POWER OF MINDS:
Summary For Leaders In Public Health

HOW DOES WHAT WE THINK, FEEL, BELIEVE, AND COGNITIVELY PRACTICE INFLUENCE HUMAN HEALTH, WELL-BEING, AND ACHIEVEMENT?

This was the question that drew 40 scholars in medicine, psychology, public health, education, theology, philosophy, anthropology and neuroscience to Stanford University in December 2017 for a conference called *The Power of Minds,* supported by the Robert Wood Johnson Foundation and the Templeton World Charity Foundation. Worldview Stanford, the conference convener, highlighted these findings from the conference and a survey of related scholarship:

»**Strong empirical evidence exists for the power of minds**, including a growing number of large, randomized controlled trials with sophisticated study designs. These studies show that our thoughts, attitudes and expectations don't just guide behavior; they also translate cultural and social experience into physiology, and directly influence our immune, cardiovascular, endocrine, digestive and sensory systems.

»**Relationships between culture, mind and body are shaped by early experience.** For example, stigmatized teenagers growing up in high-stigma environments continue to show heightened stress reactions years after moving to low-stigma environments.

»**Interventions that shift mindset, build mindfulness, or change expectations can improve health outcomes and close achievement gaps.** Some interventions reduce health risks, disease progression or symptom severity, while others increase coping capacity, alter health behaviors, and/or improve psychosocial well-being. A subset of interventions are particularly effective in improving outcomes for members of vulnerable and disenfranchised populations even while they have little or no effect for controls.

»**Stress and its effects on the body comprise an important common pathway** that connects mental experience to health outcomes. Some successful interventions work at least in part through their capacity to buffer the impacts of socially experienced stressors (e.g., perceived racism) and/or individually experienced stressors (e.g., post-surgical pain).

»**New research approaches are enabling deeper understanding of well-studied phenomena,** like the placebo effect, how 12-step programs work, or how experienced racism can harm health. New data sets, new technologies (e.g., virtual reality, machine learning in brain imaging), and advances in theory and experimental design are driving significant progress in the field.

»**Multi-level interventions that effect change *across a system* are particularly exciting, but also relatively rare.** These approaches combine intrapersonal interventions (e.g., coping strategies, belonging beliefs), interpersonal interventions (e.g., patient-caregiver or teacher-student interactions), and structural interventions (attitudes, policies, mass media messages).

Challenges for the future: Some scholars worried that focusing on individual mindsets could result in victim-blaming and distract attention from reducing structural inequalities, while others insisted that we must not view attention to the social determinants of health as a zero-sum game. Other challenges include improving research quality broadly across Power of Minds domains, breaking down disciplinary silos, finding support to adapt and scale interventions for public use, investigating heterogeneity in intervention effects, and bringing more practitioner and community voices into the conversation.

Visit http://worldview.stanford.edu/media-project/power-of-minds to download the full report and to see short video interviews with experts who participated in the project.

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