

## **Ola Hou I ka Hula Workshop for Kumu Hula** Kumu hula Mapuana de Silva

at Hui Mālama Ola Nā 'Ōiwi

Part 1: Friday, November 8<sup>th</sup> at 6-9:00 p.m. Part 2: Friday, November 22<sup>th</sup> at 6-9:00 p.m.

## Location: Hui Mālama Ola Nā 'Ōiwi 1438 Kīlauea Avenue, Hilo

*Ola Hou i ka Hula* is a hula based health program for people with high blood pressure, which puts them at risk for stroke and heart disease. The program's foundation is traditional hālau hula training and was developed as a collaboration between biomedical scientists, Kumu Hula Māpuana de Silva, and nā Kumu Hula from across Hawai'i. The program is part of the **KāHOLO** research study on how traditional Hawaiian practices can re-establish health and well-being. Scientists and doctors are learning the many ways culturally-grounded approaches enhance physical, emotional, mental, and spiritual health. This Kumu Hula workshop will focus on how to conduct an Ola Hou Program in your community and what you need to know to work with hula students with heart health challenges.

To register, please fill out registration form. For registration questions contact Mele Look, <u>mele@hawaii.edu</u>, or 692-1051. For for questions about the Workshop contact Kumu Māpuana de Silva at: <u>kumumapuana@gmail.com</u> or 262-2243.

This Workshop is a collaboration of: University of Hawai'i, John A. Burns School of Medicine, Department of Native Hawaiian Health, Hālau Mōhala 'Ilima, Hui Mālama Ola Nā 'Ōiwi and North Hawai'i Community Hospital







## Workshop for Kumu Hula Ola Hou I ka Hula REGISTRATION

Training will be in two parts, for about 3 hours each evening at Hui Mālama Ola Nā 'Ōiwi (1438 Kīlauea Ave., on Hawai'i Island) for Kumu Hula and Alaka'i Hula or Kōkua Hula (with permission from their Kumu). Please complete this registration form.

Name:	
Email:	
Mailing Address:	
Phone numbers: home	cell:
Name of organization you are working wi	th (if any):
Please answer the following questions:	
<ol> <li>I can attend both of the sessions:</li> <li>□ Friday November 8<sup>th</sup> 6-9:00 p.m</li> </ol>	h. $\Box$ Friday November 22 <sup>th</sup> 6-9:00 p.m.
<ul> <li>2) What is your experience teaching I</li> <li>□Regular classes</li> <li>□Beginner classes</li> <li>□Family</li> <li>□Friends</li> <li>□Special events e.g. school, churce</li> </ul>	
<ul> <li>How long have you been teaching</li> <li>□ 0-2 years</li> <li>□ 2-5 years</li> </ul>	
<ul> <li>4) Have you been told by a doctor th</li> <li>□ Hypertension</li> <li>□ Heart Disease</li> <li>□ Chronic Heart Failure</li> </ul>	at you have any of the following conditions Diabetes Stroke Heart Attack
5) Do you smoke? $\Box$ Yes $\Box$ No	
o) is there any special reason you are	interested in attending this workshop?

Please send completed application to Liana Honda <u>lhonda@queens.org</u> or mail to: 67-1125 Māmalahoa Hwy, Kamuela, HI 96743 **<u>BY NOVEMBER 1, 2019</u>**.