage for ND adults, with the majority of them having very little economic resources, including employment wages and government benefits or income (Yamaki & Fujiura, 2002). The same analysis of a national portrait of adults with IDD shows the “overwhelming majority” as unemployed (Yamaki & Fujiura, 2002). While there are secondary education programs for young adults until the age of 26, many are underutilized or still result in high rates of unemployment (Rusch & Braddock, 2004).

Older adults with dementia are part of a similarly underserved and aging population. Older adults experience higher rates of social disconnectedness and isolation than those under the age of 65 (Cornwell & Waite, 2009). Factors of this social isolation include living alone, lack of social support, having a small social network, infrequent participation in activities, and feelings of loneliness, all of which negatively impact their physical and mental health (Cornwell & Waite, 2009).

Museums and Accessibility

In the midst of this cultural and political disregard for neurodivergent adults, nonprofit and mission-based organizations have attempted to fill the gap in resources with programs and services for training, skill-building, and recreation. Museums are no exception in their response to serving the disabled population. When the Americans with Disabilities Act of 1990 (ADA) passed, it became illegal to discriminate “against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public” (Salmen, 1998). The American Association of Museums (AAM) produced a detailed guide for how the ADA, along with other disability-related legislation impacts museums, as well as

ways to integrate accessibility into their facilities, exhibits, programs, and more. AAM's museum guide not only breaks down the ADA and how it should be enforced, but makes suggestions such as an institution accessibility statement, hiring or designating an accessibility coordinator, establishing an accessibility advisory council, providing accessibility training for staff, reviewing all existing facilities and programs for ways to improve accessibility, promoting and advertising accessibility within the museum, drafting grievance procedures, and continually reviewing access efforts of the museum (Salmen, 1998). A number of museums are prioritizing accessibility and are realizing that through inclusive programs, exhibits, and interpretation, museums are safer, more comfortable, and more meaningful for every visitor (Salmen, 1998).

Some museums have taken access a step further to meet the needs of their neurodivergent visitors as well. It is important to keep in mind while highlighting these museums and their efforts, that they are the exception and not the rule. There is still much work that needs to be done to make museums and other cultural institutions a welcoming space for neurodivergent adults.

Studies have also been conducted to better understand the perspectives of neurodivergent visitors and their relationship with museums. The National Museum of African American History and Culture in Washington, D.C. is one of a growing number of museums that offers early-entry and a sensory-friendly environment with activities for visitors on the autism spectrum (Shrikant, 2018). In addition to commonplace sensory tours, they have been offering this program on certain weekend mornings since 2011. It is common during these programs for museums to minimize crowds, "dim lights, lower volumes and be cognizant of other possible distractions" while also providing a structured schedule and routine that gives visitors with autism a sense of comfort and preparedness (Shrikant, 2018). Similar programs are offered at institutions across the country, with some providing areas for activity or rest. The Walters Art Museum in Baltimore has stations for crafts and movement, as well as dimly lit areas with weighted vests for visitors feeling overwhelmed (Shrikant, 2018). A common practice found across these museums is offering a social narrative online or in-person that helps visitors prepare for the day and feel ready to navigate the physical layout (Shrikant, 2018).

Museums have adopted interpretation and exhibition methods that increase accessibility for neurodivergent and Universal Design for Learning (UDL) has been gaining traction amongst the education field to meet the needs of as many learners as possible (Rappolt-Schlichtmann

et al., 2012). UDL applies the “principles of universal design to educational experiences that uses multiple means of representation, multiple means of expression, and multiple means of engagement” (Rappolt-Schlichtmann et al., 2012). In an informal learning environment, flexibility should be offered through multiple means of representation and expression, and by promoting different modalities of engagement in learning (Rose & Meyer, 2002). This is known as multimodal communication and has been shown to increase the quality of exhibits for visitors with disabilities (Davidson et al., 1991). Typical practices that integrate UDL in exhibit interpretation include additional sensory elements like audio recordings; illustrative elements to reinforce textual messages; as well as interactive components that ask visitors to engage with on-screen objects, play with tactile models, or think about imaginative questions to spark ideas (Rothberg & Reich, 2014). These practices are ever-evolving and updating with new understandings of visitors, technologies, education, design, and accessibility.

In addition to the practical applications of accessibility for neurodivergent visitors and visitors with IDD, a limited body of research can help us understand their perspective and relationship with museums. In a comprehensive literature review administered by Sharon Aguilar in 2019, museums were seen as a less-stigmatizing space for art therapy patients with disabilities that could “become sources of relationship building and increased quality of life, allowing individuals to find a space to reflect and connect with others” (Aguilar, 2019). The review also underlines the effectiveness of museums as spaces for viewing art therapeutically and its benefits for patients with disabilities (Aguilar, 2019). As noted in most studies involving individuals with disabilities, Aguilar states that more research is needed to include their direct perspectives into the narrative. A qualitative study from 2015 by Hillary Douglas documents the experiences of adults with IDD related to art museum visits. The end result is a resource museums can use and adapt as a method to collaboratively create inclusive programs with and for underserved visitors (Douglas, 2015).

As an increasing number of museums across the field have seen the need for inclusive programs and points of access for adults with IDD, even more have attempted to address the same need for older adults with dementia. Social isolation is a prevalent problem in the aging community and as museums move towards increased community engagement over the last decade, it is no surprise the field has leveraged their social and learning opportunities to engage older

adults. The Museum of Photographic Arts in San Diego, CA is the epitome of access programs currently being offered to older adults with dementia and memory loss. Their program *Seniors Exploring Photography, Identity, and Appreciation* uses engagement and assessment to have art-based dialog and provide a hands-on photography activity (Merritt, 2015). The program adheres to best practices in that it is “not too technical, offers choices, and provides experiences not focused on the participants’ memory loss” (Merritt, 2015). Additionally, they have a program through a community partnership with a local university and Alzheimer’s research center, *Memories at the Museum*. This program invites visitors to engage with art in the collection through conversation and interaction, stimulating their verbal and visual abilities in a comfortable environment with their care partner (Merritt, 2015). Most programs follow an analogous structure and activity base that comes with support from participant research.

A research study from 2017 looked at the impact of these museum access programs on the wellbeing of older adult visitors with dementia. Study participants were interviewed immediately following a museum program experience and then three weeks later to understand engagement levels, connection with other participants, general feelings about the museum as a space for wellbeing, amongst others (Todd et al., 2017). The results were primarily positive with participants stating that they had built relationships, made meaningful connections, felt more confident after sharing previous knowledge and experiences, learned through new experiences, and saw the museum as a welcoming space (Todd et al., 2017). In addition to examining the perspectives of participants, in 2015, Katherine Lamar presented a case study on the impacts of similar programs on participants’ care partners. The reported benefits for care partners included stress relief, reduced feelings of social isolation, and positive impacts on their relationship with the person with dementia (Lamar & Luke, 2016).

Digital Access

The Coronavirus pandemic put the world into a state of shock and stillness at the beginning of 2020. Economies and businesses slowed or halted altogether, including nonprofit and arts institutions like museums. Many, notably art museums, responded with an increase in virtual offerings. The once-popular Google Arts and Culture project was revisited by museumgoers for virtual experiences of some of the world’s greatest galleries (Farago, 2020). The Baltimore Museum of Art

started behind the scenes classes with curators and conservators (*BMA Stories*, 2020). LACMA made their live music nights virtual and free for all to enjoy (*Education & Public Programs*, 2021). These are just some examples of digital projects taken on by arts institutions. There has been an increase of nearly 200% to museum websites since the beginning of the pandemic, reaching new audiences (Drevet, 2020). Broadened access has been a touted positive and long-term effect of museums going digital, with most planning to continue these efforts after reopening, even integrating the initiative into future interactives and the physical museum space (Kiessner, 2020).

Increased accessibility through virtual offerings arguably will have the most salient impact on neurodivergent and disabled audiences. Web accessibility awareness has been increasing among museums over the last decade with new technology capabilities and a general shift towards inclusion. Langa et al. conducted an assessment of museum websites in the mid-Atlantic region of the United States and found patterns of accessibility violations due to “the gap of literature about accessible web design not currently available to museum professionals or museum webmasters” (Langa et al., 2012). Web and software designers, along with designated web accessibility firms, base their production and assessment around ADA, Web Content Accessibility Guidelines (WCAG), and the Rehabilitation Act.

More specific to e-learning environments to better inform access programming, Access for All (Afa) attempted to standardize digital accessibility (Rothberg & Reich, 2014). AfA focuses on individual user preferences and matching the accessibility needs with digital characteristics. In their standard, AfA uses UDL and accessibility design to offer features like closed and open captions, font options for preferred readability, varying reading levels, image and video descriptions, audio navigation, guided tours, and more (Rothberg & Reich, 2014). While museums have been slow to adapt to AfA standards or other similar guidelines, more will be compelled to restructure their approach to virtual offerings moving forward in this pandemic.

This case study builds on these previous studies, assessments, and papers to provide additional information on the accessibility of virtual access programming by art museums during the current climate of coronavirus, contributing possible best practices for other museums and institutions wanting to establish virtual programming or make their current offerings more accessible to general and/or disabled visitors.

Sampling

This study utilized a case study design (Yin, 2014). A case study design was chosen over others to compare results during this topical and shared experience amongst virtual program staff and participants. The initial criteria for cases were art museums within the United States that offered access programs for adults with intellectual/developmental disabilities before the pandemic, and currently offer their access programs virtually. The criteria have since expanded, due to a lack of qualifying programs, to include access programs for older adults with dementia and their care partners with otherwise the same criteria.

Initial research for case study sites composed of searching online for art museum access programs; directly visiting art museum websites based on location; and personal insight of art museums that are highly regarded in the field for their work in accessibility. Once a potential art museum was found, the accessibility or events webpage needed to show: a) the program served the targeted audience and b) the program was currently being offered virtually. Five art museums met the initial criteria.

The initial search did not yield enough results for the study, so the researcher enlisted personal and professional networks within the museum field for recommendations. In addition to further art museums to contact, several connections in the field suggested considering programs for older adults with memory loss. Thirteen potential art museums met the second round of criteria, with two resulting from snowball sampling after data collection interviews had started.

If the identified art museums had contact information on their website, at least three education, program, or accessibility staff members were emailed. Museum workers were sent a detailed explanation of the case study and a request for their time and contribution to data collection. Position titles of relevant department staff varied across institutions and included Access and Inclusive Programs Manager, Access Educator, Manager of Access Programs and Resources, Access Programs Manager, and Manager of Accessible Programs.

Museum-Based Access Programs

Out of thirteen museums that were contacted, nine agreed to participate in the study, and five were selected as the most relevant for this case study. The four museums not selected to be included in the

results were ruled out because the museum had not virtually transitioned their program(s) yet, the interviewee did not give enough time or information to adequately answer the interview questions, or the interviewee was not involved enough in the program to adequately answer the interview questions.

Notation	Location	Size	No. of programs	Program groups served	Program structure	Interviewee
M1	Florida	Midsize	2	Adults with IDD, adults with memory loss	Art-based discussion, art-making	Program educator
M2	California	Large	1	Older adults with memory loss	Art-based discussion	Program
M3	Arkansas	Midsize	4	Adults with IDD, older adults with memory loss	Art-based discussion, art-making	Program manager
M4	Texas	Midsize	4	Adults with IDD, older adults with memory loss	Art-based discussion, art-making	Program manager
M5	Washington, D.C.	Large	2	Adults with IDD, older adults with memory loss	Art-based discussion	Program manager

Data Collection

The primary data source for this study was from semi-structured interviews with art museum staff, with additional data coming from document analysis, either provided by interviewees or found online. Interviews took place between January 1 and March 5, 2021. Interviews were conducted and recorded over Zoom, including automated transcriptions, with six art museum professionals across the five selected sites. Each interview lasted between 45 and 60 minutes. Before starting the interview, interviewees were read a consent statement and asked to verbally confirm their willingness to participate and be recorded. The semi-structured interview questions were designed to align with the study's four research questions.

Documents for data analysis included mission, vision, and value statements; accessibility statements and webpages; access program descriptions; anything additional related to accessibility like accessibility

advisory boards, committees, or partner organizations and accompanying information; and specific internal accessibility documents provided by M3 and M4.

Data Analysis

Qualitative data from the recorded Zoom interview sessions were automatically transcribed, edited for errors against the audio recordings, and analyzed. Data analysis was organized to answer each research question using a coding rubric, then summarized across all sites. The researcher included quotes that related to interviewee opinions, personal insights, or expertise. Document analysis was applied to RQ1 as it pertains to organizational and digital accessibility practices.

Limitations

A critical limitation of the study is the lack of art museums that offer access programs for adults and older adults with disabilities. Program and participant criteria had to be expanded to identify enough institutions to support a case study, highlighting the importance of this research and the need for more access programs. Further, access programs at museums are mostly led by staff that are not formally educated or trained in disability services, studies, or education. This has contributed to a number of access program staff lacking the knowledge and skills to successfully implement effective and beneficial programs for participants with disabilities. Even the staff that have a passion for accessibility experience an intense learning curve to understand best practices, let alone translating them virtually.

An additional limitation, but one that prompted this study in the first place, is the length and severity of the Coronavirus pandemic. Academic research was acutely restricted in that travel, onsite studies, and access to particular communities were prohibited. This resulted in many edits and compromises regarding the scope of the study; how, when, and where interviews were conducted; the ability to reach and communicate with selected museums based on their status of operations; and access to the direct perspectives of participants with disabilities.

Furthermore, there are the personal limitations of the researcher and interviewees being able-bodied and predominantly neurotypical. While it is imperative to partake in this type of research and advocate for people with disabilities, there is always the possibility of

misunderstanding or misinterpreting a perspective that is not one's own. The researcher attempted to overcome this limitation by asking for participant evaluation and feedback that reflected their thoughts, interests, and recommendations for each access program.

Results & Discussion

The following section summarizes the results of this qualitative, multi-site research case study. Organized by research questions, analysis is articulated through themes.

RQ1: In what ways have museums created accessibility for neurodivergent visitors?

Digital Presence

Each museum offered easy navigation to the accessibility page, with two out of five being two ****interactions**** away, and two being one interaction away. M5 stands out in that the accessibility page is linked directly on the homepage. The accessibility pages themselves are worth analyzing, as each museum approaches the layout and given information individually. M1 and M2 have the simplest accessibility pages with the least amount of information presented including physical accommodations like wheelchairs and assisted listening devices; guide and service dog policies; and basic directions. M3, M4, and M5 provide much more information for visitors and a more digitally accessible experience. In addition to the aforementioned accessibility basics, M3 describes lighting levels throughout the facility, their extensive physical accommodations, along with descriptions of their variety of access programs. M4 specifically includes social narratives, sensory and tactile interactive layouts, and a list of their community partners with local and regional disability organizations. M5 has similarly unique access offerings, with comprehensive accommodations for physical disabilities like ASL collection videos, printed transcripts of their audio tours, assistive listening devices, and closed captioning for visitors who are deaf or hard of hearing; verbal description tours, audio-described films, tours with tactile elements, and braille transcripts for visitors who are blind or have low vision; and a web accessibility statement regarding their commitment to virtual access for users with disabilities.

Organizational Accessibility

It is important to understand the prioritization of accessibility at each institution, which can be seen in their department structure, staff buy-in, and integration from the top-down. Two out of five interviewees expressed a lack of holistic accessibility practices, no accessibility point of contact or staff position, or drive from leadership to make it a priority. The other three interviewees reported different experiences at their museums. M3 has multiple positions dedicated to accessibility, with one managing access for all departments and projects such as exhibition planning and design, daily inquiries from guest services, and digital communications as of late. M4 has one access position and recalled the push for accessibility as a response to community interest and needs while being spearheaded by the interviewee themselves. Similarly, M5 began prioritizing accessibility due to the passion and insistence of a former leader in the institution, showing the difficulty of building staff capacity. M5 now has four positions that address accessibility including physical and facility access, legal compliance, access programs and external offerings, as well as internal policies and procedures.

Accessibility Practices

Not only is it necessary to examine the individual and institutional commitment to accessibility, but also the results. Common practices for four out of five museums include disability training for all staff, accessibility advisory groups and committees to directly connect with the disability community, partnerships with disability organizations and service centers, extensive access programs, amongst offerings mentioned on their websites. M3 and M5 have a paid internship program for young adults with cognitive disabilities. M4 does stand out with their interpretive design elements made for visitors with IDD. Their exhibit spaces integrate universal design through large print labels, tactile tools and interactives, sensory collection objects, 3D-printed versions of displayed sculptures, high-contrast seating throughout the galleries, and a sensory break room.

RQ2: In what ways have museums transitioned to a virtual program as a result of COVID-19?

Decision-Making and Development

When the pandemic became increasingly serious at the beginning of 2020, organizations were forced to respond accordingly by either adapting to a virtual environment or possibly closing operations. The process of deciding to transition digitally, modify programs, and implement those changes is necessary to discern how coronavirus affected art museums and their access programs. While each institution interviewed had a different response strategy, there were some commonalities.

Each of the five museums took their time making the virtual transition, with varying reasons for the delay. M1 wanted to ensure smooth use of technology and had many meetings amongst staff to conceptualize access programs over a screen. They did not relaunch their programming until October 2020. M2 worked closely with donors and the board to fundraise in order to continue all of their access programs, also brainstorming with partner organizations on how to best address participant accessibility needs. M3 conducted a few of their access programs in-person and outdoors only to consistently cancel due to the weather and reluctantly take on a digital platform. They relied on program partners to assist, who were already comfortable with Zoom and accommodating participants with disabilities. M4 delayed adopting a virtual platform because a key staff member was unavailable, which presented the clear decision to use Zoom as most individuals were familiar with the software. M5 worked with a local disability organization to best adapt their access programs for disabled participants. They admittedly waited because of baseless assumptions about the technological competency of adult participants with disabilities.

Technical Difficulties

As with any significant routine change, there was a learning curve felt by program staff and participants. Two museums tried to get ahead of the foreseen technical issues by offering training. M2 and their program partners worked closely with the older adult participants and their care partners to walk them through downloading, logging in, and operating Zoom. They also shared a written and recorded tutorial guide on their website. M5 staff also received internal training from program partners that they consecutively offered to participants before they attended any programs virtually.

Program Changes and Accommodations

Every institution adapted their program activities to be conducive to a virtual environment. Changes were meant to address Zoom fatigue, environmental distractions, decreased attention span, performance anxiety, and the lack of physical assistance with materials and tasks. The most prevailing modifications included shortened program time, less frequent meetings, reduced discussion duration, simplified projects with fewer instruction steps and decisions, frequent breaks, encouraged physical movement, limited and accessible materials for art-making, and prioritization of sensory integration.

Furthermore, interviewees shared new practices and systems specific to digital accessibility and necessary accommodations. M1 resorted to physical demonstrations of the art-making activity using a camera angle focused on the instructor's hands, along with visual slides in the presentation. Two out of the five museums offer video tutorials before and after scheduled programs. M2 asks participants to unmute for the whole of the program to reduce tech barriers and encourage casual discussions. They reached out to participant care partners or family members beforehand to bring an object related to the program theme. Likewise, M3 prepares and sends out accessible documents with written descriptions of program activities and discussion topics. They also implement live accommodations like verbal descriptions of presentation images and speakers, as well as make participants aware of flashing lights in the background. As part of a schedule structure, M4 uses monthly repeated themes and collection pieces across each access program to stay organized and efficient. One point of disparity concerns registration. M4 requires registration to assess program size and growth in addition to circulate the Zoom link or program information via email. Contrarily, M5 no longer requires registration to limit any technological barriers to access the program.

RQ3: What have been the impacts of the transition on museums, staff, and participants?

Successes

Interviewees shared what worked well after switching to a virtual platform and some positive surprises. Successful practices varied depending on the participant base, being adults with IDD or older adults with dementia, but there were overall benefits as well. Two out of five museums commented on the lack of assumed technical difficulties and consistent or increased attendance amongst their older

participants with dementia. M1 and M2 also noticed a high level of engagement through each program from the same group. As the interviewee at M1 regards this group,

“I'm really, really pleased at the numbers of students that are actually engaging with no difficulty getting on [Zoom]. They're not afraid to try something new...this is a group that's flexible and ready to learn. This is a group [that's] very actively involved...and they always look forward to coming on. I know that they're grateful to have this program because...the socialization, they enjoy it.”

Other positives that were seen across the board include broader participant accessibility without the barriers of location, physical ability, access to transportation, travel time, or parking; increased access and use of works in the collection that are not often on display, created by diverse artists of institutionally underrepresented identities, or difficult to view over one tour visit; and more dynamic examination of chosen artworks over Zoom with different angles and close up perspectives to see detail and technique.

Barriers

Barriers experienced by program staff and participants were similar across museums and participant groups. Three out of five interviewees addressed the loss of in-person connection and casual conversations that built personal relationships between instructors, participants, care partners, and family members. The interviewee at M3 offered this on the lack of personal socialization,

“That social aspect is such a key component of [the] program and I don't feel like there's as much time for that [online]. In person, people typically arrive a few minutes early just to sit and chat with each other, and we make time for that in *[name of program redacted]*. And outside of the program they get together and socialize, some of them do [that] just because they really enjoy each other's company. But it's just not quite the same feeling [virtually]...it feels a bit staged. There's just more time onsite for them to have those...casual conversations. And there are some important benefits in that.”

Further, M1 mentioned the lack of direct assistance that comes with onsite programming. This made it more difficult or time consuming for some participants to grasp activity concepts and instructions. M2 and M4 continue the in-person loss with the absence of sensory or tactile components, whether in a discussion or activity-based program. As previously stated, sensory stimulation is integral to a successful access program for adults with IDD or older adults with dementia. Refer to *RQ2 - Program Changes and Accommodations* for the practices put in place to attempt addressing this concern.

Though some institutions offered training and support for technology use, setbacks did arise in the early stages of virtual programming. Three out of five museums had participants drop the program because of disinterest in or inability to use technology. General complications included distracting background noise, initial hesitancy from participants to engage in conversation while on camera, and a sense of confusion from a number of older adult participants with dementia as a result of using Zoom.

Participant Feedback

M2 was the only museum that had a formal evaluation process of surveys sent out to participants. They received largely positive feedback in response to questions about feeling engaged and included during the program, learning something useful, enjoying participation in a virtual environment, recommending the program to others, and overall satisfaction. The only negative commentary was in regards to missing in person interactions and connections.

The other four out of five museums collected informal feedback through discussion at the end of programs and participant-initiated communication before or after programs. Similarly to M2 participants, responses were generally positive with participants enjoying the opportunity to socialize, and having time in a welcoming space as a break from the stress of life during a pandemic. M4 specifically received feedback from care partners about the program being their favorite part of the week and something they always look forward to. Two out of the four museums with informal evaluation are in the process of creating surveys for participants to assist in their decision-making process to continue virtual programming or not post-pandemic.

RQ4: How does the transition inform future practice?

Longevity of Virtuality

Interviewees were asked about their personal and institutional intentions to integrate virtual platforms into their regular planning after their buildings reopen. Responses and sentiments varied, but each interviewee saw positives and negatives that reflected the impacts previously listed. M1 offered that virtual programs are a “great tool for access if people cannot come to the area”[M1]. M2 and M4 had similar opinions in that they appreciated the ability to offer programs and connect with their participants during a difficult time, but believe physical relationships with art and each other are integral to some experiences. M3 and M5’s responses focused on staff time and effort administering these programs. M3 commented on virtual and onsite programs taking the same amount of labor, with a valid concern brought up by M5 of how museums will integrate this work when in person tasks are reintroduced. All museums plan on incorporating virtual programming into their reopening strategy in some capacity.

Potential Formats

Two primary formats were suggested by interviewees to incorporate virtual programming, both being hybrid models. One possibility is offering separate programs virtually and onsite, most likely occurring every other week. The other possibility involves the program taking place onsite, with a synchronous livestream component for participants to join virtually. Three out of five museums specifically point out the importance of hybridity to serve all participants because their virtual and in person audiences are not the same. M5 believes a new position could be created just to oversee and develop their virtual programs.

M4 offered a more nuanced suggestion of leaning more into universal design methods to meet the accessibility needs of all visitors with disabilities. They see virtual programs as one component of increasing accessibility at art museums, not the entire solution. In addition to digital access, M4 believes art museums should make their interpretation and exhibit design more accessible. To avoid high touch interactives which are used at their institution, they are planning to incorporate more interactives involving smell and body motion to be cognizant of visitor hesitancy.

Conclusions

The findings of this study suggest that the transition of art museum access programs to a virtual platform has observable common practices amongst all sites, hopefully serving as a valuable resource for museums and cultural institutions alike to implement or continue similar digital offerings for adult and older adult visitors with disabilities.

From RQ1, it is clear that internal accessibility practices and institutional buy-in directly translate to the resources and motivation needed to develop and implement strong access programs. Interviews point to most accessibility initiatives arising from the interest of one staff member or museum director, with gradual advocacy for access across departments and operations. Results from interviewees also show that museums prioritizing accessibility are more likely to have positions assigned specifically to it. Having one or more roles that can focus on accessibility needs makes for a more comprehensive, cross-departmental understanding of how to serve visitors with disabilities. Without a dedicated accessibility role, possible initiatives rely on the time and energy of staff with a full-time workload, pushing them to the backburner or receiving only a fraction of the care they require.

As seen by the outcomes of RQ2, art museums with access programs responded similarly to the Coronavirus pandemic. Before transitioning to a virtual platform, they prepared and modified their technical training and program activities to accommodate the digital accessibility needs of their participants. While museums experienced financial and practical hardships throughout 2020, the dedication of program facilitators persisted to continue serving their disabled participants. Interviewees shared their unique program changes, but with comparable outcome practices. Accessibility staff arrived at similar conclusions through their expertise and experience, showing that accounting for the social, technical, physical, and intellectual needs of participants was integral to successfully moving their programs online.

The direct impacts of virtual programming on the museums, staff, and participants are consistent spanning each institution. RQ3 illustrates the common successful practices and barriers experienced throughout. Older adults participants with dementia surprised staff with persistent or increased engagement, despite the assumption they would have greater technological difficulties. While in-person socializing was missed by staff and participants, feedback was exceedingly positive, showing the importance of connection to both participant groups. Older adult participants with middle and late stage dementia, as well as participants unable to physically attend programs, were able to engage. Internally, virtual programming allowed for greater access to collections

and more opportunity to highlight diverse artists. Despite the favorable aspects, interviewees highlighted the significance of in-person interactions and tactile or sensory experiences for adults and older adult participants with disabilities.

RQ4 requested personal insights and recommendations from interviewees. Individually, interviewees had differing opinions on a virtual future of museums. While most of them saw the value in being able to connect and learn during a year of hardship and loss, they see in-person practices as equally valuable, especially to meet the accessibility needs of both participant groups. Each museum will most likely sustain their programming digitally and decide what that looks like based on state opening mandates, program adaptability, and participant feedback. Interviewee predictions ranged from alternating virtual and onsite programming every other week to conducting programs in-person with an interactive livestream for virtual access. In continuation of addressing the need for tactile and sensory elements, one interviewee plans to recenter onsite practices to incorporate universal design, interactives, and engaging multiple senses to account for touch avoidance after the pandemic. (See *RQ4 - Potential Formats*)

Implications

The results of this study demonstrate the importance of access programs in meeting the needs of adult and older adult participants with disabilities. The data shows how art museums with access programs responded to a global pandemic with successful digital navigation and proper preparation. Being forced into virtuality tested accessibility of digital technology, specifically software that is widely available to museums without extensive resources or training. While each institution and interviewee experienced barriers at every stage of the process, the positive outcomes outweighed the negatives. This research shows the possibilities of digital offerings from museums including broadened visitor access, new methods of engagement, and a deeper understanding of technology that will only be increasingly implemented moving forward.

The conclusions of this case study may benefit museum professionals interested in expanding digital accessibility for general participants, or to better meet the needs of participants with disabilities. While this study focused on adult and older adult participants, the outcomes could be applied to youth, teen, and general adult programming at any museum or nonprofit that offers art-based programs. For museums that may not have the designated staff or resources to implement

institution-wide accessibility, outsourcing may be beneficial. One non-museum organization (O1) based in New York City was interviewed for their expertise in access programming and partnerships with art museums across the country. While the organization and programming did not meet the criteria for this case study, their response to the pandemic can serve as a potential model of success.

O1 connects contract museum educators with art museum programming. Educators are trained in how to work with disabled participants, programmatic best practices, and how to connect participants with a specified art museum collection. Additionally, O1 provides comprehensive training for museums to develop and implement access programs; understand general disability accessibility and how to offer accommodations; and assist with any possible accessibility initiatives. After temporarily cancelling their programs at the beginning of the pandemic, they continued to employ their entire staff and decided to educate themselves on digital accessibility to maintain serving their disabled participants. O1 became the expert resource to provide the same support and training for their partner organizations and museum educators. They trained educators in virtual accessibility practices, worked with their museum partners to digitize program curriculums, and started offering similar training services for organizations outside of the museum field. Currently, their programs are run with one museum educator and one program technician to field tech issues and support the instructor and participants to ensure a successful program.

Across the case study museum facilitators and program staff made it clear that more resources and research is needed to better understand the perspective of visitors and participants with disabilities to push the field towards a greater emphasis on accessibility. While it was pragmatic to collect data directly from program staff and gain insight through an institutional lens, it is important to understand the lived experience of the participants themselves. This could be achieved through a phenomenological approach observing and interacting with participants with disabilities, onsite or virtually. How are access programs affecting participants social, emotional, physical, and cognitive wellbeing? What are the measurable benefits of these programs for adults with IDD and older adults with dementia? How do they feel differently about in-person and virtual programs, and in what ways can each format be improved to meet their needs? These questions could be answered in a variety of approaches and would help determine the efficacy of virtual accessibility in the future of museum programming. Regardless of the need for further research,

the use of technology and virtual offerings will only continue to increase, ideally situating museums to decide on how they will approach accessibility, digital platforms, and meeting the needs of their community.

References

- Aguilar, S. (2019, May 18). *Art Therapy in a Museum Setting for Adults with Intellectual and Developmental Disabilities: A Literature Review*.
- Alzheimer's Association. (2021, January 1). *Facts and Figures*. Alzheimer's Disease and Dementia.
- Armstrong, T. (2015, April). The Myth of the Normal Brain: Embracing Neurodiversity. *AMA Journal of Ethics*, 17(4), 348–352.
- Baltimore Museum of Art. (2020). *BMA Stories*.
- Centers for Disease Control and Prevention. (2020, November 12). *Facts About Developmental Disabilities*. Centers for Disease Control and Prevention.
- Cornwell, E. Y., & Waite, L. J. (2009, March). Social Disconnectedness, Perceived Isolation, and Health among Older Adults. *Journal of Health and Social Behavior*, 50(1), 31–48.
- Davidson, B., Heald, C. L., & Hein, G. E. (1991). Increased Exhibit Accessibility Through Multisensory Interaction. *Curator: The Museum Journal*, 34(4), 273–290.
- Douglas, H. (2015). *Voices of Individuals with Disabilities in Art Museum Programming: A Person-Centered Approach* (thesis). The University of Arizona, Tucson, AZ.
- Drevet, J. (2020, May 15). *The Future of Accessible and Inclusive Museums During & Post COVID-19*. MASSIVart.
- Education & Public Programs*. LACMA. (2021).
- Farago, J. (2020, April 23). *Now Virtual and in Video, Museum Websites Shake Off the Dust*. The New York Times.
- Havercamp, S. M., & Scott, H. M. (2015, April). National Health Surveillance of Adults with Disabilities, Adults with Intellectual and Developmental Disabilities, and Adults with No Disabilities. *Disability and Health Journal*, 8(2), 165–172.
- Kiessner, E. (2020, September 14). *Museum Accessibility in a Post-COVID-19 World*. Bloolooop.

- Kripke, C. (2018, May 15). Adults with Developmental Disabilities: A Comprehensive Approach to Medical Care. *Am Fam Physician*, 97(10), 649–656.
- Lamar, K. L., & Luke, J. J. (2016). Impacts of Art Museum-based Dementia Programming on Participating Care Partners. *Journal of Museum Education*, 41(3), 210–219.
- Langa, L., Herman, A., Hillsgrove, D., Jones, B., Man Li, C., Matthai, Z., Schlaffer, J., Slack, J., Sizemore, B., Weir Jr., R., Fagan, J., Lazar, J., Henderson, H., Knauff, S., Adesina, T., Baumgart, D. M., Brockmeyer, V., Bush III, H. L., Corpuz, E., ... Fry, L. (2012). Museum Web Accessibility: A Pilot Assessment of Mid-atlantic Museums. *The International Journal of the Inclusive Museum*, 4(1), 15–28.
- Merritt, E. (2015, June 9). *Older Adults and Programming for People with Dementia*. American Alliance of Museums.
- National Center on Disability and Journalism. (2021, January 1). *Disability Language Style Guide*. NCDJ.
- Paul, S. (2015, September 22). *Semantics: The Case for "Neurodiversity" vs "Dementia"*. LinkedIn.
- Rappolt-Schlichtmann, G., Daley, S. G., & Rose, L. T. (2012). *A Research Reader in Universal Design for Learning*. Harvard Education Press.
- Rose, D. H., & Meyer, A. (2002). *Teaching Every Student in the Digital Age Universal Design for Learning*. Distributed by ERIC Clearinghouse.
- Rothberg, M., & Reich, C. (2014, December 1). *Making Museum Exhibits Accessible for All: Approaches to Multi-Modal Exhibit Personalization*. Museum of Science, Boston.
- Rusch, F. R., & Braddock, D. (2004, December). Adult Day Programs versus Supported Employment (1988–2002): Spending and Service Practices of Mental Retardation and Developmental Disabilities State Agencies. *Research and Practice for Persons with Severe Disabilities*, 29(4), 237–242.
- Salkever, David. (2000, July). Activity Status, Life Satisfaction and Perceived Productivity for Young Adults with Developmental Disabilities. *Journal of Rehabilitation*. 66. 4-13.
- Salmen, John P. S. (1998). *Everyone's Welcome: The Americans with Disabilities Act and Museums*. American Alliance of Museums.
- Shrikant, A. (2018, January 5). *How Museums Are Becoming More Sensory-Friendly For Those With Autism*. Smithsonian.com.

Todd, C., Camic, P. M., Lockyer, B., Thomson, L. J. M., & Chatterjee, H. J. (2017). Museum-Based Programs for Socially Isolated Older Adults: Understanding What Works. *Health & Place, 48*, 47–55.

U.S. Administration for Community Living, Department of Health and Human Services. (2020, January 19). *Disability Demographics and Definitions*. Disability Justice.

Weathington, L. (2020, February 18). *Neurotypical vs Neurodivergent: What's the Difference?* Daivergent.

Yamaki, K., & Fujiura, G. T. (2002, April). Employment and Income Status of Adults With Developmental Disabilities Living in the Community. *Mental Retardation, 40*(2), 132–141.

Appendix

Semi-Structure Interview Questionnaire

For the first set of questions, I will be asking about your current work [NAME OF MUSEUM] and the institution's views on accessibility.

1. How long have you been working at the museum? In what capacity?
2. Describe the staff structure regarding accessibility.
 - a. Are there specific positions assigned to accessibility in the museum?
 - b. Who makes decisions about accessibility accommodations, policies, and procedures?
3. What is the museum's approach to accessibility?
 - a. What accessibility accommodations does the museum offer?
 - b. Is there available staff training or advisory boards to discuss and plan accessibility?
 - c. How comprehensive is the institution's goal of accessibility?

For the next set of questions, I'd like to ask you about the [NAME OF PROGRAM] program.

4. What are the goals of the program?
5. What is the background and current position of the program?
 - a. What initiated the program?
 - b. How was it developed?
 - c. Has it changed over time?
 - d. What are typical activities during the program?

For the next set of questions, I will ask you about transitioning [NAME OF PROGRAM] to a virtual setting.

6. What was the decision making process behind the transition?
 - a. Who was involved in the process?
 - b. How were programs selected for the transition?
7. Describe the process of transitioning the program virtually.
 - a. How were participants notified about the virtual format?
 - b. Can you describe attendance in the program?
8. What were the successes of shifting to a virtual format?

- a. Why do you think these factors were the most successful or least difficult?
9. What were some of the challenges during the transition process?
- a. Why do you think these challenges arose?
 - b. Was anything left out completely?
 - c. Did you take any steps to resolve these challenges?
10. Did you offer any training or skill building for staff and/or participants for possible barriers or learning curves due to the transition?
- a. If so, what was offered?
 - b. If not, why not?
11. What institutional shifts occurred when programs like this one went virtual?
- a. Was funding reflected in the reliance on external programming and communications as opposed to attendance and exhibitions?

For the last set of questions, I'd like to ask you about participants' satisfaction and the overall experience since conducting the virtual transition.

12. What does it mean for this transition to be successful in terms of participant fulfillment, and how are you measuring that success?
13. Are you asking for feedback from participants?
- a. If so, in what ways and what does that look like?
 - b. What have been the results of the feedback?
14. Overall, what is your biggest takeaway from the learning curve of implementing virtual programming for adults with accessibility needs?
15. Is there anything else you would like to add related to the topic?