



**Every Woman Counts  
Expenditure and Caseload  
Second Biannual Report to the Legislature  
Fiscal Year 2020-21**

**California Department of Health Care Services  
Benefits Division**

**Every Woman Counts  
Breast and Cervical Cancer Screening Services**

## Background

The California Department of Health Care Services (DHCS), Benefits Division, administers the federal Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and California's Breast Cancer Control Program, known as the Every Woman Counts Program (EWC). EWC provides free breast and cervical cancer screening and diagnostic services to California's underserved populations. The mission of the EWC is to help mitigate and prevent the significant medical, emotional, and financial effects of breast and cervical cancer, and eliminate health disparities for medically underserved, low-income individuals.

This EWC second biannual report, complies with Health and Safety Code Section 104151(b), which requires DHCS to provide a biannual update, no later than February 28 and August 31 of each year to the fiscal and appropriate policy committees of the Legislature.

During this reporting period, July 1, 2020 through December 31, 2020, there were no critical issues documented. This report to the Legislature includes the most recent information, for the specified six-month period, on EWC caseload, estimated expenditures, and related EWC activities. Furthermore, clinical service activities are broken down to include, but are not limited to, office visits and consults, screening mammograms, diagnostic mammograms, diagnostic breast procedures, case management, and other clinical services.

## Caseload

This EWC second biannual report to the Legislature includes Fiscal Year (FY) 2020-21 data on EWC caseload and actual clinical claims and expenditures for July 1, 2020 through December 31, 2020. DHCS demonstrates the association between annual caseload projections and observed biannual caseload, based on unique client identification numbers. EWC providers can submit clinical claims within six months following the month in which the services were rendered.

**EWC Observed Caseload<sup>1</sup>** was 75,374 individuals from July 1, 2020 through December 31, 2020. During the COVID-19 Public Health Emergency (PHE), EWC experienced a caseload decrease of 29 percent, compared to the caseload (105,676 individuals) for the same period last year (July 1, 2019 through December 30, 2019).

**EWC Actual Clinical Claims and Expenditures** was \$13,454,352 from July 1, 2020 through December 31, 2020, which was a 27 percent decrease in total expenditures compared to \$18,433,084 during July 1, 2019 through December 31, 2019.

---

<sup>1</sup> A unique client identification number defines caseload as the sum of EWC recipients, for individuals who received at least one paid service during the reporting period.

**Table 1 EWC Actual Clinical Claims and Expenditures**

<b>Related Program Monitoring Data: Type of Claim</b>	<b>Total Claims</b>	<b>Total Amount Paid*</b>
Office Visits, Consultations and Telehealth	60,925	\$1,669,304
Screening Mammograms	49,912	\$4,915,091
Diagnostic Mammograms	13,676	\$1,481,021
Diagnostic Breast Procedures	5,271	\$203,131
Magnetic Resonance Imaging (MRI)	282	\$51,214
Other Clinical Services <sup>2</sup>	75,256	\$4,856,841
Case Management <sup>3</sup>	5,556	\$277,750
<b>Grand Total</b>	<b>210,878</b>	<b>\$13,454,352</b>

**\*Note:** The summarized data chart includes paid claims for breast and cervical cancer screening and diagnostic services (as of May 14, 2021, and does not include denied claims data). Therefore, the reported claims data does not represent the total expenditures for the period and should not be compared to data provided through other formal processes (e.g., EWC Budget Estimates are located in the [Family Health May 2020 Local Assistance Estimate](#) for FY 2020-21).

*EWC was appropriated \$45.4 million, as reported in the Family Health May 2020 Local Assistance Estimate for FY 2020-21.*

### **EWC Activities for July 1, 2020 through December 31, 2020**

#### **EWC Providers, Recruitment, and Network Maintenance**

In spite of the overwhelming challenges due to the COVID-19 PHE, EWC regional Clinical Coordinators were still able to recruit and enroll 31 Primary Care Providers (PCP). The Clinical Coordinators have become more proficient in providing technical assistance by conducting virtual staff trainings and orientations utilizing virtual platforms, such as Zoom, YouTube, Facebook, and Nextdoor.

<sup>2</sup> Other Clinical Services include cervical screening and diagnostic services, and pathology procedures for both breast and cervical cancer screenings.

<sup>3</sup> Case Management is not reimbursable for normal screening results and is reimbursed at \$50 for abnormal screening results.

## **Importance of the Community Health Workers (CHWs) during the COVID-19 PHE**

During the COVID-19 PHE, the EWC's utilization of or assistance from the CHWs was critical, because they live in the communities they serve and as a result, have access to EWC eligible individuals in their community even when others may not. In addition, CHWs have a genuine camaraderie with the individuals in the communities and consequently, they are especially successful at implementing program activities within these communities. Examples of the work accomplished by the CHWs during the pandemic are provided below:

### ***Northern California***

In the Central Coast Region, which consists of Monterey, San Benito, Santa Cruz, and Santa Clara Counties, the EWC collaborates with *Community Health Partnership*, a non-profit community based organization that works with community health centers and clinics. *Community Health Partnership* conducts EWC outreach, education, screening and diagnostic navigation services, and offers training and technical assistance to EWC Providers.

*Community Health Partnership* utilizes Health Educators and a team of CHWs. The CHWs were particularly successful in conducting outreach to program eligible individuals by going to locations (in-person or virtually) where these individuals would be present. They were proactive by approaching and engaging individuals to educate them about EWC, instead of waiting for individuals to come to them for services. The region's seven CHWs utilized phone calls, Zoom, and WhatsApp to maintain communication with individuals that were confused about how the COVID-19 PHE affected breast and cervical health and cancer screenings.

In the beginning of the COVID-19 PHE, the most common barrier was the inability to make in-person appointments, even when the CHWs contacted individuals to emphasize the importance of regular breast and cervical cancer screenings. Eventually it became easier to make appointments for breast and cervical cancer screenings, but due to the fear of being exposed to COVID-19 many individuals were still not comfortable going to the clinics for screenings. The CHWs reviewed the COVID-19 guidelines with these individuals to alleviate their concerns and conveyed the importance of making screening a priority. As a result of their efforts, the CHWs provided screening navigation to 122 individuals who were enrolled in EWC and screened during the COVID-19 PHE.

### ***Southern California***

As a result of stay at home orders issued by Governor Newsom, and the necessity to continue conducting outreach and education, EWC Health Educators looked for collaborators that were located within neighborhoods and had an established rapport with the individuals there. One such collaboration was with the *Promoters for Better Health*, which is a grassroots organization of promotoras/promotores<sup>4</sup> who share health

---

<sup>4</sup> Promotoras/promotores is the Spanish term for community health workers (for more information, see <https://www.cdc.gov/minorityhealth/promotores/index.html>).

information and resources to families in their neighborhoods, in order to create a better place to live.

The EWC Health Educator that oversees the Los Angeles region was asked to conduct a virtual workshop for the *Promoters for Better Health*, which wanted to know more about EWC. As a result, the team of promotoras/promotores started to refer eligible individuals to EWC that they identified in their outreach efforts as being able to benefit from the services. Once a month, *Promoters for Better Health* gave the Health Educator a list of potentially eligible individuals. The Health Educator, the Clinical Coordinator, and the team of CHWs would contact these individuals and provide education, assistance, and navigation services to encourage them to get screened.

In September and December of 2020, *Promoters for Better Health* referred 27 individuals. Of those, 16 individuals received one-on-one education, 12 received screening assistance, and four received navigation services. The four individuals that received navigation services were successfully enrolled and screened by EWC. The region plans to continue their collaboration with *Promoters for Better Health* and anticipates the number of referrals to increase as COVID-19 restrictions are lifted.

### **EWC Outreach and Education**

Regional Health Educators and CHWs held 203 classes and 123 one-on-one sessions, reaching 1,303 individuals, which is a 48 percent increase when compared to 881 individuals reached during the same time period last year (July 1, 2019 through December 31, 2019). Health Educators and CHWs attended drive-thru and drive-up health fairs and events to conduct outreach to individuals.

Health Educators continued to encounter some of the same challenges, such as collaborators and individuals not having access to Wi-Fi, lack of digital literacy, or staff shortages due to illness, and are now dealing with new barriers, such as Zoom fatigue. Governor Newsom recently signed SB 156 (Committee on Budget, Chapter 112, Statutes of 2021) which aims to increase equitable, affordable access to high-speed internet service across California, and with increased access to Wi-Fi services there could be an increase in digital literacy as well. Multiple regions are using CHWs to assist with outreach and education, however staff shortages during the COVID-19 PHE has been an ongoing issue with Health Educators becoming sick with COVID-19 or caring for family members with COVID-19. To address Zoom fatigue, Health Educators are utilizing drive-thru events and one-on-one sessions. Furthermore, Health Educators have reported that establishing trust with the community members has been challenging using virtual platforms. Health Educators are finding that the one-on-one sessions are more effective than virtual classes.

### **EWC Clinical Services**

#### ***Evidence Based Interventions (EBIs) to Increase Overall Clinic Screening Rates***

As of December 2020, EWC staff continued working with the five previously established EBI clinics to increase the clinic's breast and cervical cancer screening rates. Clinical

Coordinators and EWC staff identified new clinics that were interested in implementing EBIs tailored to their individual needs (Table 2 – identifies approaches and interventions). Three out of five clinics successfully completed a request for funding to assist with the implementation of their clinic interventions. Clinics used the funding for improvements to electronic health record systems, patient and provider reminders, transportation assistance for appointments, and additional staffing to assist with clinic data tracking. The Clinical Coordinators will continue to educate, inform, and encourage new providers on the importance of increasing breast and cervical cancer screening rates by using EBIs. Eventually all EWC PCPs will be expected to implement EBIs.

The EWC Clinical Team, medical and nurse consultants within the DHCS Benefits Division, developed tools for the EBI clinics, such as a sustainability and tracking form, which is used to collect clinical data and assisted EWC’s Clinical Team with future program planning and evaluation. Clinical Coordinators and Health Educators will document all related activities on the form and submit it to the EWC Clinical Team by the end of each fiscal year. The Clinical Coordinators and Health Educators tracked data on all trainings, regular clinic meetings, communications and activities. Furthermore, EWC developed an electronic pamphlet encouraging women to proceed with breast and cervical cancer screening during the COVID-19 PHE.

**Table 2 EWC Approaches and Interventions<sup>5</sup>**

Approach	Intervention
Increasing Client Demand	<ul style="list-style-type: none"> <li>• Client Reminders</li> <li>• Group Education</li> <li>• One-on-One Education</li> <li>• Small Media</li> </ul>
Increasing Client Access	<ul style="list-style-type: none"> <li>• Reducing Structural Barriers</li> <li>• Reducing Out-of-Pocket Costs</li> </ul>
Increasing Provider Delivery	<ul style="list-style-type: none"> <li>• Provider Assessment &amp; Feedback</li> <li>• Provider Reminders</li> </ul>

**California Breast and Cervical Cancer Advisory Council (BCCAC)**

In 1993, the Legislature enacted Revenue and Taxation Code Section 30461.6(h), which established the BCCAC. The Council is comprised of breast cancer researchers, representatives from voluntary and nonprofit health organizations, health care professional organizations, breast cancer survivors, and breast cancer advocacy

---

<sup>5</sup> The Centers for Disease Control and Prevention requires EWC to select interventions in the [Guide to Community Preventive Services](#). The guide is a collection of evidence-based findings recommended by the federal Community Preventative Services Task Force.

groups. BCCAC members recommend new council members and the DHCS Director appoints them.

On July 22, 2020, the DHCS Benefits Division, including EWC staff, met with the BCCAC to provide departmental and program updates. Staff provided updates on the DHCS COVID-19 PHE response, NBCCEDP site visit review, 2020 California Budget highlights, EWC regulations timeline, and breast and cervical cancer screening and diagnostic service trends and processes.

### **California Pink Ribbon License Plate**

The California Breast Cancer Awareness license plate (also known as Pink Plate), was started by a group of Breast Cancer Survivors (the Survivor Sisters) in California who wanted to make a difference by promoting early detection and helping more women survive breast cancer. The Survivor Sisters brought the idea of the license plate to former Assembly Member Joan Buchanan, who introduced Assembly Bill (AB) 49 (Buchanan, Chapter 351, Statutes of 2014) on December 21, 2012. AB 49 authorized DHCS to apply to the Department of Motor Vehicles (DMV) “to sponsor a breast cancer awareness license plate program.” Governor Edmund G. Brown signed AB 49 on September 16, 2014. In December 2017, cars with Pink Plates hit the street.

As of December 31, 2020, the DMV reported 5,494 breast cancer awareness special interest license plates that are currently in operation, of which 31 were motorcycle license plates. Since its inception, total revenues, minus the costs of new plates and administration, of approximately \$511,515 have been collected from Pink Plate proceeds, and \$192,500 has been used to reimburse EWC Providers for breast cancer screening and diagnostic services. EWC must utilize the DHCS Family Health Estimate process to allocate the remaining revenues of \$319,015. In the past two and a half years, EWC has expended the program’s maximum allowable amount of \$77,000 per year, as appropriated by the Department of Finance.

EWC Biannual Reports to the Legislature are posted online on the DHCS website:

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