

Dave Asprey:

You're really going to love today's episode. You'll want to listen through all the way to the end especially until you get the three questions at the end because the answers here are really cool, but you're going to learn about a very successful entrepreneur who decided to after he sold his company to Google, to hack problems with insurance in the country.

You listen to Bulletproof Radio. You already know more about your health. How to take care of yourself than most people on earth. Well, it turns out that people who are health conscious die about 41% less, maybe in as much as 47% and there's a quiz that doesn't require any blood work that can help tell you where you are on that. We're going to talk about the science behind that.

You're going to learn a thing or two ... About managing ... including this thing called life insurance, which is something that I did deal with, not dying but getting insurance early on in my career, it's something that I completely screwed up, so at the end of the show, you're going to get a few little tidbits about what's what there, but mostly you're going to learn about what this knowledge is doing for you right now, so it's a fun episode.

You're listening to Bulletproof Radio with Dave Asprey. Today's cool fact of the day is that most football players who donate their brains to science show evidence of traumatic brain injury. With more than 200 brains of football players, about 99% had developed a disease, this doesn't mean that if you're someone who plays football that they have TBIs since many of the families might have donated those brains because they had signs of mood, memory, or behavioral problems that could come from a brain injury.

I will tell you that if you whack yourself on the head, there's lots of stuff you can do now. Now that science has finally taught us that a brain injury can have all kinds of effects throughout the body, and if you look at the bulletproof blog or just do a lot of research online, you'll find there's things you can do right after you hit your head or even longer term, even if it's many years after you hit your head and by addressing old brain injuries, you can make your life better and probably live longer.

Before we get into today's show, which has something to do with how long you're going to live. I wanted to tell you about Bulletproof Grass-Fed Ghee which is something you may not know about. Ghee is clarified butter where you take all the protein and liquid out of butter, so all that's left are the precious fats that are in the oil, it has a really strong, amazing buttery flavor, and we clarify it over in open flame which takes down that protein count and the lactose, the sugar count.

A lot of people who don't do well on dairy actually do great on ghee. It's traditional Ayurvedic food. It has a smoke point of 485 degrees Fahrenheit.

Hotter than you should cook any oil or any protein for that matter. It's what I use if I'm going to be, say, cooking veggies or something in the oven which is really cool. You can also use it in Bulletproof coffee to have coffee that is even less protein than butter would have.

You'll find that online at [Bulletproof.com](https://bulletproof.com), and it is amazing, just this caramely flavor, so check it out at [Bulletproof.com](https://bulletproof.com). Today's guest is Munjal Shah, who is CEO of Health IQ but he's also a phenomenally successful guy who started and sold two companies including one you may have heard of called Like.com, that was acquired by Google.

He's got just this fantastic story of what happens when he sold his first company. He had this chest pain and how he went onto start a new company that has a huge chance to change the way insurance companies look at our own health data. What you're going to hear is an amazing story, but more importantly, it's something that's changing the future, and something that has some directly actionable things for you in it. Munjal. Welcome to the show.

Munjal Shah: Thank you for having me, Dave.

Dave Asprey: You have this Silicon Valley story that warms my heart because I had one similar, at 37 years of age, you sold your company to Google which is awesome. Congratulations. That's the Silicon Valley dream. What happened to you the next day?

Munjal Shah: The very next day I was running at a 10K race, and in the middle of it, I end up with chest pains and ended up in the ER. I remember thinking at the time, I was definitely scared when it happens but I was also a little bit upset honestly because I was like wait, I work my whole life to get here. I worked 80 hours a week for 10 years and now I'm going to die? This is unfair.

That was a wake up moment for me. I had not been very healthy. I had been, my diet consisted of the same diet I grew up on which was frosted flakes, pop tarts, apple jacks, and cinnamon rolls. People had come to me and said, hey, take care of your health. You have young kids, you should really care, and I was like, leave me alone. I'm just too busy for this. I'm running a company. That day was the day that, and I always say sometimes in life you don't find your mission. Your mission finds you. That was that day for me.

Dave Asprey: You had chest pains, you're in the emergency room, and I'm guessing you didn't have a heart attack. What was going on?

Munjal Shah: It didn't turn out to be a heart attack, but it ended up being an inflammation of actually the lining of my lung that was right above my heart and so every time my heart beat, I got this sheering pain that went through my entire body, and it eventually resolved itself, part of that rehabilitation for me was I ended up going on a significant journey on just exploring health and wellness, lost 40 pounds,

and just really finally took control of my health after many, many, many years, 37 years of basically doing nothing.

Dave Asprey:

I feel your pain on that one. I went through a bad of, something called Pericarditis, inflammation of the lining of the heart. It's hard to put words to that kind of just pain and you do feel like you're going to die which is terrible, so that would give you a massive wake up call, but you're in a weird position because you had. Tons of money, I got my \$6 million when I was 26 at that company that held Google's first servers, and I lost it when I was a couple years after that.

You had enough money that you could see any specialist on earth. You could do whatever you want to do. You probably had tons of insurance and all this stuff. What was the first thing you did when you went home from the ER?

Munjal Shah:

To remember back, I think for me I was never a believer in the solutions to these things are more pharmaceuticals. I always have an aversion to that solution. I had been an athlete in high school but I had stopped. I had raced bikes when I was young. USCF racing, and been an very avid sports person but I just had let all that go once I got to college.

I've refound my roots, and I started working out, and I started changing my diet, and then I met actually a group of people who eventually became my co-founders. My co-founder, Gaurav. Who had gone through his own journey and lost 50 pounds. My co-founder, Brett, who had lost 120 pounds as an ex-Google engineer, who had basically decided one day, to change his health. My co-founder Chander, who had lost 60 pounds.

We just began a journey together, where actually every month we tried something different. We did a DEXA scan. The body fat scan. The low-dose x-ray machine. We did a blood test with WellnessFX, and we did that every single month for 12 months and just tried different things. It was fascinating. We even debunked some things. Everybody is always like, hey what works for you, doesn't always work for me. Well, it turns out, cutting out sugar pretty much works for everyone.

Dave Asprey:

Yeah.

Munjal Shah:

I haven't met the person that it doesn't work for, but we found that interval training and sprints were just so much more effective than long distance cardio and even though I had run a few marathons and I enjoyed it. I realized that that wasn't the best thing for me from a testosterone level and other things. I found out that I was lactose intolerant genetically even though I was drinking milk but I had been lactose intolerant as a child.

Cut out all dairy, did a blood test the month before, did a blood test after, and sure enough, my cholesterol fell 40 points with no other changes, my weight fell

10 pounds. Two liver enzymes and kidney enzymes that had never been normal went normal, I just realized even though I could digest dairy, it really wasn't something that was great for my body.

The goal wasn't just to be healthy on the outside. It was kind of be healthy on the inside, and just tried a lot of different things. We tried some things that didn't work, read about this great carb back-loading ice cream diet. Sounded good. Sounded too good to be true. It's too good to be true. Tried intermittent fasting which I still do to this day, but just a number of different things. Some of which work, and some of which didn't.

Dave Asprey:

It's funny, for me, the wake up call was I was around 26, 27 and I got this lab results back because I've really decided I was going to get on top of this extra 100 pounds of weight. They said, you're at a very high risk for stroke and heart attack, and they showed me all my lab data from an anti-aging doctor. Your testosterone is lower than your mom.

All these things are like, my God, I'm going to die. This isn't okay, and I'd already tried all these exercise, and I went down that same path you did. In fact, years later, I was an advisor to WellnessFX, but that idea of getting the data and just trying all these stuff, and realizing, wow, there's a lot of myths out there.

When you look at the inside values, it totally changes your things. That's one of the things that led to the creation of the whole bio-hacking field which is like wait what if you just try things that you think might work even if we don't know all the mechanisms. We still don't know how intermittent fasting works. We have a bunch of theories. But there's probably three more levels of biological understanding before we get there. What's cool is you found other, I'm just going to say it because this is how I would have describe myself, fat geeks. [crosstalk 00:10:05].

Munjal Shah:

I call it born again healthy. That's my word. Born again healthy.

Dave Asprey:

That's probably a better way of saying it. You're all computer science guys like me, and you all have this weight problem and then you all decide you going to go and actively hack it, and you're do, for lack of a better word, AB testing, and you did, and you're all, I'm assuming now within reasonable parameters of health is around who didn't work for in your team.

Munjal Shah:

No. Everybody's managed their weight and it's now years later, we came together in 2013. It's now, everybody had gone through a similar journey when we came together and then we continue that journey or they had started the journey, and we continued it, and years later, we've all maintained it, plus or minus five pounds kind of thing.

Even while we've been running a company, although I must say, it is challenging as we work so much but we still continue to do it. Part of it is environment, so

here at Health IQ, we don't allow sugar in the office, it'll get thrown out. If you put it in the kitchen area, you can have it at your desk, but we'll still glare at you. We don't allow ... There's no soda in the office. There's no candy bars. There's no granola bars. We don't serve pizza.

Dave Asprey: We'll send you some Bulletproof bars, we got your back on that one.

Munjal Shah: Yeah. Well, we've just found that it isn't just about discipline, it's also coming out of a stressed meeting. Everybody will crack and eat something they shouldn't eat if it's round. Environment is as important as discipline is.

Dave Asprey: I would consider myself a failed CEO if I stocked the Bulletproof Fridges with diet sodas. I'm just not going to do that. You do the same thing. You make sure the environment is solid so that when people come out, there is stuff to eat, but it's high quality, and it supports the goals of everyone. Do you have a lot of employees at Health IQ now? How big are you guys?

Munjal Shah: The company is about 150 people. It was about 50 people a year ago, and it'll probably be about 300 in the next 12 months. It's actually growing pretty quickly.

Dave Asprey: Do you think that even though you spend a lot more on employee wellness, stuff like that, do you think that it's paying for itself in terms of making the company either run better or more profitable at lowering healthcare cost or things like that?

Munjal Shah: Yeah. Just really mission alignment. Here we are, building insurance, four health conscious people. How would that even work, if we weren't. We actually do a company-wide joint workout every day. It's a 2:30 to 3 every single day is workout time at the company, so it's okay to workout at that time, and everybody does, and there's different activities to choose from.

It's okay if you stay in your gym clothes the rest of the way and you smell, we just said you know what, the etiquette is not as important as the health, we'll just handout deodorant and you can tell your neighbor to put on more if he needs that. You have gyms on offices but nobody uses them because they feel self-conscious and well, what if the boss sees me. The whole company is working out, the gym is actually the middle of the office, it's not off to the side. It's something we do four days a week, we do this half an hour workout time. We try to live what we're obviously looking to reward ourselves.

Dave Asprey: I love it that you're doing that. The way I look at it, same thing with Bulletproof is that I don't mind if it cost a little bit more because we all have to work with each other and people who are well-fed are nicer to each other. We all win and we go home feeling better, just overall employee happiness and engagement, and mission alignment, it's all there.

You're solid at your core that way, but the problem you chose to hack with Health IQ is one that has fascinated me for 20 years, when I first made the \$6 million and for people listening. Most of us have not had the opportunity to either make or lose \$6 million the way I did. What happens when you first make some sizeable amount of money, and there's probably a lot of bitcoin millionaires who are figuring this out right now.

Is that there's all these wealth management companies who popped out of the woodwork and some of them are really good and they're going to tell you things like you need to go out, you need to buy life insurance and there's different types of life insurance.

They're going to tell you, to use this asset allocation model, and here's what you should do with your portfolio and frankly some of the advice that I got was really bad back then probably because I didn't know how to deal with wealth management, but one of the things I did decide to do was to get two things. One is I got disability, like a lifetime disability policy. Partly because my brain was fried. I don't know what's going on here, but all my labs are within tolerances, so I can get this disability policy because it was like I wouldn't hire myself when my brain isn't working.

Then I went and I said I've got to get life insurance, and I was so offended because even back then, I'd already lost some of the way and I was actively managing my health and I remember talking with the life insurance broker. Are you telling me that they don't care about any of the lab values that I'm tracking? The fact that now my thyroid hormones are working again and all this stuff.

You just want this basic stuff, and then, yeah, pretty much that's it, and this whole afternoon discussion about how we could use actual data to make good life insurance where people who are doing the right things, who were going to live longer could get better rates, and so I wrote that down as like this is one of those great ideas, and then I came across what you're doing at Health IQ.

I'm like, oh my God, real engineers decided to sit down and use the incredible big data machine learning kind of stuff that we have available now that wasn't there 20 years ago and sit down and actually hack the problems. I wanted to have you on the show to talk about what's changed in the way that we can gather data about people and tell if someone's truly health conscious or not, and then how that would affect how likely they are today and thus how much life insurance would cost. Walk me through your logic in what you're doing there.

Munjal Shah:

Yeah. I'll take a little bit on a journey here because the way in which we developed Health IQ, the life insurance company was backwards, and I'll take you through where we started. Forming the company at first with the five of us, we didn't actually think what we were going to do was create an insurance company. In fact, we didn't even have that as a plan.

What we did know was we wanted to create a way to celebrate really the health conscious. We believe there's this 40 to 50 million people in the world, in America, who while that most of the country has gotten less healthy, these people have gotten more healthy, and we just believe they're heroes in society, and we should celebrate them.

But we didn't want to celebrate the healthy. We wanted to celebrate the health conscious and so we said is there a test out there that measures how health conscious you are, and we looked around and honestly didn't find out. We wrote our own, we wrote 30,000 questions. We spent \$5 million of venture money doing it. We found the 3,000 most correlated questions. One of the things we did at the end when we calibrates the questions was we asked how many times you'd go to the hospital in the last year because that's something most people remember.

If I ask you how many times you went to the doctor, you probably don't remember, but if I asked you the hospital, pretty memorable. We said which of the 30,000 questions correlate. It was a dumb approach. We didn't try to get smart. We didn't try to pick them. We just said which one seem to work. We found that there were these 3,000 mostly experiential questions.

What I mean by that are we don't ask you to self-assess. We don't say hey, how many times a week do you drink and how many times a week do you exercise, and then we'll decide if you're health conscious. In health, most people tend to not say the truth. I think it's pretty primal. 4,000 years ago on the tribe, if you said you're unhealthy, you got fed to the lions.

We've all learned to fib and lie about our health and the SAT understands this. They don't say hey, you good at spatial reasoning. You're like yeah, I'm great. They're like okay here's 100 points, no problem. It doesn't work that way. We built questions that we ask you these questions in the app, 30 seconds, you never get the same question twice. If you close the app and open the browser, it tells us you tried to cheat, and we say, hey, an Olympic Barbell unweighted is how many pounds?

If you lift, you know it's 45. If you don't, you're like I don't know. When you're doing a dead lift, where you're supposed to look, and you could even create Bulletproof questions like it's best to have Bulletproof coffee to burn fat when? After dinner, before breakfast, with lunch. Drink instead of breakfast, and only somebody who probably really has looked into this would know the right answer.

Dave Asprey:

We actually call those, we call those black hat coffee hackers. The people who work in a coffee shop who are experts in it but they're hard to find, so you have a quiz who could find, we'll call them black cap. The people who really understand how their own health works.

Munjal Shah:

Yeah, even just testing. Not only how their health works, but how to level of depth of knowledge which you wouldn't have just accidentally run into. You had to actively seek that depth. That amount of information. You can do this for almost any topic. We'll be like, hey, is 30 minutes a good time murph time if you do crossfit? If you've never done crossfit, you don't even know what a murph is.

If you done it, you got to know if 30 minutes is a good, it's actually crazy great time especially if you're wearing a weighted vest. Anyway, so those are some of the things that we found and then we got millions of people that take this Health IQ. We still didn't know what the business was. We a little bit didn't care, we were like look, we just think the world should have a measure. We all have a FICO score for our credit health.

Why don't we have a way to measure how health conscious we are. It's like, we're not born knowing the user manual of the body, and yet, we should be or at least somebody should teach it to us, and the health conscious are the ones that have taken that. We built that, did it, and then we spent two years trying to figure out the business for it.

We said got there must be a way, because we realized most of the value of being health conscious accrued to some form of insurance policy, by that health insurance, life insurance, and I spent a lot of time on health insurance. There must be some way to give you cheaper health insurance after the Affordable Care Act.

Unfortunately, in the desire to get rid of all pre-existing conditions. They also removed the completability to create a pricing meritocracy. Think about it, in auto insurance, it's a meritocracy. If you get five DUIs, we're going to charge you more, and that's okay, but in health insurance, there's no ability, we're saying hey look nothing is nobody's fault ever, which okay, there are a lot of things that are out of our control and health.

The diabetic who drinks five cans of coke a day, and eats cake, and injects insulin is not the same as the diabetic who's well controlled and manages the blood sugar really well, and so we couldn't do that but when we found life insurance, we realized here's a market and a set of regulations which actually allows for a meritocratic pricing for the health conscious.

To do that pricing, you need an actuarial table. You need a dataset that basically says hey, based upon your current level of X, here's the expected death rate, Y. For us, it turns out because we had these millions of people take their Health IQ. It turns out we were able to track their mortality through a variety of complicated mechanisms using big data, and we ended up with the largest new what's called mortality table, and probably 100 years of life insurance.

I'm not 100% sure because I don't have access to every carrier, but from what I've seen, nobody this quickly, this fast has built a dataset that said okay, buy

Health IQ score, what was the expected death rate. Two, three years past in the mean time. Because unfortunately, it's life insurance, you have to wait for people to pass away for the data to come in, as morbid as that is. They're contributing in science in effect.

Luckily for us, because you could have done on this, you could have been on this mission and it could've showed no difference. Sort of been, hey, the health conscious don't die, any different than those who are not, and so sure enough. The data ended up showing that the health conscious die 41% less than those who are not health conscious and it was statistically valid enough that it was a data we were able to use, and that was the foundation. The data foundation for the business.

Now there's probably other ways to determine if people are health conscious. You could follow them every meal and watch how they eat, but you have to pick a tool like this that's the right trade off between friction and accuracy because you need lots of data and so that's what we ended up building, so we really built the world's first Health IQ test that is not a self-assessment, that millions of people talk.

Dave Asprey:

Just as a computer science guy, this is brilliant and disruptive because, what you can do if you really wanted to go out there and game the system, you could take cholesterol lowering drugs before you get life insurance, and you can manipulate your blood values, it's not even that hard to do. What they look at aren't even useful tests for the most part.

All the really good test, I've never seen a life insurance company work with, and the good tests are going to run 2,000 or \$3,000 probably so then it's too expensive and you can't do this, but today, there's always been self-assessment. There's always been let's get a basic set of lab panels that don't correlate well with longevity, and that's the way it's always been done, so that's how we're going to do it.

It took a different kind of thinking for you to say well, we're just going to look at people's really lifestyle and mindset and knowledge as predictors instead of all these lower level data points. What caused that spark of insight for you?

Munjal Shah:

Well, the thing about the current life insurance process of giving you a blood test, and then giving you a policy for 20 years is a spot check, but not everybody ... everybody gets a little less healthy as they age, but they don't all get less healthy at the same rate, and so I think that we realized that you needed a longitudinal measure and that you could track it constantly but it's better.

If I give you two people, one with an A1C of 6.5 and the other one with an A1C of 6.5 but one knows the glycemic index of every fruit, and you got to place a bet, which one you want to underwrite. I'm probably going to take the one that

knows the glycemic index of every fruit because how did you even stumble into that knowledge, you didn't, you had to read, you had to be interested in it.

People sometimes quit paying, knowing is not doing, yeah, but you can't do what you don't know. Knowing is actually a reasonable proxy, especially deep knowledge, and especially experiential knowledge. We don't ask you if you're low carb. We're like hey, which of these four tortillas and Chipotle has the lowest carbs? Invariable all of us who eat well still end up occasionally and at some, a fast food place because you're with family or you're with friend or you're on the road, and you go to eat your way around the bad menu.

It's a different approach that we took that led to this data, and then we correlated the data, we found actually the states with low Health IQ parallel to CDC states with higher obesity, we found that the people with lower healthy IQ ended up with greater number of hospitalizations. We found that just a ton of other factors that you would expect correlated again and again and again, they're correlations.

I'm not saying the IQ necessarily is what made you get healthier and live longer, it may be. In fact, I think it is, but it may be that all the people with good Health IQ also meditate. In an actuarial science for insurance pricing, we don't care why somebody dies less, if they die less, they should just get lower rate.

Dave Asprey:

That is, that black box approach that we often times don't know exactly what's going to kill us, and my approach on living to at least 180 is that I'm going to pretty much find everything that's likely to lessen my life expectancy and I'll do less of that. I'll find the things that increased life, and I'll do more of that. It's really rocket science, but what you find is that there's thousands of variables and perfectionism will shorten your life extension as well.

I'm not looking to be perfect here, but if there's a choice of those four tortillas, I'm going to pick the right one because these small decisions add up over time and your hypothesis.

Munjal Shah:

You don't even have to right. Sorry, I was just going to say, you don't even ... It turns out most of the signal we're getting is that we found the people who care.

Dave Asprey:

There you go.

Munjal Shah:

Today, you may do X, and we may prove that X is actually ineffective in five years, but those same people who care will then switch to the new thing that has been proven effective or that has yet to be proved, that we should be trying. It's not that they have to be right every time, it's just that they have to care and take responsibility.

There's this Hindi saying [Foreign Language 00:28:00] which is my parents are Indian and I grew up here, but I heard this term from many of them and many of

my cousins, and [Foreign Language 00:28:11] means what will happen will happen. It's this very fatalistic view of one's health, of one's life. I'm just trying to find the people who don't believe in that at some level and are like no, what will happen is what I will do different. At least I will bend the curve slightly and so that's what we ended up doing.

Dave Asprey: Okay, I have to ask this. Is part of your business plan a dating service so you could just advertise your Health IQ, and be like I want to date someone with a similar Health IQ.

Munjal Shah: No. We're going to stick to the insurance but there are a lot of fit people on earth.

Dave Asprey: What you've identified though is you've identified a way to pick out the community of people who care about their health and care about what they can do about it, and to be able to go through 100 million people and say, here's the group of people who are probably going to die less, but who have this knowledge. That's a community or that's a tribe.

They may not all have the same beliefs, you might make vegans and paleo people, but it doesn't, it's okay, they're finding their own path, but at least they're on a path, and that's the signal that's most important for whether you're going to live a long time, according to your data.

Munjal Shah: Yeah, remember, life insurance is primarily a product you own mid-life and so really what we're trying to angle for is not as much life extension, it's just hey, less chance of getting cancer, less chance of getting heart disease in mid-life and passing away, and obviously costing the insurance company more money. That's the power, and so we found this data, we then took it to the insurance companies and say hey, give these people 41% lower rates, and of course being insurance companies, they were like no, we're not going to do that.

It's statistically valid. They're like, yeah, it may be, but no. We'd like to go a little slower on this, and we said, all right, well what are you going to do? We came back with, and you can see it on our site so if you pass Health IQ, you'll get 5% off. If you further submit some running proof or what we call a threshold performance data, so you can show you can run an eight minute mile, or show that you can deadlift one and a half times your body weight.

You can do lots of different ways. You take a video of yourself and show us the way, it's on the bar, and show us your face, and put the video camera down and then do the deadlift, and then send us the video. We'll take lots of different forms of what we call e-proof. You'll get another 5% off, and then we really, the big win is we got them to reclassify things.

In life insurance, there's four levels of pricing. It starts at preferred plus, preferred, standard plus, and standard. There's a whole bunch of think of them

as subprime classifications to use a financial analogy. There's about 16 of those typically, so there's four main ones, that most of the population falls in, and then there's 16 other ones, if you're unhealthy but different levels of it.

Traditionally, they'll move you down a class. If so, if you're an endurance athlete, that has a low resting heart rate, they'll move you down a class because they'll say it's too low, there must be something wrong with your heart, but actually it's just because you work out a lot, and so with us. We try to make sure that doesn't happen.

If you have a family history, they'll say, hey, you know what, we got to move you down a class on certain family history criteria with certain thresholds, and we got to them to be far more lenient on that, because we said look a lot of health conscious people get health conscious not because they have a personal crisis like you and me had, Dave, but just because they had a crisis in their family.

I said look that's great, but I think their positive behaviors are going to offset that family history, and by the way family history just ain't that correlated. It's about 15% correlated. It's not a terribly useful tool. They said okay, we will reclassify them. We went section by section and got a bunch of these, they call them underwriting considerations or underwriting changes.

It's not just a rate discount, it's actually an underwriting discount which is a little harder to market, honestly because people are like well, my other guy told me I'll get that rate, and we say, yeah, but watch one you go through underwriting and they check your medical record and they do all that, they'll come back with this higher rate.

With us, you're less likely to, and so we came back and said let's make a change, let's give these people credit. We really believe health conscious people are heroes in society, and they should be celebrated, and one of those ways is financial. That's the mission that we're on, and that's how we got the special rates for health conscious folks.

Dave Asprey: What percentage of people who take the Health IQ test score in the top tiers or whatever you do. Are you finding a third of Americans, a quarter, I know your sampling is probably off because people who are more healthy are more likely to get to the website, but how common is it that people know this?

Munjal Shah: We believe the health conscious are about 40 to 50 million people out of 300-ish million adults or 300 and some odd in America. It's a growing segment. We think it's actually a worldwide phenomenon. Health is the new luxury good that everybody wants. Even the Chinese in Beijing, you have your flat, you have your car, you have your Louis Vuitton handbag but what you don't have is health.

Healthy is the thing that people want. We think it's an expanding segment, and there are lots of different outlets for it, but it is tribal. People don't necessarily

say they're health conscious. They say they're a vegan. They say they're a vegetarian. They say they're paleo. They say they're crossfit. They assign themselves to a tribe.

It's actually we found it spans all kinds of political. You think this might be just an East Coast, West Coast granola eating whole food shopping kind of person, but it's not what it really is is there's just a set of people that are highly have just taken responsibility for their health and they're across all spectrums and honestly across most income groups and it's a pretty broad-based thing.

Dave Asprey:

Yeah. I found through just a journey of bulletproof that I get messages sometimes, guys like I'm a truck driver, and I finally started paying attention to this stuff and I've lost 100 pounds. Once people realized that they have some ability to influence how long they're going to live or they're going to be in pain, just how they feel right now. Yeah, there absolutely is no correlation.

I would say the early adopters for bulletproof were on both coast, but it very quickly spread to just be everywhere, because like you said there's some percent of people who get that spark that says, I think I can do something about this, and I'm going to, and then they're on the path, and the path may lead to different places, different practices, but there's something just intrinsic to the fact that you're doing something about it, that I could see that making a difference. Your data matches my experience anyway.

What happens though, you found people are health conscious die 41% less. Tell me a little bit more about what dying 41% less looks like because that's pretty astounding. In fact, maybe that's the name of this episode. How to die 41% less?

Munjal Shah:

Be health conscious. Here's what we did. We had all these people take their Health IQ of all different ages and then we tracked them over a, now it's four years, but at the time, it was two to three years when we first started focusing on the insurance, but over this four year period. We just looked at Health IQ score, because you have it by percentile, just like you would have an SAT score, by percentile, and then we looked at the death rate of the people.

We looked at the difference in that death rate between the health conscious and those who are not. We actually just defined it as the health conscious, as 50 percentile and up versus 50 percentile and below when we first pulled it out. That's kind of the delta that we found. It was actually a little greater in women than it was in men but it was about 47% for women and 33% for men. Delta in mortality but it's definitely there.

Dave Asprey:

That's a huge difference, so women may have more control than men. Are they just better bio-hackers?

Munjal Shah:

You know what I think it is is as you I think I have been preaching as well, a lot of health consciousness is nutritional and what I find in my own conversation, this

is anecdotal. This is not from our data per se, but just from my conversations is I find that there's a greater aversion to nutritional health consciousness in men than there is in women and men tend to think that exercise is the primary solution to the problem and but as you age, at least in my own experience, it's definitely nutrition, nutrition, and nutrition.

You can't out-exercise a bad diet no matter what you do. Every trainer will tell you that. That's my theory on it, but there may be another factor again. This is correlated data, not causative data and so we saw quite a bit of difference between those two groups.

That's something that was there, we also break it down. We don't disclose all that data, but we actually gave you a sub-score of your nutritional knowledge, versus your exercise knowledge versus you're thinking that as knowledge in alternative medicine or integrative medicine, versus your knowledge in chemicals and contaminants in the environment. We are able to assess that and it always give you a different sub-score in each of those different things as you take it.

We took it further. We say hey, why just have you do one quiz and be done. There's actually, if you take your Health IQ then we will either web or mobile, you can come back and take a quiz a day, and every time you answer a question, it tells you what the right answer was, so it's almost this test learn paradigm, where you could continue to become more health conscious and test your knowledge every single day.

Dave Asprey:

Is there a useful data like once a year, sort of have a final exam or do another Health IQ to see if you're improving without affect life insurance rates for people who maybe wanted more life insurance, who wanted to increase their policy or something like that? I guess, would it be useful for me to do that? Should I log in every now and then and re-take it, or is this you get it once, you go out, you talk with the brokers, you get your life insurance and then you don't need to take it again but you just may choose to because you're getting additional knowledge?

Munjal Shah:

So far not, just because the current life insurance industry is still on this one and done paradigm rather than a continuous reassessment. It's a fixed rate mortgage rather than floating rate mortgage, where it gets reassess constantly, but most people I think probably don't even want the floating rate because it could go up too, but I think that so far it's a ... we certainly for your own edification would create additional quizzes.

We're actually just working on that now. We haven't rolled that out yet, but the idea that you could do it more. We found people with high Health IQ correlate to a 19% lower rate of high blood pressure than those with low Health IQ. We found people with high Health IQ have a 31% lower rate of diabetes than those with lower Health IQ. People with high Health IQ have a 22% lower rate of arthritis. I can see those with high Health IQ smoke less.

Dave Asprey: These are huge numbers. Those numbers are on par with what diabetes drugs do. That's cool.

Munjal Shah: No, but again this could be correlated, not causative.

Dave Asprey: Of course, it's not causative, it can't be. I took a test and my blood pressure dropped, it's not like that. It's so interesting.

Munjal Shah: Those who tend to know their Health IQ. Yeah, actually I think the gap is bigger. If it's 41% die less, I'm pretty sure the gap is bigger than that because those with bad Health IQ don't tend to want to take their Health IQ. They don't go, hey, I'm going to go to this site, and prove how bad I am at health knowledge. Most people who take it, think they're pretty decent.

Already the thing is biased more healthy which means this differences last. I think it's again being health conscious does matter, and for most people we've seen it's a one way upgrade. You may exercise more or less, but now that you've learned how bad diet soda is, I haven't met that many people who gave up drinking diet soda and then three years later went back to it.

Everybody I know, it's a one way upgrade, in my opinion or maybe they slipped and have a couple here and there, but they're now in vacation but it's not something that they continue to do, and so or they fall back on. It's really a lifestyle change that these people have made to take control of their health.

Dave Asprey: Have you looked at data with employers? I remember back when I was with this company called Exodus Communication. This is the one that held Google's first servers and pretty much all of the big websites that you know of today, that had been around for a long time. We provided stuff for them, like the facilities.

I was a co-founder part of the consulting group there, and our CEO had this thing for diet soda, and so we could not have an executive meeting without diet soda. When the car picked her up at the airport, there was diet soda in the car. It was almost like if you're a player at the company. You had to have this diet soda addiction.

I was sitting in those meetings, I was the only non-VP in half the meetings. I was this fat young engineer who knew all the product stuff and I was like I wouldn't touch this stuff with a 10-foot pole, and I just remember because this stuff causes behavior changing you as well. We would watch throughout the day as this would happen.

Imagine if you have a CEO or leadership in a company who has a higher Health IQ that does behaviors become part of the culture of the company, just like you built your, like at Health IQ. You exercise how many afternoon.

Munjal Shah: Interesting, sure. Yeah.

Dave Asprey: I bet that if you found five people at the same company with a Health IQ that's high, that you probably find that there's another cluster there, and there's probably a whole employee wellness thing. The data that you guys are getting here, I haven't seen anyone else even think about health awareness the way you're thinking about it, where it's just, knowing the stuff means you must do the stuff.

It's so obvious but I've never come across this before, and it's super disruptive, and I'm just imagining what's going to happen with your data when you have hundred million people who've taken the test and it's way cheaper than a blood test, and it's relatively predictive, but could a company get lower health insurance cost or lower life insurance or other benefits because the corporate Health IQ is higher. I just see this actually changing the world, just so I wanted to have you on.

Munjal Shah: Yeah. Let's talk about that for a little bit. At first, I think it's actually interesting idea that you almost driving this notion of let's think of it as role model Health IQ or authority figured based Health IQ. Is the Health IQ of a company somehow correlated to the Health IQ of its primary leaders? That'd be fascinating. I'd love to do that study.

I don't think we have quite the designation to let us do that yet, but maybe at some point we would, but I suspect it's true I guess is back there is somewhat of an influence there.

Dave Asprey: I'm going to ask the bulletproof team to get their Health IQ. I don't think they have to, I wouldn't tell them if they have to disclose it, but they might want to. I imagine that we have a very high score on average. I like to get data and just have people see their own data who are on the team because the more data you have of how you're doing, the better it is. But then I wonder if that would tie in with additional benefits, like some companies [crosstalk 00:45:14] and they're bought by the company. That's actually really cool.

Munjal Shah: Yeah. Here's the interesting thing when we think about life insurance in general. First, it's a product that is meritocratically priced to a large extent. In certain settings it isn't. If you're a health conscious person, you shouldn't buy life insurance through your company. You should take the free stuff they gave you, one or two times your salary, but you should never buy extra.

The reason for that is that they in a company setting. They have to give the same price to everybody the same age and gender regardless of how healthy or health conscious you are. Basically you're subsidizing your colleagues who don't care, and who don't workout, and why do you want to do that? It's like saying you're just going to pay more, that's all it is.

Second, we actually really recommend and push health conscious people towards more diligence rather than less. A lot of times, people are like hey, I

want the easy life insurance policy that doesn't require me to take a blood test. We're like, well if they don't require to take a blood test, what do they have to assume about your blood, some average score for somebody your age and gender.

Well, if you're better than average, what does that mean, it means you're overpaying. We're like, no, you know what, you don't buy life insurance that much. Most people buy it every 10 years, and so take the extra time. Do the extra diligence and get the best darn rate you can. It's just how insurance works, if they don't ask you a question, if they make it easier, they have to assume that your score is average.

If you're above, if you're worst than average, yeah, it's a great thing. You should go and get the life insurance policy that doesn't ask any questions, but if you're better than average, like most health conscious people are, then you're overpaying, and so besides the special rate, and besides the underwriting changes I talked about earlier. One of the biggest things we push health conscious folks to is we're like you know what, I know it's a little inconvenient to get a blood test and have a medical exam, but do it.

If we can save you, even if it's 10%, our minimum savings typically, you're going to get average policy is \$1,200 to \$1,400 so let's say \$140 a year off a 10-year policy or 20-year policy, that's \$2,800 on a 20-year. What, you can't spend an hour to save \$28? Yeah you can.

Dave Asprey: That's a pretty good return on time.

Munjil Shah: Right. A lot of it, it isn't just about the time or the money or a product. It's really just you've already done this work. You've already have this health dividend, you just have to, it's almost like home equity. You have to unlock it with a home equity line. You've built this health equity, and you just need to unlock it, and monetize it because you already done the hard work.

Dave Asprey: That is remarkably cool. I thought of something else since I've got you on this show. A lot of people who haven't ever bought life insurance, it's a really complex thing. You go into a broker, it could be overwhelming, where they're like, there's this investment vehicle, and you put money in every year and then there's this other one. Can you walk listeners through just the basic types of life insurance?

Even if you're in your 20s, and thinking I'm not planning to die, I don't have a family. It's dirt cheap to buy life insurance when you're in 20s, and if you lock that rate in, it's probably not a bad idea, and it's something that I did do. I started buying life insurance when I was in my early 20s or something. Probably because I knew I probably would need it, given how fat I was. Just walk us through what the different flavors are and what your thinking is on that.

Munjal Shah: Yeah. There's two main flavors of life insurance or three main. There's group life insurance through your company, and then there's two individual products predominantly. There's individual life insurance that's term-based, and then there's individual life insurance that is what we call a permanent policy which has a savings element to it.

We talked about the group earlier, honestly, for most health conscious people, that's not the right product for you to buy additional coverage. Before we talk deeper, really the focus of life insurance is gap insurance. It's here in case something happens to you in the middle of your life, you have dependents, you have a spouse, you have kids.

Without your income, with their standard of living change. This is insurance to fill that gap. Now life insurance gets more and more expensive as you age. In fact it goes exponential because your probability of dying goes up, so it's really not a cost effective product to buy in your 70s. It's a very effective product to buy in your, once you've gotten married, and had kids, at least married, but certainly married, and kids, you should get it.

Hold it until your personal wealth is large enough that your spouse could live off your nest egg without your income for the rest of his or her life. That's the point of the product. In that individual side, you can buy permanent which is basically an investing vehicle that think of it as a ... let me back up, there's a term policy which basically says all right, for the next 20 years, you pay this price. If you die, you get this, but if nothing happens. We keep the premiums, and it's done.

Dave Asprey: That was called term life.

Munjal Shah: That's called term life. It's just like your auto insurance. If you never get an accident, you just pay it for 10 years and it's done. You don't get your money back.

Dave Asprey: You should have driven more aggressively, right?

Munjal Shah: People are just trying to like I want to get my ROI out of this. I'm like, no, you really don't. Certainly not on life insurance, and so it's a very simple product. It gives a lump sum payment. It gives it to your beneficiary that you name and it goes actually to them tax-free, so they don't end up paying taxes on it. You typically got to leave them a lot of money. People think, hey, I make 50,000 a year.

If I leave 100,000 to my spouse, that's more money than we ever had in our bank account. But actually if you have to live off that money year after year, you typically can't spend more than 3 to 5% at the most each year, and so you need a lot more, so you typically, they typically recommend you get 10 times your income to 15 times to create a nest egg that's big enough that the interest on that allows them to continue to live that lifestyle if you're gone.

Dave Asprey: Even 3% of \$1 million policy is \$3,000 a year.

Munjal Shah: Right, it's not always enough. It depends on your current standard of living and your current cost. Now the average American typically buys life insurance equal to their mortgage. That's how a lot of people think about it. They're like, well, if the mortgage is paid off, my spouse off of one income can pay for the daily expenses. Maybe that's true, but you might have to save up for college, things like that for your kids, have other factors.

You can find the right amount for you. You don't have to buy more than you can afford. You don't have to buy more than you want. It's usually a hard product to get people to buy period, because they're thinking. If you think about life insurance, a lot of times you're like I don't know if I want to even think about that. My life insurance guy seem kind of cheesy. It's not that he's cheesy, it's just that most people don't want to think about their mortality. [crosstalk 00:53:04].

Dave Asprey: Fear of death is what drives all of us. I know when I first sat down when I had this brief burst of wealth. I was really uncomfortable. I'm pissed off about the whole idea. What do I need life insurance? We got enough money. It was almost like why are we taking money out of our pockets right now for something that isn't necessary. There's a lot of ego and just avoidance in my initial reaction to the idea. I guess that must be really common for everyone.

Munjal Shah: It is but less so for health conscious people. A lot of people are in denial that their health could deteriorate, but the health conscious, ironically know that best. That's why they don't eat a donut every day. They understand the cause and effect. I call it they're good at seeing the ghost of Christmas future. They understand the long-term implications of short-term actions, and they're good at deferred gratification.

That's an interesting quirk that we find with the health conscious but going back, so you have that policy, then you have permanent policies which people come to you and they'll say hey, you should buy a permanent policy. Honestly most brokers that tell you that, just don't listen to them. They get paid a whole lot more when you buy a permanent policy. I'm going to tell you this, you don't need it.

What a permanent policy typically is it's a term policy but with an investment vehicle where you put a bunch of money in, and that investment vehicle pays out. Pays the premium on the term policy each year, and you overinvest so it builds up a lot of value but it's an investment vehicle that's usually got very high fees in it.

Not only load fees but ongoing fees and so if you had enough discipline to manage the money outside and just pay a term policy, you should do that. Now people mistakenly say I heard if I get a permanent insurance policy, it's like owning instead of renting. No, it's not. You're still renting it, you just have this

really expensive investment vehicle in which you're putting the rent money for a number of years ahead of time.

Dave Asprey: The sales pitch that I fell for actually 25 years ago, whatever it was. Was that if I buy one of these policies that it'll provide tax-free investment gains and so I take it out. It operates like an IRA or some sort of special savings account, but that wasn't my experience doing it, and I ended up canceling the policy after three years. This is just ripping [crosstalk 00:55:31].

Munjal Shah: You put it in 25 years to take it out. You actually pay ordinary income even though it's been in there 25 years.

Dave Asprey: Yeah, there's still a problem. Tax appraisal probably go up not down over the next 25 years.

Munjal Shah: Yeah. There are other reasons to do it. It does make sense for some people. You can borrow against it, but that gets very complicated, but look 90% of people really all they need is basic term life insurance as gap coverage until their nest egg builds up. They're relatively cheap policies. You don't need to buy something fancy.

That's the right product, but again like any product, if you're going to buy it, you should get a better rate, and we focus on that because term life insurance is kind of a commodity, and so rate matters the most to most folks, and then on top of that. We are trying to do this for other insurances as well, so we're trying to do this for disability.

We're trying to do this for dental vision. If I make a tweak on the healthcare side, we might be able to do this for health insurance but currently under the Affordable Care Act, we cannot. But our goal is just simply to expand and give this health dividend back to those who have taken control and taken responsibility.

Dave Asprey: Well, thanks for the primer on types of insurance here. I'm always looking for knowledge that listeners can use. This is a pretty straightforward explanation with the real world analysis into it so thank you for sharing that. I want to ask you one more question that I think will be really interesting, and this isn't just what you're doing in Health IQ or even what you've just done in your career.

You're someone who's had a series of successful wins. You're disrupting a big industry that really needs disrupting, so you've changed the game a couple times in different industries, and I want to know if someone came to you tomorrow and said look I want to perform better as a human being. Just everything that I do, what are your three most important piece of advice for me. What would you offer for them just based on your own life's path? What matters most?

Munjal Shah:

Yeah. I think that I spent a lot of more early life in a very, I'm going to call it wedge forward way. I'm going to do this. I'm going to get this. I'm going to go here. I'm going to get this done. I think it wasn't until I had my heart pains in that race. I look at what I'm doing today, and it's my life's work. I'll spend the next 10 to 20 years do this. You look at my LinkedIn, I've built and sold a bunch of companies. Everybody is like hey are you going to build and sell this one.

I'm like, no, this is my life's work. I would spend the time doing it, but as I mentioned earlier. Sometimes it finds you but you have to be open to it finding you. If you're so busy with an agenda, I would almost say the first thing is have time in your life where you pursue an agenda and have time in your life where you sit back and let an agenda find you.

Dave Asprey:

Beautiful.

Munjal Shah:

A mission find you and everybody always teaches. Find your mission. I'm like, I don't know. I think Martin Luther King, the mission found him. I don't think he found his mission. I don't think Nelson Mandela found his mission. I think he was at the right place, and was open to that mission. That just emerge on his doorstep that maybe many other people didn't take.

I would just say that let the mission find you would be probably my number one thing. I think the second is learn to be present. I still suck at this. I'm not present. I spent all my time in the future. I spent very little of my time in the past, the day I was at a cocktail party. My wife is like you remember that person totally did that bad thing to you.

I was like, really, I forgot that? She's like, I didn't. That's what I need you for, honey. I spent so little time in the past, but I live a lot in the future, but I'm not great at the present and I've once took as I've mentioned comedy classes at second city in Chicago after I sold my company and was taking some time off, and improving my health.

I always tell you. The first lesson or the first week of comedy school is basically how to be present and I almost had to learn how to do that. I think the third is just something that seems I think always tried, but is true. It's just there's a multi-dimensionality to the relationships you could have with anybody. I work with my team here, but I care deeply about their health personally and about them as a person.

That's very important to me. It doesn't mean that I may not one day go to them and say, hey, you're not a good fit for the company but it still means that even after I say that to them, I've just believe now that, we're all ships passing in the night and we have a unique opportunity to get to know and to build relationships with people and just because our how we interact changes doesn't mean the relationship has to go away. We can have a long-term relationship

with somebody because it's just so rare we get to know somebody in life anymore.

I think about the number. Even an interview. I sit in an interview with a person. I'm like you know what how often do I get to spend an hour really getting to know somebody deeply? I go to cocktail parties and meet new people but you don't chat with one person for an hour and there's three other people standing around, and it's not that intimate, even the best of them. I'd say those three things are the things that I've learned most.

Dave Asprey: What a beautiful list. That's awesome. I would say that you might have some wisdom beyond your years. You're relatively early successful entrepreneur but you're what? You're 37-ish.

Munjal Shah: No, that was when I had my heart issues, so that was 2011, so I'm an old dog now. I'm now 44.

Dave Asprey: Okay, I'm 45. All right. Couldn't tell. Man, you sound like you've lived longer than you have. Okay, so you're not 37. That makes more sense. I was like man, this guy's got some wisdom going on. God knows what we're going to sound like when we're 60.

Munjal Shah: I've just suffered a lot. Sometimes that helps.

Dave Asprey: It does. It helps you build character. Well, thank you for sharing that. That awesome stuff and I'm sure by now people listening to this are saying, I want to take this test. It takes just a few minutes to do it. What's the URL people can go to to get their Health IQ?

Munjal Shah: To come and take the quiz, just go to [healthiq.com/bulletproof.quiz](https://healthiq.com/bulletproof.quiz), and if instead you want to, are interested in getting the insurance. You can come to [healthiq.com/bulletproof](https://healthiq.com/bulletproof).

Dave Asprey: All right. I would encourage you if you listen to this. It's actually interesting to take the test to just see how you rank which is neat and if you are thinking about getting life insurance which is a really good idea because it's not terrible expensive and because it can make a huge difference even if it's something that goes to your parents or to your family or to your significant other, whatever it is.

It's one of those things that as you start to build a career, that you might want to think about, even though it's hard to think about the whole something I'm going to die thing. Getting comfortable with that will pay dividends throughout your life. I don't mean insurance dividends. I mean just being comfortable with the fact that yeah, I'm probably going to die because the universe will come to an end some day.

You're not going to avoid that. Having some insurance that lets you leave and impact with the people. I think is just a smart move and it's something that no one told me to do when I was in my 20s, and I wish they had, and I wish they walked me through it. Hopefully this episode has provided some value for you just in terms of thinking about that, but also this idea that wow, just knowing all the stuff that you get from listening to this show and reading and just paying attention that it probably is going to help you live longer which is awesome or at least die less, if it's different than living longer.

Thanks for listening to this episode. Check it out at, it was [HealthIQ.com/bulletedproof](https://HealthIQ.com/bulletedproof), and I will see you all soon. Munjal, thank you for being on the show.

Munjal Shah: All right, Dave. Hey, thank you for having me. I really appreciate it.

Dave Asprey: In order to take the quiz, just head on over to [healthiq.com/bulletedproof.quiz](https://healthiq.com/bulletedproof.quiz). That's what you wanted. All right. Cool. Cool.

Munjal Shah: Thank you. No, we're in Mountain View. I live Los Altos Hills, I don't know if you know the area. Yeah. Yeah, yeah, red, I know what you're talking about. One in the corner. Yeah. Yeah. Just down here. I'd love to meet you next time you're in town. You can come by, see the office, I think you'd love the setup. We're in Mountain View right by Costco.

I don't know if you know where Costco is in Mountain View. We're literally across the freeway from Google. Literally on the other side. Yeah. Awesome. Hey, well thank you so much. This is fabulous. All right. Take care. All right, bye bye.