

SERIES: Caucus: New Jersey with Steve Adubato
TITLE: Informed Choices: Cancer Prevention
SHOW #: 1646
TIME: 26:47

STEVE ADUBATO, host:

Reducing the risk of cancer, next on CAUCUS: NEW JERSEY.

Announcer: Major funding for this edition of CAUCUS: NEW JERSEY has been provided by the Cancer Institute of New Jersey; Roche; HorizonMercy, a managed health care organization serving New Jersey's publicly insured; QualCare, Inc., a local managed care company covering 550,000 New Jersey residents; and by Miix Advantage of New Jersey.

Unidentified Reporter: It's estimated that 208,000 women will be diagnosed with breast cancer this year, and 40,000 of those will die from the disease. It's a staggering statistic that the Susan G. Komen Breast Cancer Foundation is working hard to change. Barbara Waters has come up with one unique approach.

Ms. BARBARA WATERS (Susan G. Komen Breast Cancer Foundation): Kids for the Cure is a program that I thought about for a long time. I was trying to find a way, ultimately, to lower mortality rates in the community, and I thought, 'How can I best do this?' I am a breast cancer survivor, 17 years, and I have four daughters, and I thought, 'You know, the best way that I know how to change habits, health habits, is teach them at an early age, just like everything else.'

Unidentified Reporter: So for the past two years, Barbara has been going into schools all over New Jersey to get out the message to those who need it most--young women at risk.

Ms. WATERS: My name is Barbara Waters. I do all the education and outreach for the North Jersey affiliate of the Susan G. Komen Breast Cancer Foundation.

Unidentified Reporter: Each one of her one-hour seminars consists of an overview.

Ms. WATERS: And the idea is not to scare you. The idea is not that you diagnose yourself. It's that you get to know what your body feels like.

Unidentified Reporter: There's also a question and answer period...

Unidentified Teen #1: I would like to know which treatment you prefer, and why would you prefer it?

Unidentified Reporter: ...and a demonstration of a breast self-exam.

Ms. WATERS: You take these three fingers, and you're going to start up here and you're going to feel around the clavicle, right...

Unidentified Reporter: It was a program that appealed immediately to Jackie Kasuba, the coordinator of health and physical education at Lincoln High School because it also ties in with what she's been trying to teach her kids about exercise and healthy eating.

Ms. WATERS: ...because if people were to really take it seriously and get rid of the salt, sugar and fat, in excess, probably 67 percent of all cancers would not occur.

Ms. JACKIE KASUBA (Lincoln High School): My freshmen keep a food journal for about a week, and they put everything down that they put in their mouth, whether it's a glass of water, whether it's a Coke, and what--what happens at the end of the week, they chart it so that they actually get an idea of really what they're eating, and a lot of kids are surprised. `Oh, I knew I ate some junk food, but I didn't know I ate that much of it.

Unidentified Teen #2: I don't smoke, I don't drink, but I do eat a lot of fast food, and that is very bad, and I know that is very bad.

Unidentified Teen #3: I learned that if you exercise and keep a low, healthy weight, that it controls the estradiol in--the estrogen in your body, because when you have more weight, you have higher levels of estrogen, and estrogen is what causes breast cancer.

Ms. WATERS: Down here...

Unidentified Reporter: What these young women learn in the classroom is important, but what's equally important is that they bring the message home.

Ms. WATERS: And I want also for you to take this home to your families, to share it with them...

There seems to be greater incidence in low-income populations, in underserved or uninsured populations. I think the issues are vastly different than non-poverty areas. You will find women just trying to survive. You will find them trying to put food on the table, keep a roof over their heads, take care of the kids.

Unidentified Teen #3: My mother is 40 years old now, so I'm going to tell her that she should go get a mammogram test and stuff like every year, because she don't.

Unidentified Woman: What I would like and hope that every girl that sat through this seminar walks away with is the knowledge that if, in fact, at any time or at any stage, either they or someone close to them is presented with some kind of a health issue, as in the case of a lump, let's say in the breast, or something like that, that these

young women will feel confident in what the next steps are and in who to go to and what to do.

Unidentified Teen #5: The thing I remember most is how to do the self breast examination. It's ve--it's not--it's pretty hard to forget something like that.

Ms. WATERS: You can use a very firm pressure, feel for any little--like a little--size of a pea or any swelling or anything like that.

Ms. KASUBA: I like the way she treated my--my students. She treats them like young adults. She listened to their questions, she answered them completely, and I think that's really important. They really felt like women, and I think that's important. And they--she left them with a feeling of 'I feel good. I'm empowered.'

Unidentified Reporter: So far, Barbara has visited 35 schools and spoken with over 13,000 young people, and she intends to do even more.

Ms. WATERS: I would like every high school youngster to hear about this. I want them to know that information is power, that education is power.

ADUBATO: Welcome to another edition of Informed Choices, a special CAUCUS series looking at a range of health issues affecting New Jersey and the nation. I'm Steve Aduato. Here to talk more about the choices you make every day and how they can affect your risk of getting cancer are Dr. Bill Hait, who is the director of the Cancer Institute of New Jersey; Natasha Daniel, who educates minorities on cancer prevention with the American Cancer Society; Anne Marie Hill, executive director of the New Jersey Commission on Cancer Research; and finally, Dr. Michael Gallo, professor of environmental and community medicine at Robert Wood Johnson Medical School.

I want to thank all of you for joining us. This is our series of Informed Choices programs dealing with cancer. We've dealt with cancer treatment, and now this is cancer prevention. We're doing it in cooperation with the Cancer Institute of New Jersey. Bill Hait, let me ask you, you see the taped piece, Barbara Waters with the Susan G. Komen foundation--how much difference is that work really making in terms of cancer prevention?

Dr. WILLIAM HAIT (Director, Cancer Institute of New Jersey): It really makes a difference, Steve, not so much in cancer prevention really. What we're tal--what Barbara's doing and what others like Val Skinner are doing who are out in the community...

ADUBATO: We should let folks know Val Skinner, who is a professional golfer who has gotten involved in this effort and raises money through golf outings, much of that money goes to the Cancer Institute to do research.

Dr. HAIT: And to the Komen Foundation.

ADUBATO: And to the Komen Foundation.

Dr. HAIT: What they're doing is they're talking about early detection and early detection saves lives, so if you detect a cancer at a very early stage through a breast self examination or a mammogram, your chances of surviving are improved by 30 percent. So that's a huge difference.

ADUBATO: Yeah, but let's talk about the other things that Barbara talked about in the taped piece. She talked a lot about diet. And I was struck by one of the young women who was 16 years old, she knew that--she knew a whole range of detailed information about the fatty foods and what it me--that's the kind of work you do.

Ms. ANNE MARIE HILL: Yes, it is.

ADUBATO: What kind of feedback do you get from--do you do similar work?

Ms. NATASHA DANIEL (American Cancer Society): Yes, we do.

ADUBATO: Where?

Ms. DANIEL: In the community, at the churches, at the local community based organizations and the schools as well.

ADUBATO: How much do people know? How much do most people know about what they should be putting into their bodies or what they shouldn't be putting into their bodies and its connection with--to cancer?

Ms. DANIEL: Yeah. I think they know. They're aware of it, but they are in denial because they know what's good for them but it is a behavior change. I think people are used to eating the foods they were raised on.

ADUBATO: Right.

Ms. DANIEL: And it's--it's just applying simple lifestyle changes. Getting healthier foods and in moderation. Understanding that they need a balanced diet.

ADUBATO: Let's talk about the smoking thing for a second. How critically important is the act of stopping smoking or never starting and preventing cancer?

Ms. DANIEL: It's very important. A third of the cancers can be prevented if people just stay away from tobacco-related products. Tobacco is closely linked, as we all know, to lung cancer. So it's a real serious thing.

ADUBATO: Any other cancers?

Ms. DANIEL: Of course, throat cancer, oral cancer, things like that. Yeah.

ADUBATO: Talk to us here. You know this is your work.

Dr. MICHAEL GALLO: Well, there's--I think there's actually more to it than smoking. I--I don't know wear this pin for--for nothing. It's been on there for 24 years. It...

ADUBATO: Tell us everyone what that pin says.

Dr. GALLO: It's just a no smoking pin that was given to me by the American Lung Association after the--the first L&M case here in New Jersey years ago.

ADUBATO: L&M?

Dr. GALLO: Yeah, the Liggett & Myers case, the...

ADUBATO: OK.

Dr. GALLO: Pichellina I think was another one.

ADUBATO: I knew that. Go ahead.

Dr. GALLO: Yeah. Sippeling case.

ADUBATO: I didn't realize that ...(unintelligible).

Dr. GALLO: Yeah. Yeah. Th--there--there's also information, Steve, I think on--on not just diet but also smoking. We now know about what they call polymorphism, gene changes in--in--in individuals that make them susceptible to lots of different types of cancers and there's more and more information that smoking may, in fact, be related to some percent of breast cancer.

ADUBATO: S--really?

Dr. GALLO: Yeah. There are--there are two or three mutations there that--that are related to other cancers that we are finding in breast tissue at--at--and so...

ADUBATO: And what do you do? I'm going to put this out there. What do you do if you have a loved one, someone who's very close to you, someone in particular who b--will be watching this program who's in my family, who actually lives in my house and I've been saying the same thing to her about smoking and she doesn't believe it. Anne Marie, talk to her.

Ms. ANNE MARIE HILL: Well, I think you--you ha...

ADUBATO: My wife, Jennifer.

Ms. HILL: Oh, Jennifer, you need to listen to Steve. I think you can be supportive. I think Jennifer has to come to a point where she realizes that smoking is an addictive problem. It's a behavioral problem. It's a psychological problem. It's a real problem, for the benefit of--of herself, for you, the children.

ADUBATO: For our little baby.

Ms. HILL: Everybody--for your h--your baby, especially because secondhand smoke is...

ADUBATO: Well, she doesn't do it in front of the baby, my point is for--her health is important to our family's health, correct?

Ms. HILL: She's important. And she's gotta take responsibility and the action. And--and let's not be naive. It is an addictive drug. It's the most powerful drug, so you've gotta be supportive and understanding, but she--she needs to get into--the support services are out there, the American Cancer Society, a nuber--a number of quit smoking programs are out there. And--and you can quit. That's the good news. And if you do quit, your health improves dramatically.

ADUBATO: On that note, by the way, I want to ask everyone in the control room, could you put up the information? We have our Informed Choices Resource Guide. You see it ub--up on your screen right there. If you reach out, free of charge we will send you a whole range of valuable information. Our educational resource guide. In fact, one of the pieces in here on the American Cancer Society prevention and early detection, just a whole range of information from the American Cancer Society, information from the Cancer Institute, our partners in this initiative.

Let me--just one more on smoking then we'll move to some others. Dr. Hait, if it's so clear that smoking is so bad and so critical in the prevention of cancer, why aren't we banning it?

Dr. HAIT: It's a--it's a very complicated political, economic issue.

ADUBATO: What does politics have to do with people's health?

Dr. HAIT: Right. Nothing as far as I'm concerned. But the--but--but I'm not a politician. But I--I wanted to make a point, a follow-up that I think's important. When America--young Americans are asked what is your risk in your lifetime for getting cancer? The answer they give is one in 100. The actual risk of a male for getting cancer in his lifetime is one in two. The female one in three. And--so people think, 'Oh, one in 100,' if that's their perception that, 'it's never going to happen to me.' In fact, it's going to

happen.

ADUBATO: Wait. Whoa, whoa. You lost me. I never thought that would be the number. One in...

Dr. HAIT: That's right. One in three. So you're chances of g--of dying from cancer are one in--one in two and a f--woman's chances...

ADUBATO: Is that with or without smoking? Is that with s...

Dr. HAIT: That's overall, with smoking, with everything.

Dr. GALLO: It's all cancers, all...

Dr. HAIT: In addition, the biggest killer of women from cancer is not breast cancer, it's lung cancer and that began happening when women began smoking.

ADUBATO: So if you say, 'That's it. I'm going to kick this thing. I'm going to get whatever help I need, whatever support I need, the American Cancer Society'--wherever else they need help, if a woman or a man decides, 'That's it, I'm going to kick this,' do the numbers change?

Dr. HAIT: Yes.

ADUBATO: How so?

Dr. HAIT: Very quickly. Over time your risk from getting lung cancer begins to decrease to the point where you re--almost reach, you approach the risk of a person who never smoked.

ADUBATO: Really?

Dr. HAIT: Yeah.

ADUBATO: That dramatic.

Let's talk about some other prevention efforts. Let's talk about the other that we should be doing. Exercise.

Ms. DANIEL: Exercise.

ADUBATO: What's the connection?

Ms. DANIEL: Of course, increased physical activity. At the American Cancer Society we do advocate for physical activity on everyday basis at least 30 minutes at least five days a week. It dramatically increases your cha...

ADUBATO: How?

Ms. DANIEL: Diet--diet and exercise, they both--they both prevent cancer. Cancers like colon cancer, cancer of the breast and cancer of the prostate. They all dramatically decrease your risk for getting the cancers.

ADUBATO: But Dr. Gallo, let me ask you, say someone watching says, you know, 'I'm doing all the right things. I'm exercising. I'm eating the right foods and keeping my fat content down. I'm not smoking. But I just live'--I mean, we're--we're seen in a variety of states but more bases in New Jersey and say--someone says, 'Well, I just happen to live in New Jersey. Cancer rates are higher. I'm living in an area where, you know, it's cancer alley.' You say?

Dr. GALLO: I'd say don't--don't stop the prevention mes--methods. I mean, I--the--the question with weight, particularly with breast and prostate, is a hormonal question as well. The young girl in the tape spoke about estrogen levels. They are clearly related to--to dietary intake, body weight and exercise plays a role there. As Bill said, you know, you--you ha--we have a very high rate of cancer throughout the world.

ADUBATO: Is it higher in the state of New Jersey?

Dr. GALLO: It is not--the state of New Jersey at one time was called cancer alley. That--that has dropped off dramatically.

ADUBATO: Why?

Dr. GALLO: I think because people are--are more educated, for one. The other is that the--the Rust Belt industries that created the occupational cancers are--are go--basically going away. Occupation cancer in this state--Anne Marie would know this better than I, but the occupational cancers in this state have dropped off dramatically in the last 21 years, 22 years, since about 1980.

ADUBATO: Well--well--well, stay on this because...

Dr. GALLO: OK. Well, you know, the--the biggest one--the biggest mark that we had was the chemical industry in--in central Jersey or north central Jersey.

ADUBATO: When you drive up the turnpike, I mean, it's, you know--you know, you can see it. It's right there.

Dr. GALLO: That's a big piece. That's a big piece.

ADUBATO: What's the connection?

Dr. GALLO: The biggest connection there is most of the effluents--not most, many of the effluents from these companies were carcinogenic. We know it from animal studies. We actually know from epidemiology. And then, of course, we had Johns--Manville in--Man--or

Somerset County in--in...

ADUBATO: Right. That was an asbestos problem.

Dr. GALLO: Asbestos on the west side of Middlesex County. And we're still living with some of that. We still see patients at the Cancer Institute and at other hospitals in--in Somerset with asbestos-related disease. It--it's--in many cases, the time on--these are now usually older men and women. It's a...

ADUBATO: But are things--excuse me. Are things getting better? I mean...

Dr. GALLO: Oh, I think they're g--I think in--in the about 30 years that I've been here in New Jersey, I think that it's--it's gotten remarkably better.

ADUBATO: You've seen this, Ann Marie?

Ms. HILL: Things--things have gotten better. I think that what people like to do is think that 'Oh, I live in New Jersey, we have pollution, so I'm going to get cancer.' That's wrong. We have all sorts of controls, environmental controls. And the truth of the matter is that whether--how much of a risk the "environment" is and in terms of pollution, it's still debatable, as Mike knows, and--and we have to keep the message that it's actually, for the most part, your own lifestyle choices that can make a difference in wether you get cancer.

ADUBATO: While there are no guarantees, we can do a whole range of things...

Ms. HILL: A whole bunch of things.

ADUBATO: ...or not do certain things to help increase our chances of not getting it. So, Dr. Hait, let me ask you--let's talk diet. What foods increase our risk and what foods decrease our risk?

Dr. HAIT: It's a good question. The answers are not precisely known. However, here's some of the data. Obesity is related to cancer--colon cancer, perhaps breast cancer.

ADUBATO: Why?

Dr. HAIT: One theory, especially for breast and perhaps prostate cancer as well, is that these are cancers that are related to hormones. Androgens and a--androgens for prostate cancer, testosterone; and estrogens for breast cancer. These hormones can be stored in fat so the--and--and even the young gal in the tape was alluding to this--that the more fat content you have...

ADUBATO: Right.

Dr. HAIT: ...the more estrogen or androgen you'll store, and these are slowly released into your circulation over time and can hit the target organ, leading to carcinogenesis and to cancer.

ADUBATO: So if you--so fatty foods are a problem.

Dr. HAIT: Fatty foods are a problem, there's no question about it. People believe without strong, strong proof that red meats are a problem. There's certainly a link to problems with cholesterol and--and heart disease.

ADUBATO: So what should we be eating? Someone watching right now--and again, we're going to put information in our educational resource guide and also, if you log on to our Web site, there'll be a direct link to the Cancer Institute and also to--and, you know, on this other program, you know, we talked about the clinical trials, and I'm going to make the connection between clinical trials and prevention in just a moment. If you log on to our Web site, which you see up there on the screen, we will be connected to the New Jersey Cancer Trial Connect Web site, which gives valuable information about...

Dr. HAIT: Clinical trials available in the state of New Jersey for residents. It's a remarkable Web site.

ADUBATO: Yeah.

Dr. HAIT: We're so impressed. It is made possible by moneys provided by the state government.

ADUBATO: Right.

Dr. HAIT: And what it does: a patient who has cancer or wants to prevent cancer and wants to learn about clinical trials, they log on, they get their own Web site, they get their own home page, and they put on their demographics, ask a question and the software downloads onto their home page trials that they might be eligible for and information about the disease they're interested in.

ADUBATO: I'm going to come back to the food issue, what we should be eating, in a second. I promise you we'll put a lot of this information--the resource guide, and, Ann Marie, you know an awful lot about the Web site.

What is the connection between clinical trials and prevention?

Ms. HILL: Well, we have a number of trials now that are actually looking at, you know, common agents--tea and--and dietary interventions as well as other, you know, chemo "prevention" issues that help us, we think, to prevent cancer, and we've got to prove this so that these trials are available. And you can get it on New Jersey

Cancer Trial Connect, which is--it's a very nice, simple, easy system to find new trials. And if you are at high risk for--for diseases like breast cancer and prostate cancer in particular, there are trials out there right now that may be of value, so they should go on.

ADUBATO: OK. The other thing you want to--when you go onto the Internet, you're trying to find accurate information in the effort to prevent cancer. And this whole green tea thing that both of you have talked about--you're smiling. I'll come to you in a second, Doctor. What do you tell the people that ask you, 'Hey, so I should just be drinking a ton of green tea and I'm preventing cancer?' What do you tell them?

Ms. DANIEL: No. We say, 'Everything in moderation. Of course, have a healthy eating diet.' We say, 'Limit your red meat consumptions,' of course. Five fruits and vegetables. I tell the community all the time, 'Try to in--try to bring more fruits and vegetables into their diet on an everyday basis.'

ADUBATO: Why? What do fruits and vegetables have to do with cancer prevention?

Ms. DANIEL: They all have antioxidants--I know the doctor's going to go--go through it--that prevent cancer.

ADUBATO: What's a phytochemical.

Dr. GALLO: A phytochemical is any chemical that comes out of a plant. Phyto is plant. I mean, one of the big things that--with the anti--with the--with the breast cancer and prostate are phytoestrogens. So we find fidoestrogens in soy, we find fidoestrogens in the brassica vegetables, the--the cabbage and, you know, the cruciferae, brussels sprouts, which I can never get anybody to eat, but I just think they're--they're a great food. And these--these vegetables contain these phytochemicals...

ADUBATO: Right.

Dr. GALLO: ...many of them, as Natasha said, are--are strong antioxidants. And going back to the Linus Pauling vitamin C hypothesis, the antioxidant hypothesis is--is still a valid one. The phytoestrogen it is thought--and there's pretty good evidence--that the estrogens that are found in soy, compounds in soy that are estrogenic will, in fact, prevent the binding of excess estradiol, the--the female hormone of excess...

ADUBATO: You lost me there.

Dr. GALLO: OK.

ADUBATO: I was with you right until then.

Dr. GALLO: All right. So the young lady on our tape talked about having excess estrogen as--as something to worry about. The reason we worry about the estrogen--excess estrogens is that that's the--that's the chemical in the body that keys the proliferation of breast tissue. OK?

ADUBATO: OK.

Dr. GALLO: What the phytoestrogens do, the plant estrogens, actually inhibit that binding. They block it. It's--it's a--I hate to use a cliché of the lock and key, but it's a different key to the lock, that--it's a master key that works. And it blocks the natural estrogen from causing proliferation of breast tissue.

ADUBATO: And...

Dr. GALLO: And that is thought to be preventive.

ADUBATO: OK. So say someone watching this, you know, 'I'm following what you guys are saying and I want to do the right thing, but, you know, there's a history in my family, Dr. HAIT.' And, you know, just like someone believes, 'Hey, I live in New Jersey, what am I going to do?' someone else says, 'I was born into this family. What am I going to do?' H--what is the connection, the link to genetics and what's the preven--what do you prevent if it's in the family?

Dr. HAIT: Well, there--there's strong links through family which are related to unusual f--syndromes of hereditary cancers. This accounts for less than 10 percent of all cancers.

ADUBATO: Less than 10 percent?

Dr. HAIT: Yes. And then there's less-strong links that a--account for sporadic cancers. Like, for example, most women who get breast cancer ha--have no family history, yet there are syndromes that you inherit a damaged gene that everyone in the family gets breast cancer.

ADUBATO: S--so--excuse me. So when we hear of a group of sisters, three sisters, all of whom have cancer, and their mother had cancer, that is the exception?

Dr. HAIT: That's right. So the exception would be in a group of women, young women who all get breast cancer before the age of 50, let's say, and their mom had it at a very young age--there is a higher chance that these women inherited a damaged gene that made them susceptible.

We're now learning some things that might account for all the others, or many of the others, and that is that rather than inheriting damaged genes, we pick up these very subtle changes in our genes, one base at a time, an--an--an entire gene. And these make us more susceptible than the person sitting next to us to the same exposure. So some

people can be overweight and not get breast cancer; other people do--do with the same, in theory, exposure to estrogens. But they might have inherited this single change, not as a mutation. They--they just have it, and they're more susceptible. These are called snips.

ADUBATO: OK. But I want to be clear on this. Some--someone gets tested and a guy finds out that he has the gene that makes him more susceptible to colon cancer. That doesn't--did I say that incorrectly?

Dr. GALLO: No, you did not.

ADUBATO: OK. But--but it doesn't mean he's going to get colon cancer, and there are certain things he should be doing, correct? Such as?

Ms. DANIEL: Screening. Going for screening guidelines.

ADUBATO: When?

Ms. DANIEL: Well, that really depends with him and his doctor. It should be over the age of 50 for colon cancer, but if he has it in his family he should discuss with his physician if he should go earlier 'cause that is something that it should--you know, it should be discussed between him and his physician when he should go for screening on a regular basis.

ADUBATO: Any confusion about this?

Dr. HAIT: The--the general rule that we--a rule of thumb, never been totally proven, but 10 years earlier...

Ms. DANIEL: Right.

Dr. HAIT: ...than your parent got cancer you should start screenings if your parents if your parents already have...

Ms. DANIEL: Or the youngest person who got cancer.

ADUBATO: OK. Ten years earlier.

Ms. DANIEL: Right.

Dr. HAIT: Ten years early you should start.

ADUBATO: And--and the early detection is part of prevention?

Dr. HAIT: Absolute--certainly detection can prevent cancer--can prevent premalignant problems. So let's talk about colon cancer. This is extremely important.

ADUBATO: Got a minute left. Go ahead.

Dr. HAIT: Extremely important. You can have polyps on a colonoscopy. These are pre--precursors. Aspirin, other anti-inflammatory drugs, can prevent you from getting colon cancer just by taking a baby aspirin a day or other types of anti-inflammatories. So there are things you can do to help you prevent these things.

ADUBATO: But having that information is absolutely critical. I know that the credits are up so we can't put our Web site information up, but please make sure you do that. And also I want to make sure I thank Bill Hait and the Cancer Institute for all their help.

This is important. We've got 30 seconds left. Any other preve--I'm going to go around real quick. Thirty seconds. Prevent...

Dr. GALLO: Healthy--healthy heart diet, healthy cancer diet.

ADUBATO: Say that again.

Dr. GALLO: A healthy heart diet is a healthy cancer diet.

ADUBATO: Ann Marie.

Ms. HILL: We still need research because we've got more answers to find.

ADUBATO: Natasha.

Ms. DANIEL: Healthy eating, and we really advocate for a statewide smoking indoor ban.

ADUBATO: A state--so we should not have to go to a restaurant and inhale someone else's smoke, right, Bill Hait?

Dr. HAIT: Absolutely right.

Dr. GALLO: Absolutely.

ADUBATO: Is that going to happen anytime soon?

Dr. HAIT: I--I--I believe so.

Ms. HILL: Yeah.

ADUBATO: And politics should have nothing to do with people's health, as you said before.

Ms. HILL: Right.

Dr. HAIT: Absolutely. Only people's good health, and I think that's

it.

Ms. HILL: Right.

ADUBATO: Great job, everyone. Thank you.

Ms. DANIEL: Thank you.

Announcer: If you would like more information on this program or if you'd like to express an opinion, e-mail us at info@caucusnj.org. And visit us on the World Wide Web at www.caucusnj.org.

The preceding program has been a production of the Caucus Educational Corporation, Rutgers-Newark, NJN Public Television and Thirteen/WNET New York.

Major funding for this edition of CAUCUS: NEW JERSEY has been provided by the Cancer Institute of New Jersey; Roche; HorizonMercy, a managed health care organization serving New Jersey's publicly insured; QualCare, Inc., a local managed care company covering 550,000 New Jersey residents; and by Miix Advantage of New Jersey.

Promotional support provided by NJ Biz, all businesss, all New Jersey; CN8, the Comcast network and by New Jersey Medicine, a journal of medicine and health policy.