

## A Conversation: Then & Now

Tracy Caravella and Marcie Wycoff-Horn

*University of Wisconsin - La Crosse*

### Abstract

This teaching strategy is designed for high school or college level. During this lesson, dramatization is utilized to help students examine health issues that occurred in the 1900 as compared to those of today. Additionally, students will explore their own health status and work to develop a plan to promote or enhance their own lifestyle behaviors.

© 2005 Californian Journal of Health Promotion. All rights reserved.

*Keywords: dramatization, disease prevention, health status, history*

### Introduction

A common topic for a comprehensive health curriculum includes discussing issues that have an impact on health. Through the years the quality and expectancy of life have increased due to significant advances in health care and education. In 1900, life expectancy was approximately 47 years of age, whereas today an individual can expect to live to be approximately 77 years of age (U.S. Department of Health and Human Services, 2005). The purpose of this is teaching strategy is to provide a creative method that will help meet the diverse needs of students while they learn about past and present health concerns, as well as assist them in setting goals and identify influences on their behavior that could positively impact their future health status. Historically, lecture has been utilized to teach this type of information. However, different teaching strategies affect the quality of learning in different ways. For example, dramatization has a greater impact on learning than verbal and or visual teaching methods. It has been found that students' ability to comprehend and recall specific information can be enhanced by either watching or participating in a dramatization (Marzano, Pickering, & Pollock, 2001).

### National Health Education Standards

The following National Standards are addressed during this lesson:

Standard 1: Students will comprehend concepts related to health promotion and disease prevention; Standard 4: Students will analyze the influence of culture, media, technology, and other factors on health; and Standard 6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

### Lesson Objectives

The following objectives will be achieved during this lesson: 1) identify four leading causes of mortality for 1900 versus modern day; 2) identify life expectancy for 1900 and 2000; 3) describe five significant changes that have occurred during the past century that positively affect health status (e.g., access to health care, infectious disease prevention efforts, industrialization, advances in technology and education); 4) explain how lifestyle behaviors (e.g., eating healthful diet, exercising regularly, and avoiding substance use) contribute to the leading causes of mortality today; and 5) develop a personal behavior plan that could enhance one aspect of his/her health (e.g., eating five to six vegetables a day, exercising three days a week, incorporating one relaxation technique per day).

### Materials

Scripted scenes for the dramatization will ensure that significant health issues for each time period

are acknowledged and discussed. Additionally, any props to enhance the dramatization may be included (e.g., period appropriate clothes, a table cloth, a pie, a cell phone, etc.). Lastly, a teacher identified health inventory/appraisal.

**Target Population**

This lesson is designed for high school through college age learners.

**Procedure**

This teaching strategy should occur at the beginning of a disease prevention unit. Prior to lesson implementation, the teacher should review the leading causes of death from 1900 and 2002 (see Table 1) and then reflect on how life was different during these time periods (see Table 2). Next, determine if the lesson will be implemented through teacher or student performed dramatization. The following paragraphs will describe these two options.

Table 1  
Leading Causes of Death in 1900 and 2002

<b>1900</b> (National Center for Health Statistics, 1997)	<b>2002</b> (National Vital Statistics Reports, 2005)
Accidents	Accidents
Cancer	Alzheimer’s disease
Diarrhea & Enteritis	Chronic lower respiratory disease
Heart disease	Cancer
Liver disease	Diabetes
Pneumonia	Heart disease
Senility	Influenza and Pneumonia
Stroke	Kidney disease
Tuberculosis	Stroke

Table 2  
Comparing Aspects of Life in 1900 and Modern Day

<b>Aspects of Life</b>	<b>1900</b>	<b>Modern Day</b>
Family Life	larger families, with extended family nearby	smaller families, single parent families, extended families live further away
Education	less emphasis on formal education	more emphasis on furthering one’s education beyond high school
Residence	most people lived on farms and in rural areas	most people live in urban, suburban settings
Communication	primarily in person, few homes had telephones	multiple phone lines in homes, cell phones, e-mail, and pagers make communication easier and faster
Travel	horse, trains	automobiles, recreation vehicles, air travel
Health Care	limited access to health care, primarily general practices	available to all people ranging from free clinics to privatized services; medical practices are highly specialized
Technology	very limited to none	constantly changing and improving every year

A teacher performed dramatization can be used as a means to pique student curiosity at the beginning of a unit on disease prevention. This method could be implemented by the teacher telling two stories in the form of a monologue; one that takes place in 1900 and the other in modern day (see Table 3). Another option is for the teacher to work with a colleague to perform

a skit in dialogue form for each of these time periods. Following the teacher performance, students would be asked to recall health issues that were raised during the skits. Afterward, further instruction such as lecture, film, student generated research papers, etc. would be implemented to provide additional comparisons of life during these time periods.

Table 3  
Examples of Dramatization Scenarios

	<b>1900</b> Potential settings: in the family kitchen or on the family farm	<b>Modern Day</b> Potential settings: in a coffee shop or at a fitness center
Monologue	A widow shares the story of her husband's farm accident and that he died because the town doctor was unable to get to him in time due to assisting a neighboring community with an influenza outbreak. Her fifteen year old son has to quit school and stay home and help run the farm.	A middle-aged person shares his/her feelings about a recent divorce and how it might affect the children. Additionally, he/she has realized that the dating scene has changed (i.e., HIV/STIs) and expresses nervousness regarding finding a new partner. Lastly, he/she shares concern about, but hopeful for a parent who has just been diagnosed with cancer.
Dialogue	Two neighbors are discussing their lives in early autumn. One neighbor shares her grief related to her husband's death and how the family has adjusted. The other neighbor provides updates on her 8 children, one of which lost his leg due to a hay raking accident. Each share concerns about their neighbor, Mr. Johnson who is struggling to recover from tuberculosis.	Two people just finished working out and are catching up at the coffee shop. One of them shares the decision to wait to have children until his/her career is established. A cell phone call during the conversation interrupts them and one finds out that a parent needs to have an angioplasty. Lastly, concern about a son engaging in drug use is shared.

Another way to utilize dramatization is to have students create two skits that would compare health issues from 1900 with health issues of today. This method of student performed dramatization can serve as reinforcement after instruction or an opportunity for the teacher to check for understanding. With this option, the teacher would need to cover relevant material prior to students developing a skit. Ideally small groups (i.e., two to five students) would perform a skit for both eras; however, depending upon class size or length of instructional time, each

group would focus their skit on one era and one aspect of life (e.g., family life) (see Table 2). After each skit, class discussion should occur to identify the health issues addressed during the performances and the relationship these issues had on quality of life.

Next, to personalize this experience, students will be asked to assess their current health status using an inventory/appraisal. (There are a variety of health inventories/appraisals available that could be used depending upon curricular

goals and educators are encouraged to locate the most appropriate one.) Then, students will develop a personal behavior plan that could enhance one aspect of their health. The personal behavior plan should include realistic short and long term goals, as well as positive and negative influences that could affect their success.

Additionally, students should identify a reasonable timeline for implementation of their plan and explain how this plan could benefit their overall health. Finally, students should brainstorm potential barriers that they may experience during their plan and strategies to address such challenges.

## References

- Marzano, R. J., Pickering, D. J., & Pollock, J. E. (2001). *Classroom instruction that works: Research-based strategies for increasing student achievement*. Alexandria, VA: Association for Supervision and Curriculum Development.
- National Center for Health Statistics. (1997). *Vital statistics of the United States*. Retrieved July 27, 2005, from <http://www.cdc.gov/nchs/datawh/statab/unpubd/mortabl/hist-tabs.htm>
- National Vital Statistics Report. (2002). *Deaths and percentage of total deaths for the 10 leading causes of death, by race: United States, 2002*. Retrieved July 27, 2005, from [http://www.cdc.gov/nchs/data/dvs/nvsr53\\_17tableE2002.pdf](http://www.cdc.gov/nchs/data/dvs/nvsr53_17tableE2002.pdf)
- U. S. Department of Health and Human Services. (2005). *Healthy people 2010: A systematic approach to health improvement*. Retrieved August 8, 2005, from [http://healthypeople.gov/Document/html/uih/uih\\_bw/uih\\_2.htm](http://healthypeople.gov/Document/html/uih/uih_bw/uih_2.htm)

### Author Information

Tracy Caravella, Ph.D.  
Associate Professor  
University of Wisconsin - La Crosse  
Health Education & Health Promotion  
200 Mitchell Hall  
1725 State Street  
La Crosse, WI 54601  
Ph. 608-785-6788  
E-Mail: [caravell.trac@uwlax.edu](mailto:caravell.trac@uwlax.edu)

Marcie Wycoff-Horn, Ph.D.  
Assistant Professor  
University of Wisconsin - La Crosse  
Health Education & Health Promotion  
205 Mitchell Hall  
1725 State Street  
La Crosse, WI 54601  
Ph. 608-785-6786  
E-Mail: [wycoff-h.marc@uwlax.edu](mailto:wycoff-h.marc@uwlax.edu)