



EVERY WOMAN COUNTS
2020 REPORT TO THE CALIFORNIA
LEGISLATURE: BREAST AND CERVICAL
CANCER SCREENING AND DIAGNOSTIC
SERVICES, FISCAL YEAR 2017-18

Information on the Every Woman Counts Program:

Available at Department of Health Care Services, Benefits Division,
<http://www.dhcs.ca.gov/services/cancer/EWC/Pages/default.aspx>

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Women seeking breast cancer and cervical cancer screening services, and individuals with perceived breast cancer signs or symptoms:

Call the toll-free number 1-800-511-2300 or visit our Online Provider Locator,
<http://www.dhcs.ca.gov/services/cancer/EWC/Pages/default.aspx>

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Benefits Division**

**EVERY WOMAN COUNTS (EWC)
2020 Annual Report to the California Legislature: Breast and Cervical Cancer
Screening and Diagnostic Services, Fiscal Year 2017-18**

2020

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EXECUTIVE SUMMARY

The Every Woman Counts (EWC) report complies with the Revenue and Taxation Code Section 30461.6 (f) that requires the Department of Health Care Services to submit an annual report to the Legislature on specified activities of EWC. This report includes EWC services provided during Fiscal Year (FY) 2017-18. The data includes the number and demographics of recipients served and number of breast and cervical cancer screening, diagnostic services provided, and confirmed diagnoses of breast and cervical cancer with stage at diagnosis for calendar year (CY) 2016, based on adjudicated claims from the Medi-Cal fiscal intermediary (FI), reported as of June 2019. There are no critical issues in this report or with the EWC delivery system.

KEY FINDINGS:

EWC SERVICES

EWC provided breast and/or cervical cancer screening and diagnostic services to nearly 174,400 uninsured and underinsured recipients in FY 2017-18.

- Approximately 156,469 received EWC breast cancer screening and diagnostic services.
- Approximately 67,461 received EWC cervical cancer screening and diagnostic services.

The breast and cervical screening categories of service are not mutually exclusive and some recipients received both.

EWC providers rendered approximately

- 149,421 screening and/or diagnostic mammograms.
- 44,383 breast ultrasounds.
- 153,882 other related services such as breast health consultations, Clinical Breast Exam, and breast biopsy (e.g., fine needle aspiration, needle core/vacuum assisted biopsy, or excisional biopsy).
- 51,748 Pap tests.
- 17,325 HPV tests.
- 79,148 other related services including, but not limited to, colposcopy with or without cervical biopsy(s), endocervical curettage, and endometrial sampling.

The categories of services and procedures are not mutually exclusive and some recipients received more than one procedure.

CANCER DETECTION IN CY 2016

In 2016, EWC clinical services diagnosed:

- 656 recipients with breast cancer.
 - 100 recipients with *in situ* breast cancer
 - 536 with invasive breast cancer
- Fifty-three recipients with invasive cervical cancer.
- The majority were among recipients less than 50 years of age (45 percent and 55 percent, respectively).
- Forty-one percent of EWC breast cancers and 53 percent of invasive cervical

cancers were diagnosed at early stage when timely and appropriate treatment leads to an increased chance of survival.

TREATMENT OF EWC DIAGNOSED BREAST AND CERVICAL CANCER IN CY 2016

BREAST

- Of the of the 656 recipients diagnosed with breast cancer through EWC
 - Sixty-eight percent were referred to DHCS Breast and Cervical cancer Treatment Program (BCCTP) for treatment,
 - Thirty-one percent reported to have received treatment through other health coverage,
 - One percent was lost to follow-up.

Cervical

- Of the 53 recipients diagnosed with cervical cancer through EWC
 - Forty-five percent were referred to BCCTP for treatment,
 - Fifty-three percent were reported to have received treatment through other health coverage,
 - Two percent were lost to follow-up.

INTRODUCTION

The Every Woman Counts (EWC) program is the California site of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) of the federal Centers for Disease Control and Prevention (CDC) and the State's Breast Cancer Control Program (BCCP). EWC's mission is to mitigate the devastating medical, emotional and financial effects of breast and cervical cancer and eliminate health disparities for medically underserved, low-income individuals. EWC is a safety net program, and payer of last resort.

LEGISLATIVE REQUIREMENT

The BCCP is part of the EWC program administered by California Department of Health Care Services (DHCS), Benefits Division (BD). Effective July 1, 2012, EWC transitioned from the California Department of Public Health (CDPH) to DHCS per Assembly Bill (AB) 1467 (Committee on Budget, Chapter 23, Statutes of 2012). Effective January 1, 2017, EWC provides diagnostic services to individuals of any age with signs and symptoms of breast cancer per AB 1795 (Atkins, Chapter 608, Statutes of 2016). Revenue and Taxation Code Section 30461.6 (f) requires the oversight department to submit an annual report to the Legislature on specified activities of EWC. The portion of the statute pertaining to the report states:

(f) "...The California Department of Public Health [now DHCS per AB 1467] shall submit an annual report to the Legislature and any other appropriate entity. The report shall describe the activities and effectiveness of the program and shall include, but not be limited to, the following types of information regarding those served by the program:

- (1) The number.*
- (2) The ethnic, geographic, and age breakdown.*
- (3) The stages of presentation.*
- (4) The diagnostic and treatment status."*

In addition to breast cancer screening and diagnostic services, EWC provides cervical cancer screening and diagnostic services using a combination of state and federal funds. This report includes outcomes for both breast cancer and cervical cancer screening and diagnostic services provided by EWC during fiscal year (FY) 2017-18.

BACKGROUND

AB 478 (Friedman, Chapter 660, Statutes of 1993) and AB 2055 (Friedman, Chapter 661, Statutes of 1993) created the California Breast Cancer Act (BCA). BCA authorized the Breast Cancer Fund derived from a dedicated two-cent tax on tobacco products. Half of the revenues are deposited into the Breast Cancer Control Account, to implement a state-funded breast cancer-screening program, called the Breast Cancer Early Detection Program (BCEDP).

BCEDP was created in coordination with the Breast and Cervical Cancer Control Program (BCCCP), a federal CDC-funded multi-component public health program in existence since 1991. BCCCP, now known as the NBCCEDP, funds cancer screening,

public education, outreach, quality assurance, and program evaluation activities. BCEDP and NBCCEDP were unified in October 2002 to form one comprehensive program, Cancer Detection Programs: EWC. To meet the increasing demand for services, in FY 1999-2000, EWC began receiving additional funding from Proposition 99 unallocated Tobacco Tax and Health Promotion Act (Prop 99) and state general funds in FY 2010-11.

REPORTING PERIOD

This report to the Legislature includes EWC services provided during FY 2017-18. The data includes the number and demographics of recipients served and number of breast and cervical cancer screening, diagnostic services provided, and confirmed diagnoses of breast and cervical cancer with stage at diagnosis for calendar year (CY) 2016. Due to the time needed to accurately collect and process cancer case information, the most recent complete data available is from CY 2016.

Methods

The information provided in the tables and figures regarding breast and cervical cancer screening and diagnostic services for this FY 2017-18 report are based on adjudicated claims from the Medi-Cal fiscal intermediary (FI), reported as of June 2019. This report includes women served by EWC using both state and federal funds.

DHCS used the following sources for the FY 2017-18 data used for this report:

- ***DHCS, Detecting Early Cancer Data Management System (DETEC)***: EWC's data management system for recipient enrollment and clinical services outcomes.
- ***DHCS, Medi-Cal Fiscal Intermediaryclaims database***: Staff analyzed adjudicated claims to identify EWC clinical services delivered during FY 2017-18. Staff linked clinical services recipient records from DETEC to adjudicate claims to substantiate and identify all services in the clinical path.
- ***CDPH, California Cancer Registry (CCR)***: The CCR is the state's cancer surveillance system. California Health and Safety Code (H&S), Section 103885, requires hospitals, physicians and certain other health care providers to report all new cancer diagnoses for California residents. EWC clinical services recipient records are linked to the CCR twice per year.
- ***DHCS, Breast and Cervical Cancer Treatment Program (BCCTP)***: Since January 2002, with the passage of Public Law 106-354¹, women diagnosed with breast or cervical cancer through EWC have gained access to cancer treatment services through DHCS' state and federal funded BCCTP. BCCTP is a state and federal Title XIX funded program that provides no-cost breast and cervical cancer treatment to eligible uninsured and underinsured Californians through full-scope Medi-Cal. DHCS conducts a quarterly record linkage with BCCTP.

¹ 106th Congress, October 24, 2000, 114 STAT. 1381

The number of recipients served is a count of unique (or distinct) recipients from EWC's adjudicated claims data during the reporting period. Recipient date of birth and race/ethnicity is self-reported at the corresponding clinical service. Those data are missing for recipients who chose not to identify their age, year of birth, or race/ethnicity. Recipients classified as "Other" race/ethnicity include those who self-identified as such and who reported multiple races. The county of residence as presented in Table 3 (on page 18) was derived from the zip code information individuals provided as their address at the point of service.

CCR breast and cervical cancer diagnosis data was used to determine stage of diagnosis, source of treatment, and treatment follow-up among recipients who received an EWC clinical service on the same day or up to one-year prior to the diagnosis date recorded in CCR. Due to the time needed to accurately collect and process cancer case information, the most recent complete data available from the CCR to link with EWC data was for CY 2016.

DHCS used BCCTP data to validate EWC recipients diagnosed with breast and cervical cancer, who were referred to Medi-Cal BCCTP for treatment. EWC recipient records were linked to those from CCR and BCCTP using a probabilistic record linkage methodology. Multiple permutations and combinations of primary demographic data such as name, mother's maiden name, phone number, date of birth, and address were used in lieu of recipient Social Security Number, which is not collected by EWC.

All analyses used in this report, unless otherwise noted, were conducted by DHCS. All tables and figures in this report were designed and evaluated based on Public Aggregate Reporting – DHCS Business Reports, issued November 2015.

OVERVIEW OF EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTICS AND PUBLIC HEALTH SERVICES

EWC is a safety net program and payer of last resort. EWC is the largest NBCCEDP breast cancer detection program in the nation. In order to access EWC cancer screening, diagnostics, and case management services, women must meet program eligibility criteria. These criteria include being uninsured or underinsured (defined as financially unable to pay co-payments or deductibles, or having insurance that does not cover breast and cervical cancer screening and/or diagnostic services) and having a household income at or below 200 percent of the federal poverty level. EWC provides breast cancer screening and diagnostic services to eligible California women ages 40 and older and cervical cancer screening and diagnostic services to eligible California women ages 21 and older. Starting January 1, 2017, individuals of any age, who would otherwise meet all program requirements, may receive diagnostic services from EWC if they present with suspected symptoms of breast cancer.

EWC delivers breast and cervical cancer screening and diagnostic services through a statewide network of approximately 900 Medi-Cal primary care providers and an

unknown number of referral providers throughout the state. These Medi-Cal providers are bound by a service agreement with DHCS to submit claims for payment through the FI, provide EWC services, conduct eligibility assessments, and enroll women in the EWC program at point of service.

CCR estimated that in 2016, 26,581 California women were diagnosed and 4,311 died from invasive breast cancer². CCR also estimated that in 2016 1,509 California women were diagnosed and 475 died from cervical cancer.³ Timely, age-appropriate screening may have prevented some of these deaths by detecting cancer early, when it is most treatable.

Early detection of breast cancer and cervical cancer increases the chance of survival. If breast cancer is found early as a localized tumor (i.e., the tumor has broken through the basement membrane, but is confined to the breast) the five-year relative survival rate is 98.3 percent. If the tumor is regional, i.e., the tumor has spread to lymph nodes or adjacent tissues, the five-year relative survival rate could decline to 85.4 percent. Similarly for cervical cancer, if found localized, the five-year relative survival rate is about 91.6 percent compared to 56.7 percent when found at regional stage.⁴

Mammograms and Papanicolaou (Pap) tests alone or co-tested with Human Papillomavirus (HPV), are highly effective cancer screening tools. However, women who are uninsured and underinsured, geographically and culturally isolated, medically underserved, or members of racial, ethnic, and cultural minorities underuse these tools. The goal of EWC is to improve access to and utilization of screening services.

EWC services begin with outreach and health education primarily targeting women in our eligible population to increase demand for appropriate screening. Case management increases likelihood of the completion of diagnostic services by program recipients. The quality of clinical services is promoted by professional education aimed at EWC providers. All EWC efforts are supported through collaborations with healthcare and public health partners.

² [CDPH CCR Annual Statistical Tables by Site \(1988-2016\), Breast Cancer](#),

Accessed October 21, 2019.

³ [CDPH CCR. Annual Statistical Tables by Site \(1988-2016\), Cervical Uteri Cancer](#),

Accessed October 21, 2019.

⁴ Movsisyan A, Hofer BM, Maguire FB, Morris CR, Parikh-Patel A, Kizer KW, Kwong SL, Damesyn M. [Cancer in California, 1988-2016](#). Sacramento, CA: California Department of Public Health, Chronic Disease Surveillance and Research Branch, April 2019. Page 21.

PUBLIC EDUCATION AND OUTREACH

EWC's education and outreach efforts focus on targeting priority populations who are underserved, and/or hard-to-reach and directing them to appropriate breast and cervical cancer screening and diagnostic services from Medi-Cal, Covered California, or EWC. Health education activities include EWC health education classes, small group sessions, and one-on-one consultations. In FY 2017-18, 3,815 women attended EWC's breast and cervical cancer health education classes across the state. Another 11,256 women were reached through small group sessions and one-on-one consultations at community sites or events.

EWC conducts outreach and provides culturally and linguistically appropriate breast and cervical cancer health education to women in specific age groups, racial/ethnic populations, and geographic locations. EWC's priority populations are women, who are American Indian, Asian-Pacific Islander, or African American; rural residents; residents of ethnic enclaves; the homeless; disabled; and those in the Lesbian, Gay, Bisexual, Transgender and Queer community. These women are more likely to lack health insurance, or if insured, are unable to pay out-of-pocket expenses for diagnostic services; or are geographically or culturally isolated with limited options for healthcare. This results in women who are rarely or never screened for breast and cervical cancer.

Public Education and Outreach Initiatives

EWC Telephone & Online Provider Locators

The EWC Telephone Provider Locator (TPL), an automated toll-free service, and EWC Online Provider Locator (OPL) provides 24-hour access to aid individuals with finding a EWC provider. EWC's TPL and OPL are promoted through EWC education and outreach activities. In this reporting period, an estimated 8,515 calls were made to the TPL, 9,457 visits were made to the OPL and 38,153 visits were made to the EWC web page.

SCREENING AND DIAGNOSTICS

EWC provided breast and cervical cancer screening and diagnostic services to nearly 174,400 uninsured and underinsured recipients in FY 2017-18.⁵ In 2016, EWC services led to the diagnosis of 656 recipients with breast and 53 recipients with cervical cancers.

DIAGNOSTICS CASE MANAGEMENT

Case management is an integral part of EWC. Program recipients with abnormal screening test results receive case management services to ensure timely diagnosis and are provided with the opportunity for appropriate treatment. The role of case management is to establish, broker, and sustain essential support services for EWC

⁵ Every Woman Counts Program, 2019 Annual Report to the California Legislature, Breast and Cervical Cancer Screening and Diagnostic Services, Fiscal Year 2016-17. Sacramento, CA: California Department of Health Care Services, Benefits Division, February 2019.
<https://www.dhcs.ca.gov/formsandpubs/Pages/Reports-to-the-Legislature.aspx>

recipients in order to identify and overcome barriers that prevent continuation of diagnostic services and treatment.

PATIENT NAVIGATION INITIATIVE

Navigation Services (NS) is a program activity required by the NBCCEDP, as of July 2015. EWC implementation activities began in 2015 with the creation of a data system for NS and training materials. Data system launch, training webinars and training guides were done in 2017 and full implementation of NS began in July 2018. NS are intended to promote screening compliance, continuity of care to ensure completion of all appropriate procedures for clinical resolution, and initiate timely treatment. EWC NS support the clinical care of individuals by assessment of and aid in the elimination of barriers to timely screening, completion of diagnostic testing, and facilitation of treatment referral. NS achieves this goal by providing the health educators and nurses who conduct screenings, testing, and provide referrals with tools to help individual patients overcome their specific barriers to obtaining screening and services. Patient navigation, similar to the EWC NS, has been shown to save lives by improving health care access, utilization, and clinical outcomes. EWC NS should result in increased clinical efficiencies and improved outcomes.

CLINICAL QUALITY INDICATORS

EWC is committed to providing quality breast and cervical cancer screening and diagnostic services to its program recipients. EWC pursues this goal by offering technical assistance to providers to improve performance by implementing innovative, cost-effective education, and monitoring their Core Program Performance Indicators (CPPIs). The CPPIs and their performance benchmarks (BERK) were developed by the NBCCEDP to assess grantee achievement.

The aims of the CPPIs are to ensure: 1) screening of priority population; 2) timely and complete diagnostic follow-up of abnormal breast and cervical cancer screening results; and 3) timely treatment initiation for program recipients diagnosed with breast and cervical cancers or pre-cancerous cervical conditions.

In April 2018, EWC providers met or exceeded 90 percent of the required CPPIs.

- Of recipients who received an initial Pap test by EWC, 35.3 percent were either never screened for cervical cancer (previous PAP test) or had a previous PAP test outside of the EWC, more than five years ago (BERK, 20 percent).
- For recipients with abnormal screening results, 94.4 percent were screened for breast cancer and 82.4 percent were screened for cervical cancer, and received complete follow-up care (BERK, 90 percent).
- The time from provider notification of abnormal screening results to diagnosis was less than 60 days for 91.5 percent of recipients with breast cancer, and less than 90 days for 82 percent of recipients with cervical cancer (BERK, 75 percent).
- Treatment was started for 96.7 percent of recipients diagnosed with breast cancer, and 86.4 percent diagnosed with cervical cancer and precancerous

cervical conditions (includes, high-grade squamous intraepithelial lesion; cervical intraepithelial neoplasia; and carcinoma *in situ*⁶) (BERK, 90 percent).

- Of the recipients who received treatment, 94.1 percent with breast cancer, and 91.7 percent with cervical cancer, started treatment within 60 days (BERK, 80 percent).
- Of the recipients with precancerous cervical conditions, 90.6 percent began treatment within 90 days (BERK, 80 percent).

During this period, EWC failed to meet the benchmark of 90 percent for one CPPI related to cervical cancer, which was screening follow-up (82.4 percent). This is an improvement from the benchmark rates for FY 2016-17 where EWC failed two benchmarks.⁷ EWC strives to meet 100 percent of the benchmark requirements and continues to work with these providers, as well as other providers, to design and implement interventions aimed at encouraging program recipients to continue care through the completion of all appropriate procedures to clinical resolution. One such intervention is support offered by EWC NS as described above on page 10.

PROFESSIONAL DEVELOPMENT

As a part of the professional development component EWC, in collaboration with medical clinicians and researchers, continued to work on finalizing a Breast Cancer Screening Algorithm. The algorithm includes major steps for an individualized approach to breast cancer screening such as risk assessment, indications for genetic counseling referral, breast density and additional screening option.

EWC will make the algorithm module accessible on-line at the Medi-Cal Learning Portal, which is an easy-to-use, one-stop learning center for Medi-Cal billers and providers. Registered providers will receive a certificate upon completion of the Breast Cancer Screening Algorithm Module.

PARTNERSHIPS, COORDINATION, AND COLLABORATION

The goal of the EWC Partnerships, Coordination and Collaboration Program (PCC) component is to actively engage, develop, and maintain collaborative partnerships that support cancer-screening activities. To increase EWC's geographic coverage, improve access to eligible populations and to increase awareness of effective policy, systems, and environmental approaches to breast and cervical cancer screening, EWC PCC seeks to engage state programs, and diverse agencies and organizations in the community including American Indian and Alaskan Native tribes and tribal organizations, which serve populations with disparate health outcomes.

In FY 2017-18, DHCS staff met with CDPH, interdepartmental staff, and other public

⁶ Carcinoma *in situ* is non-invasive or pre-invasive breast cancer.

⁷ Every Woman Counts Program, 2019 Annual Report to the California Legislature, Breast and Cervical Cancer Screening and Diagnostic Services, Fiscal Year 2016-17. Sacramento, CA: California Department of Health Care Services, Benefits Division, February 2019.

<https://www.dhcs.ca.gov/formsandpubs/Pages/Reports-to-the-Legislature.aspx>

health partners to develop, coordinate and integrate evidenced-based activities and strategies to reach targeted populations. Through CDPH, DHCS staff met regularly with the California Coordinated Cancer Control Leadership Team, which included the California Comprehensive Cancer Program, the CCR, California's Chronic Disease Control Branch, the California Colon Cancer Control Program, and the California Rural Health Board, to improve collaboration and coordination of activities and efforts. EWC utilized the CCR's advanced stage breast and cervical cancer statewide data to concentrate breast and cervical cancer health education and prevention efforts of the program's regionally contracted health educators in the areas with the greatest needs.

EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES

RECIPIENTS SERVED BY EWC

EWC provided breast and/or cervical cancer screening and diagnostic services to nearly 174,400 uninsured and underinsured recipients in FY 2017-18. Overall, there was an 8 percent increase in recipients served in FY 2017-18 compared to FY 2016-17. Of the recipients served in FY 2017-18, approximately 156,469 received EWC breast cancer screening and diagnostic services, and approximately 67,461 received EWC cervical cancer screening and diagnostic services (categories of service are not mutually exclusive).

Tables 1 and 2 show the distribution of recipients served in FY 2017-18 by age group, race, and ethnicity. For both breast and cervical cancer screening and diagnostic services, the majority of recipients were aged 40 to 49 years old (52 and 47 percent, respectively); and were Hispanic (91 percent for both breast and cervical cancer screening services).

Table 3 and Figure 1 show the distribution of recipients served in the reporting period by county of residence. Approximately 37 percent received breast cancer screenings and diagnostic services and 22 percent received cervical cancer screening and diagnostic services in Los Angeles County.

SERVICES RENDERED BY EWC

In FY 2017-18, EWC providers performed approximately 149,421 screening and/or diagnostic mammograms, 44,383 breast ultrasounds, and 153,882 other related services such as breast health consultations, Clinical Breast Exam, and breast biopsy (e.g., fine needle aspiration, needle core/vacuum assisted biopsy, or excisional biopsy). For cervical cancer screening and diagnostic services, EWC providers performed 51,748 Pap tests, 17,325 HPV tests, and 79,148 other related services including, but not limited to, colposcopy with or without cervical biopsy(s), endocervical curettage, and endometrial sampling. The categories of services and procedures are not mutually exclusive.

CANCER DETECTION IN CY 2016

In 2016, EWC clinical services diagnosed 656 recipients with breast cancer and 53 recipients with invasive cervical cancer.

Tables 4 and 5 show the majority of EWC-diagnosed breast and cervical cancers were among recipients less than 50 years of age (45 percent and 55 percent, respectively). For both breast and cervical cancers, the majority of recipients diagnosed were Hispanic (75 percent).

EWC diagnosed 100 recipients with *in situ* breast cancer and 536 with invasive (not shown). Breast and cervical cancer records with missing stage of diagnosis were excluded in this portion of the analysis. Forty-one percent of EWC breast cancers and 53 percent of invasive cervical cancers were diagnosed at early stage when timely and appropriate treatment leads to an increased chance of survival.

Figures 2 and 3 show the distribution of breast and invasive cervical cancers diagnosed in 2016 by socioeconomic status⁸ (SES) from the lowest (SES 1) to the highest (SES 5) and by stage at diagnosis (early versus late) for EWC recipients and all California women as reported by CCR.⁹

Compared to all California women diagnosed with breast cancer at the lowest SES, which appears to be comparable to EWC's service population, fewer EWC recipients were diagnosed with breast cancer at early stage (41 versus 65 percent, respectively). In contrast, compared to all California women diagnosed with invasive cervical cancer at the lowest SES, a higher percentage of EWC recipients were diagnosed at early stage (53 versus 42 percent respectively).

TREATMENT OF EWC DIAGNOSED BREAST AND CERVICAL CANCER IN CY 2016

In 2016, 68 percent of the 656 recipients diagnosed with breast cancer through EWC were referred to BCCTP for treatment, 31 percent reported to have received treatment through other health coverage, and 1 percent was lost to follow-up¹⁰. For the 53 EWC recipients diagnosed with cervical cancer, 45 percent were referred to BCCTP for treatment, 53 percent were reported to have received treatment through other health coverage, while 2 percent were lost to follow-up.

CONCLUSION

EWC provided potentially life-saving breast and cervical cancer screening and diagnostic services to approximately 174,400 recipients in FY 2017-18, who may

⁸ SES was measured for 20,919 census block groups (2000 U.S. Census) categorized into quintiles, ranging from 1, the lowest to 5, the highest, using principal component analysis, which calculated standardized component scores. Variables used were: education, median income, median house value, median rent, proportion below 200 percent federal poverty level, proportion blue-collar workers, proportion in workforce. Yost, K., et al, Socioeconomic status and breast cancer incidence in California for different race/ethnic groups. *Cancer Causes and Control* 12, no. 8 (2001): 703- 711.

⁹ Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status. Data obtained by request. May 9, 2019.

¹⁰ In clinical medicine and research, the term "lost to follow-up" generally means a person who has not returned for continued care or evaluation (e.g., because of death, disability, relocation, or drop-out).

otherwise not have had access to care. In 2016, EWC services led to the diagnosis of 656 recipients with breast cancer, 536 of which were invasive, accounting for 2 percent of all invasive breast cancers diagnosed in California that year.¹¹ Of those EWC recipients diagnosed with breast cancer, 41 percent were diagnosed at early stage. Nearly all of the recipients diagnosed with breast cancer by EWC were reported to have been referred to treatment (99 percent).

EWC services led to the diagnosis of invasive cervical cancer for 53 recipients, accounting for 3.5 percent of all invasive cervical cancers diagnosed in California in 2016.¹² More than half of these invasive cervical cancers (53 percent) were found at an early stage of diagnosis. Nearly all of the recipients diagnosed with cervical cancer by EWC were reported to have been referred to treatment (98 percent).

Breast and cervical cancer outreach and awareness, screening, and treatment activities are performed by Medi-Cal, and individual and private market insurance. Many women in California may be covered under one of these health care delivery systems; however, for those who are not, EWC fulfills a critical need for women who are low-income or underinsured, and otherwise would not have access to screening and diagnostic services. Early detection of breast and cervical cancer leads to early treatment, which increases the likelihood of survival.

¹¹ [CDPH CCR Annual Statistical Tables by Site \(1988-2017\), Breast Cancer](#),

Accessed October 21, 2019.

¹² [CDPH CCR. Annual Statistical Tables by Site \(1988-2016\), Cervical Uteri Cancer](#),

Accessed October 21, 2019.

Table 1. Breast Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2017-18

	Breast Cancer (n=156,469)	
Age Group (years)	Number	Percent
Less than 40	11,273	7%
40-49	80,940	52%
50 and over	64,256	41%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	4,335	3%
African American	1,186	1%
Hispanic	142,943	91%
Asian-Pacific Islander	5,882	4%
American Indian and Other	514	<1%
Unknown	1,609	1%

Table 2. Cervical Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2017-18

	Cervical Cancer (n=67,461)	
Age Group (years)	Number	Percent
21-39	10,713	16%
40-49	31,371	47%
50 and over	25,324	37%
Other/Unknown	53	<1%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	2,063	3%
African American	512	1%
Hispanic	61,378	91%
Asian-Pacific Islander	2,594	4%
American Indian and Other	207	<1%
Unknown	707	1%

Table 3. Number of Recipients for Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, Every Woman Counts, Fiscal Year 2017-2018

County of Residence	Breast Cancer (n=156,469)		Cervical Cancer (n=67,461)	
	Number	Percent	Number	Percent
Alameda	3,678	2%	1,121	2%
Alpine/Amador/Calaveras	35	<1%	19	<1%
Butte	365	<1%	137	<1%
Colusa	183	<1%	80	<1%
Contra Costa	1,504	1%	655	1%
Del Norte	35	<1%	22	<1%
El Dorado	212	<1%	103	<1%
Fresno	2,755	2%	1,540	2%
Glenn	201	<1%	111	<1%
Humboldt	102	<1%	43	<1%
Imperial	325	<1%	136	<1%
Inyo/Mono	35	<1%	49	<1%
Kern	3,706	2%	2,286	3%
Kings	731	<1%	435	1%
Lake	55	<1%	27	<1%
Lassen/Modoc/Plumas	31	<1%	26	<1%
Los Angeles	57,344	37%	14,538	22%
Madera	869	1%	555	1%
Marin	907	1%	550	1%
Mariposa/Trinity/Tuolumne	26	<1%	12	<1%
Mendocino	156	<1%	86	<1%
Merced	1,287	1%	827	1%
Monterey	2,892	2%	1,850	3%
Napa	582	<1%	511	1%
Nevada	104	<1%	50	<1%

Every Woman Counts
2020 Report to the Legislature: Breast Cancer and Cervical Cancer
Screening and Diagnostic Services
Fiscal Year 2017-18

County of Residence	Breast Cancer (n=156,469)		Cervical Cancer (n=67,461)	
	Number	Percent	Number	Percent
Orange	16,295	10%	8,010	12%
Placer	218	<1%	105	<1%
Riverside	7,786	5%	4,053	6%
Sacramento	1,246	1%	478	1%
San Benito	311	<1%	196	<1%
San Bernardino	6,326	4%	2,376	4%
San Diego	15,518	10%	9,258	14%
San Francisco	578	<1%	394	1%
San Joaquin	2,434	2%	1,475	2%
San Luis Obispo	917	1%	415	1%
San Mateo	2,555	2%	1,160	2%
Santa Barbara	2,475	2%	1,420	2%
Santa Clara	5,882	4%	3,016	4%
Santa Cruz	1,363	1%	679	1%
Shasta	234	<1%	182	<1%
Sierra	0	0%	0	0%
Siskiyou	80	<1%	60	<1%
Solano	729	<1%	538	1%
Sonoma	1,746	1%	1,050	2%
Stanislaus	2,133	1%	1,081	2%
Sutter	340	<1%	183	<1%
Tehama	191	<1%	104	<1%
Tulare	3,924	3%	2,602	4%
Ventura	3,804	2%	2,179	3%
Yolo	592	<1%	383	1%
Yuba	175	<1%	87	<1%
Unknown	497	<1%	208	<1%

County of Residence	Breast Cancer (n=156,469)		Cervical Cancer (n=67,461)	
	Number	Percent	Number	Percent
Note: Counties where number of women screened was between 1 and 10 were combined with similar sized counties to safeguard program recipient privacy.				

Table 4. Every Woman Counts Diagnosed Breast Cancer by Recipient Demographics and Summary Stage of Diagnosis, Calendar Year 2016

Breast Cancer (n=656)		
Age Group (years)	Number	Percent
Less than 50	295	45%
50-59	226	34%
60 and over	135	21%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	63	10%
African American	13	2%
Hispanic	495	75%
Asian-Pacific Islander	73	11%
American Indian, Other and Unknown	12	2%
Stage at Diagnosis (n=612)*	Number	Percent
Early	250	41%
Late	362	59%
Note: Surveillance, Epidemiology and End Result (SEER) Program, summary stage of diagnosis categories were collapsed into early and late stage. Early stage includes in situ (breast cancer) and localized stage; late stage includes regional and distant stage. *Cancers where stage was unspecified or missing were excluded.		

Table 5. Every Woman Counts Diagnosed Cervical Cancer by Recipient Demographics and Summary Stage of Diagnosis, Calendar Year 2016

Cervical Cancer (n=53)		
Age Group (years)	Number	Percent
Less than 50	29	55%
50 and over	24	45%
Race/Ethnicity	Number	Percent
Hispanic	40	75%
All Others	13	25%
Stage at Diagnosis (n=47)*	Number	Percent
Early	25	53%
Late	22	47%
<p><i>Note:</i> Surveillance, Epidemiology and End Result (SEER) Program, summary stage of diagnosis categories were collapsed into early and late stage. Early stage includes localized stage; late stage includes regional and distant stage. *Cancers where stage was unspecified or missing were excluded.</p>		

Figure 1. Breast and Cervical Cancer Screening and Diagnostic Service Recipients by County of Residence, Every Woman Counts Program, Fiscal Year 2017-18

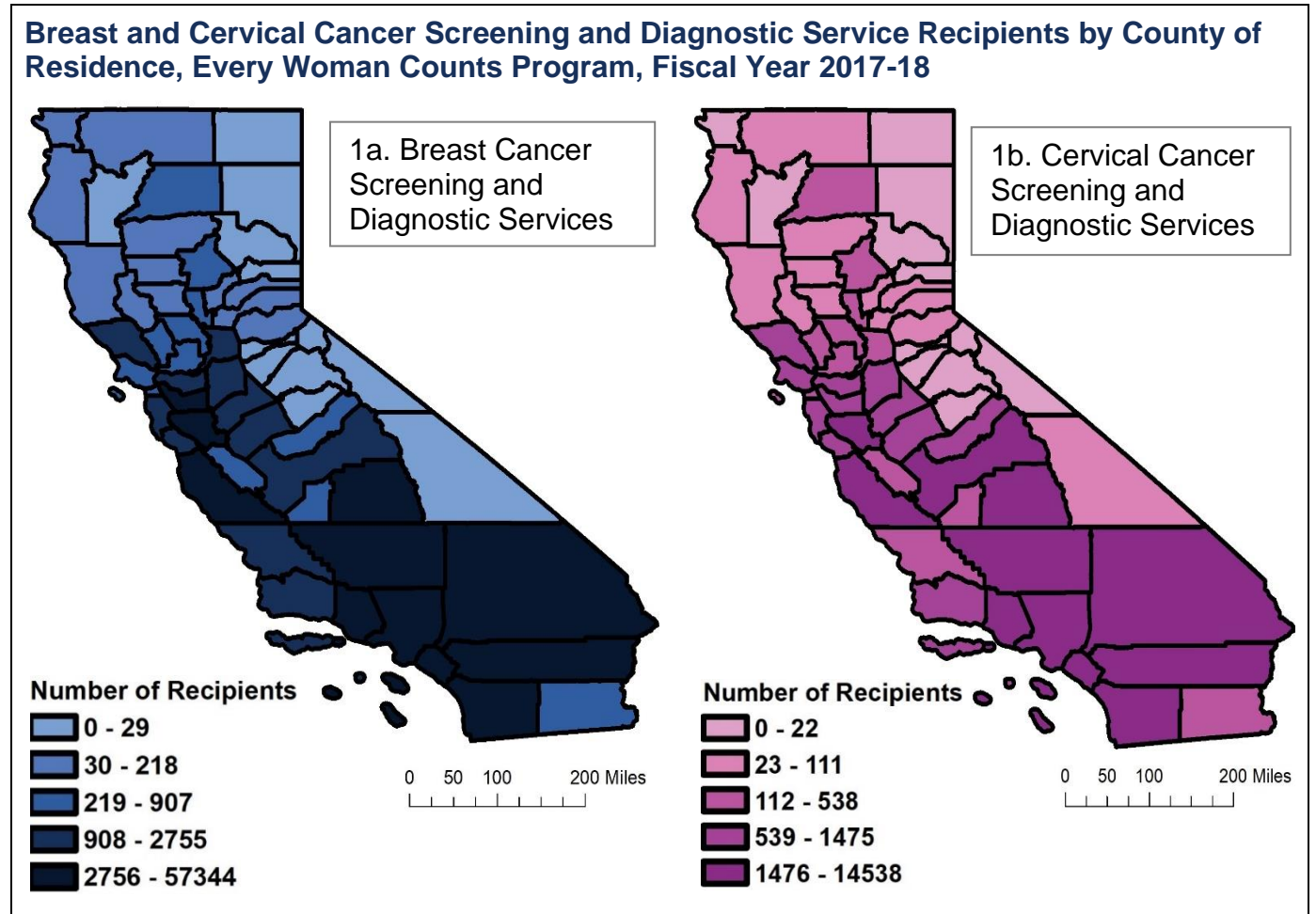


Figure 2. Breast Cancer by Stage of Diagnosis and Socioeconomic Level, Every Woman Counts Program and California, Calendar Year 2016

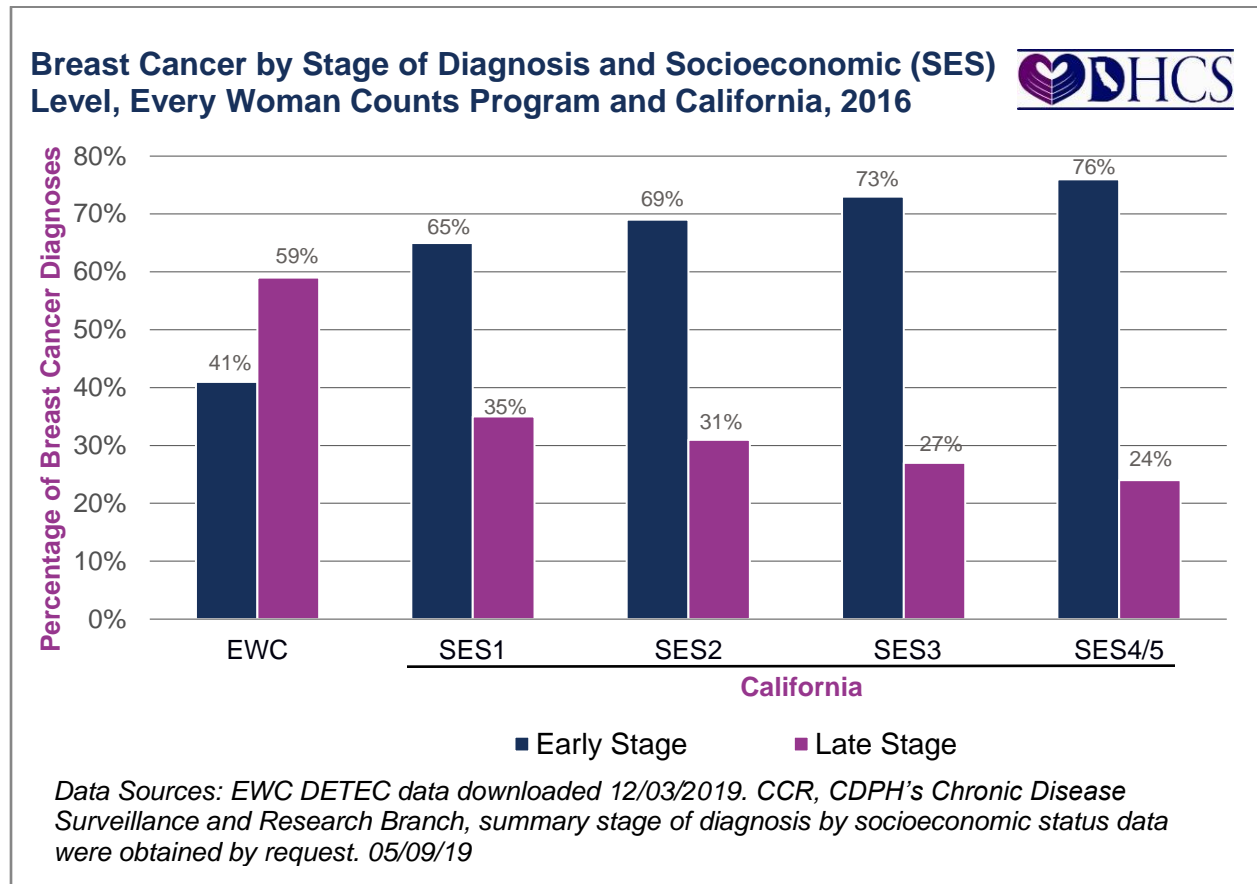


Figure 3. Cervical Cancer by Stage of Diagnosis and Socioeconomic Level, Every Woman Counts Program and California, Calendar Year 2016

