

DHCS

EVERY WOMAN COUNTS
2016 ANNUAL REPORT TO THE CALIFORNIA
LEGISLATURE: BREAST AND CERVICAL CANCER
SCREENING AND DIAGNOSTIC SERVICES,
FISCAL YEAR 2013-14



MAY 2016

Information on the [Every Woman Counts \(EWC\) Program](http://www.dhcs.ca.gov/services/cancer/EWC/Pages/default.aspx):

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

Questions about this report should be directed to:

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Benefits Division
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EWC E-mail: cancerdetection@dhcs.ca.gov

Telephone: (916) 449-5300

Women seeking breast cancer and cervical cancer screening services:

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),
<http://www.dhcs.ca.gov/services/cancer/EWC/Pages/default.aspx>

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

**EVERY WOMAN COUNTS
2016 Annual Report to the California Legislature:
Breast and Cervical Cancer Screening and Diagnostic Services
Fiscal Year 2013-14
June 2016**

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PURPOSE AND LEGISLATIVE REQUIREMENT

The Breast Cancer Control Program is currently implemented as part of the Every Woman Counts (EWC) program administered by the California Department of Health Care Services (DHCS). EWC was previously housed in the Cancer Detection Section of the California Department of Public Health (CDPH) until June 30, 2012. Effective July 1, 2012, EWC transitioned to DHCS per Assembly Bill (AB) 1467 (Committee on Budget, Chapter 23, Statutes of 2012). Section 30461.6 (f) of the Revenue and Taxation Code 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 State Department of Health Care Services 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) 2013-14.

BACKGROUND

AB 478 (Friedman, Chapter 660, Statutes of 1993) and AB 2055 (Friedman, Chapter 661, Statutes of 1993) created the California Breast Cancer Act, signed into law October 1, 1993, by Governor Pete Wilson effective January 1, 1994, 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 Centers for Disease Control and Prevention funded multi-component public health program in existence since 1991. BCCCP is now known as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and 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, EWC began receiving additional funding from Proposition 99 unallocated Tobacco Tax and Health Promotion Act (Prop 99) in FY 1999-2000 and state general funds in FY 2010-11.

REPORTING PERIOD

This report to the Legislature includes EWC services provided during reporting period July 1, 2013, through June 30, 2014. Finalized data for FY 2013-14 includes the number and demographics of women served, breast and cervical cancer screening and diagnostic services, and for calendar year (CY) 2012, confirmed diagnoses of breast and cervical cancer and stage at diagnosis.

DATA SOURCES USED IN THIS REPORT

The sources of the FY 2013-14 data used for this report are:

- **DHCS, Detecting Early Cancer Data Management System (DETEC):** EWC's data management system for recipient enrollment and clinical services outcomes;
- **DHCS, Medi-Cal Fiscal Intermediary Xerox Corporation (claims database):** EWC adjudicated claims are used to identify EWC clinical services paid during FY 2013-14. EWC clinical services recipient records from DETEC are linked to adjudicated claims to substantiate and identify all services in the clinical path;
- **CDPH, California Cancer Registry (CCR):** The state's cancer surveillance system. Healthcare providers are mandated to report all cancers diagnosed among California residents to the CCR. EWC clinical services recipient records are linked to CCR twice per year; and
- **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 treatment through DHCS' 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. EWC conducts a quarterly record linkage with BCCTP.

METHODS

The information provided in the tables and figures regarding breast and cervical cancer screening and diagnostic services for this FY 2013-14 report is based on adjudicated claims from the Medi-Cal fiscal intermediary, the Xerox Corporation, reported as of October 2015. Women served by EWC using both state and federal funds are represented in this report.

The number of women served is a count of unique (or distinct) women from EWC's adjudicated claims data during the reporting period. Program recipient date of birth and race/ethnicity at corresponding clinical service, is self-reported. Those data are missing for women, who choose not to identify their age, year of birth, or race/ethnicity. Women classified as "Other" race/ethnicity include those, who self-identified as other or reported

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

multiple races. The county of residence as presented in Table 1 was derived from the zip code of a woman's address at the time of service during the reporting period. CCR data for CY 2012 was used to validate breast and cervical cancer diagnoses and recipient demographics. CCR data is also used to determine stage of diagnosis, source of treatment, and follow up among women, who received a 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 2012.

DHCS data for BCCTP was used to validate EWC recipients diagnosed with breast and cervical cancer, who were referred for treatment to Medi-Cal through BCCTP. EWC recipient records are 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 are 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 the Data Management, Evaluation, and Research Unit of the Cancer Detection and Treatment Branch, Benefits Division, DHCS. All tables and figures in this report were designed and evaluated based on DHCS Public Aggregate Reporting Guidelines, issued April 2014.

EWC: OVERVIEW OF BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC AND PUBLIC HEALTH SERVICES

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 women. EWC is a safety net program and payer of last resort. EWC is the largest breast cancer detection program in the nation. In order to access EWC cancer screening, diagnostics, and case management, women must meet program eligibility criteria. These criteria include being uninsured or underinsured (defined as financially unable to meet co-payments or deductibles, or having insurance that does not provide coverage of 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.

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 EWC and submit claims for payment of services through the Xerox Corporation. EWC eligibility assessment and enrollment is at point of service, conducted by EWC primary care providers.

CCR estimated that in 2012, 25,198 women were diagnosed and 4,464 died from invasive breast cancer in California.² For the same year, 1488 California women were diagnosed with cervical cancer and 422 died.³ Detecting cancer early through timely, age-appropriate screening may have prevented many of these deaths.

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 still confined to the breast, the five-year relative survival rate is 100 percent, whereas, if it is regional i.e., the tumor has spread to lymph nodes or adjacent tissues, the survival rate could decline to 85.9 percent during the five-year period. Similarly for cervical cancer if found localized, the five-year survival rate is about 93.3 percent compared to 59.4 percent when found at regional stage.⁴ The number of years of survival after cancer diagnosis may vary widely among different sub-populations and individuals.

Mammograms and Papanicolaou (Pap) tests alone or with Human Papillomavirus (HPV) co-testing are highly effective cancer screening tools, but are underused by women, who are uninsured and underinsured, geographically and culturally isolated, medically underserved, or are considered to be part of a racial, ethnic or cultural minority. The goal of EWC is to improve access and utilization of screening services for these women.

PUBLIC EDUCATION AND TARGETED OUTREACH

EWC outreach efforts focus on targeting underserved, hard-to-reach populations and directing them to appropriate breast and cervical cancer screening and diagnostic services from Medi-Cal, Covered California, or EWC. Outreach and health education activities include EWC health education classes, small group sessions, one-on-one consultations, the EWC toll-free information and provider referral line, and the EWC web page.

² CDPH, CCR. [Annual Statistical Tables by Site, Breast Cancer](http://www.ccrca.org/pdf/AnnualReport/1988-2013_BREAST.pdf), http://www.ccrca.org/pdf/AnnualReport/1988-2013_BREAST.pdf Accessed October 28, 2015 and May 26, 2016.

³ CDPH, CCR. [Annual Statistical Tables by Site, Cervical Uteri Cancer](http://www.ccrca.org/pdf/AnnualReport/1988-2013_CERVIX.pdf), http://www.ccrca.org/pdf/AnnualReport/1988-2013_CERVIX.pdf Accessed October 28, 2015 and May 26, 2016.

⁴ Cook SN, Giddings BM, Morris CR, Parikh-Patel A, Kizer KW, Kwong SL, Bates JH, Snipes KP. [Annual Report on the Status of Cancer in California](http://www.ccrca.org/pdf/Reports/AnnualReport2014_9-15-14.pdf), 1988-2010. Sacramento, CA: CDPH, Cancer Surveillance Section, August 2014. Page 14. http://www.ccrca.org/pdf/Reports/AnnualReport2014_9-15-14.pdf. Accessed on October 28, 2015.

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, and African American; who live in rural areas, such as low income Caucasians and Latinas; immigrants (e.g., African, Middle Eastern, Eastern European); homeless; disabled; and the Lesbian, Gay, Bisexual, Transgender and Queer community. These women are more likely to lack health insurance, or if insured, unable to pay out-of-pocket expenses for diagnostic services; or more likely to be geographically or culturally isolated, which may result in lacking a place to receive care, thereby resulting in being rarely or never screened for breast and cervical cancer. In FY 2013-14, 7,778 women attended EWC breast and cervical cancer health education classes across the state. Of attendees, 44.5 percent were aged 50 and older. EWC's toll-free breast and cervical cancer information and provider referral line (1-800-511-2300), was promoted through EWC health education classes and small group sessions, and managed through a contract with the Cancer Prevention Institute of California Call Center (CPIC). At CPIC, multilingual counselors answered calls from prospective EWC recipients during regular business hours five days a week. In FY 2013-14, the toll-free referral line received an estimated 13,653 calls. Of these, 65 percent were from women seeking screening services. The remaining callers requested information on program eligibility, breast and cervical cancer screening and treatment services. During the same period, the EWC web page received 20,306 visits.

CASE MANAGEMENT

Case management is an integral part of EWC. Program recipients found to have abnormal screening test results are provided with case management services to ensure they receive timely diagnosis and the opportunity for appropriate treatment. The role of case management is to establish, broker, and sustain essential support services which help EWC program recipients to identify and overcome barriers that prevent continuation of diagnostic services and treatment referral.

PARTNERSHIPS, COORDINATION, AND COLLABORATION

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

In FY 2013-14, EWC PCC staff met with: 1) the DHCS Indian Health Program and the California State Office of Rural Health to discuss collaborative efforts for accessing their hard-to-reach populations; 2) CDPH's California Office of Binational Border Health to join efforts to reach and address the health needs of border community residents; 3) DHCS' Family Planning, Access, Care and Treatment Program to ensure appropriately aged

women seeking family planning services are also aware of breast cancer screening services through EWC; and 4) DHCS' Medi-Cal Eligibility Division to ensure women ineligible for Medi-Cal or Covered California are informed of EWC breast and cervical cancer screening services.

PROFESSIONAL DEVELOPMENT

A key component of EWC is the development and implementation of educational resources and trainings for health professionals involved in breast and cervical cancer screening. The EWC Professional Development program component is a collaborative effort with the Institute for Public Health at San Diego State University, producing live courses for continuing medical education credits, online learning modules, and web-based resources available to health professionals in California and throughout the world.

In FY 2013-14, EWC's live course, *Cervical Cancer Screening and Follow-up* was offered on three occasions with 120 attendees consisting of primarily physicians, nurse practitioners, and certified nurse midwives. Online learning modules included *Components of Case Management with Specific Information for EWC Providers* resulting in 111 views. The EWC's professional education website, the [Quality Assurance Project](https://gap.sdsu.edu/) (QAP) (<https://gap.sdsu.edu/>), received 37,223 visits.

EWC recommends, develops, and distributes clinical tools as downloadable documents on the QAP website. The two most frequently utilized QAP tools were the *Lymph Node Exam Guide* (17,194 downloads) and the *Breast Cancer Diagnostic Algorithm* (5,286 downloads). Other tools included the *Breast Cancer History and Risk Assessment*, the *Core Competencies of Clinical Breast Examination (CBE)* (video), the *CBE Results Documentation Form*, the *CBE Skills Reminder Card*, and the *Cervical History and Exam Documentation Form*. Additional professional education resources on the website included *Breast Cancer Facts and Stats* (13,725 views), *Cervical Cancer Facts and Stats* (10,962 views), and the newly updated, *Breast Cancer Review* (5,821 views).

2016 Annual Report to the California Legislature: Breast and Cervical Cancer Screening and Diagnostic Services
Fiscal Year 2013-14

EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES, FY 2013-14

WOMEN SERVED BY EWC

EWC provided breast and/or cervical cancer screening and diagnostic services to nearly 230,964 uninsured and underinsured women in FY 2013-14. Of the women served approximately 206,394 received EWC breast cancer screening and diagnostic services, and approximately 100,509 received EWC cervical cancer screening and diagnostic services (categories of service are not mutually exclusive).

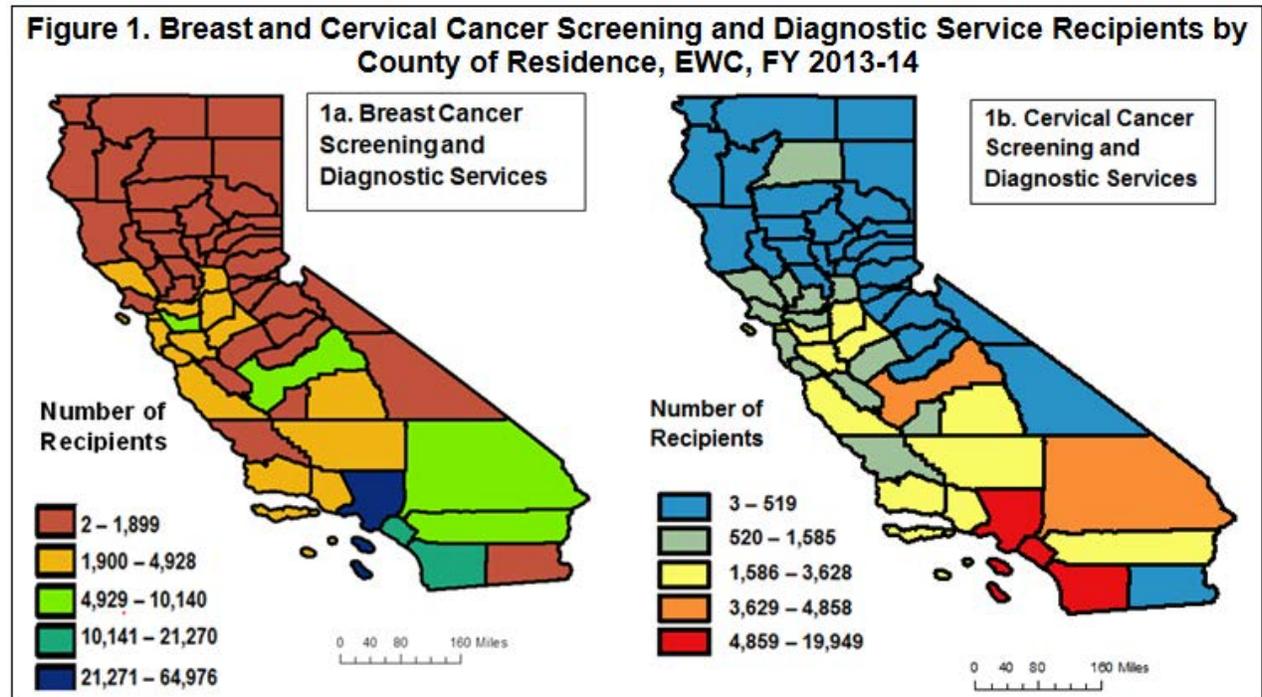
Table 1 shows the distribution of women served in FY 2013-14 by age group, race and ethnicity, and county of residence. For both breast and cervical cancer screening and diagnostic services, the majority of recipients were aged 50 and older (55 and 51 percent, respectively); and were Hispanic (76 and 75 percent, respectively). Approximately, 31 percent for breast and 20 percent for cervical cancer screening and diagnostic services received services in Los Angeles County.

The geographic distribution of the number of women served by EWC breast and cervical cancer screening and diagnostics services from Table 1 are displayed in Figure 1.

Table 1. Breast and Cervical Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2013-14

	Breast Cancer (n=206,394)		Cervical Cancer (n=100,509)	
	Number	Percent	Number	Percent
Age Group (years)				
21-39	n/a	n/a	12,388	12%
40-49	93,217	45%	37,318	37%
50 and over	112,818	55%	50,803	51%
Unknown	359	<1%	n/a	n/a
Race/Ethnicity				
White, Non-Hispanic	16,756	8%	9,043	9%
African American	4,622	2%	1,968	2%
Hispanic	156,236	76%	75,725	75%
Asian-Pacific Islander	22,967	11%	10,787	11%
American Indian and Other	1,528	1%	864	1%
Unknown	4,285	2%	2,122	2%
County of Residence				
Alameda	7,971	4%	2,666	3%
Alpine	0	0%	0	0%
Amador	59	<1%	40	<1%
Butte	747	<1%	299	<1%
Calaveras	96	<1%	80	<1%
Colusa	288	<1%	119	<1%
Contra Costa	2,604	1%	1,120	1%
Del Norte	95	<1%	68	<1%
El Dorado	358	<1%	234	<1%
Fresno	6,521	3%	4,803	5%
Glenn	297	<1%	90	<1%
Humboldt	381	<1%	275	<1%
Imperial	1,118	1%	454	<1%
Inyo	103	<1%	103	<1%
Kern	4,805	2%	3,628	4%
Kings	880	<1%	662	1%
Lake	172	<1%	123	<1%
Lassen	38	<1%	37	<1%
Los Angeles	64,976	31%	19,949	20%
Madera	1,088	1%	351	<1%
Marin	1,149	1%	661	1%
Mariposa	22	<1%	13	<1%
Mendocino	210	<1%	183	<1%
Merced	1,899	1%	1,434	1%
Modoc	40	<1%	33	<1%
Mono	29	<1%	35	<1%
Monterey	3,048	1%	2,258	2%
Napa	1,085	1%	645	1%
Nevada	225	<1%	159	<1%
Orange	20,783	10%	10,856	11%
Placer	380	<1%	228	<1%
Plumas	29	<1%	22	<1%
Riverside	8,590	4%	3,273	3%
Sacramento	2,339	1%	1,115	1%
San Benito	615	<1%	581	1%
San Bernardino	10,140	5%	4,858	5%
San Diego	21,270	10%	12,801	13%
San Francisco	3,948	2%	2,853	3%
San Joaquin	2,898	1%	2,009	2%
San Luis Obispo	1,178	1%	873	1%
San Mateo	3,910	2%	1,211	1%
Santa Barbara	2,943	1%	2,257	2%
Santa Clara	4,928	2%	3,101	3%
Santa Cruz	2,200	1%	1,094	1%
Shasta	729	<1%	596	1%
Sierra/Yuba	366	<1%	233	<1%
Siskiyou	216	<1%	155	<1%
Solano	1,168	1%	748	1%
Sonoma	2,754	1%	1,585	2%
Stanislaus	3,599	2%	2,212	2%
Sutter	704	<1%	384	<1%
Tehama	221	<1%	93	<1%
Trinity	28	<1%	24	<1%
Tulare	4,064	2%	2,868	3%
Tuolumne	42	<1%	23	<1%
Ventura	4,469	2%	3,081	3%
Yolo	819	<1%	519	1%
Unknown	760	<1%	334	<1%

Note: Counties where number of women screened was between 1 and 11 were combined with similar sized counties to safeguard program recipient privacy.



SERVICES RENDERED BY EWC

EWC provided breast and cervical cancer screening and diagnostic services to 230,964 uninsured and underinsured women. EWC rendered approximately 216,096 screening and/or diagnostic mammograms, 41,851 ultrasounds and 206,729 other related services such as breast health consultations, clinical breast exams, breast biopsy (e.g., fine needle aspiration, needle core/vacuum assisted biopsy, or excisional biopsy). For cervical cancer screening and diagnostic services, EWC rendered 75,682 Pap tests, 3,337 HPV tests and 115,007 other related services including, but not limited to, colposcopy with or without cervical biopsy(s), endocervical curettage and endometrial sampling.

CANCER DETECTION

In 2012, EWC clinical services diagnosed 1,383 women with breast cancer and 79 women with invasive cervical cancer. These EWC diagnosed cases were validated through a record linkage with CCR.

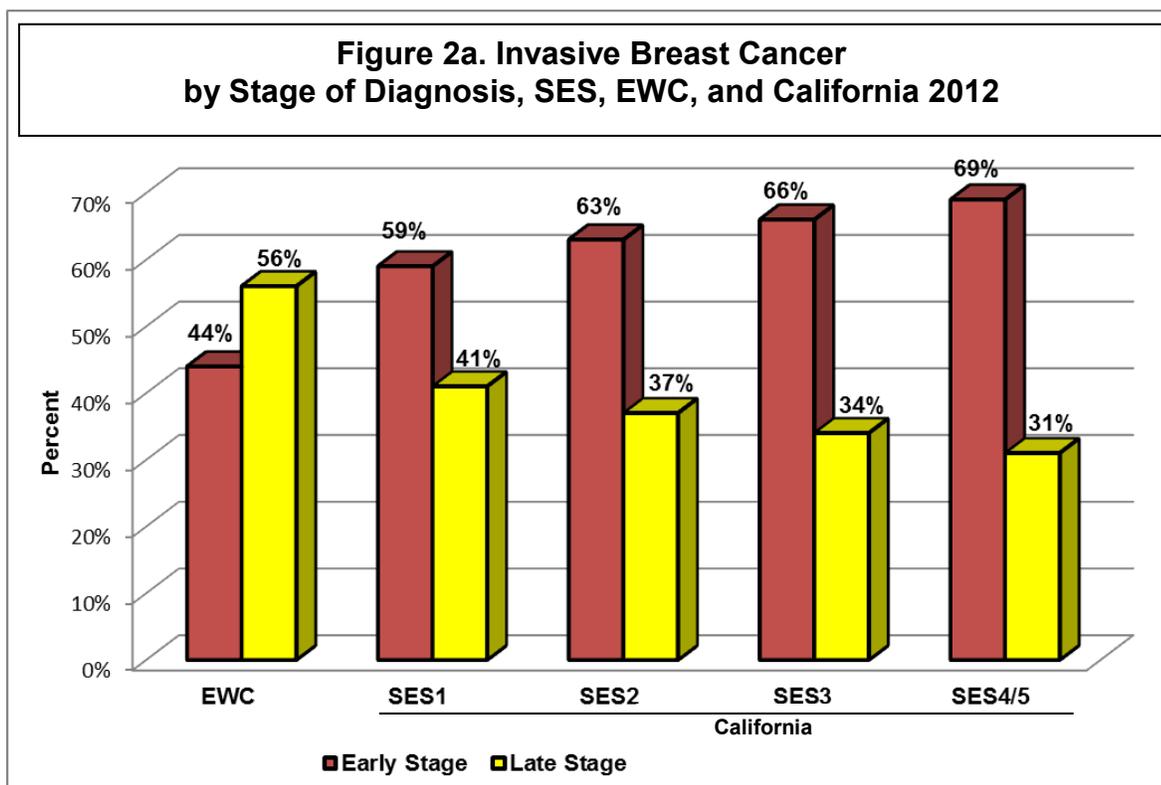
The majority of EWC diagnosed breast cancers were among women 50-59 years old; for cervical cancer, the majority was diagnosed among women aged 50 years and older (47 percent and 71 percent, respectively). For both breast and cervical cancer, the majority of women diagnosed were Hispanic (53 percent and 63 percent, respectively).

EWC diagnosed 228 women with *in situ* breast cancer and 1,155 with invasive (not shown). Forty-four percent of EWC diagnosed breast cancers and 40 percent of invasive cervical cancers were diagnosed at early stage, when timely and appropriate treatment leads to increased chance of survival (Table 2).

Table 2. EWC Diagnosed Breast and Cervical Cancers by Recipient Demographics and Summary Stage of Diagnosis, 2012

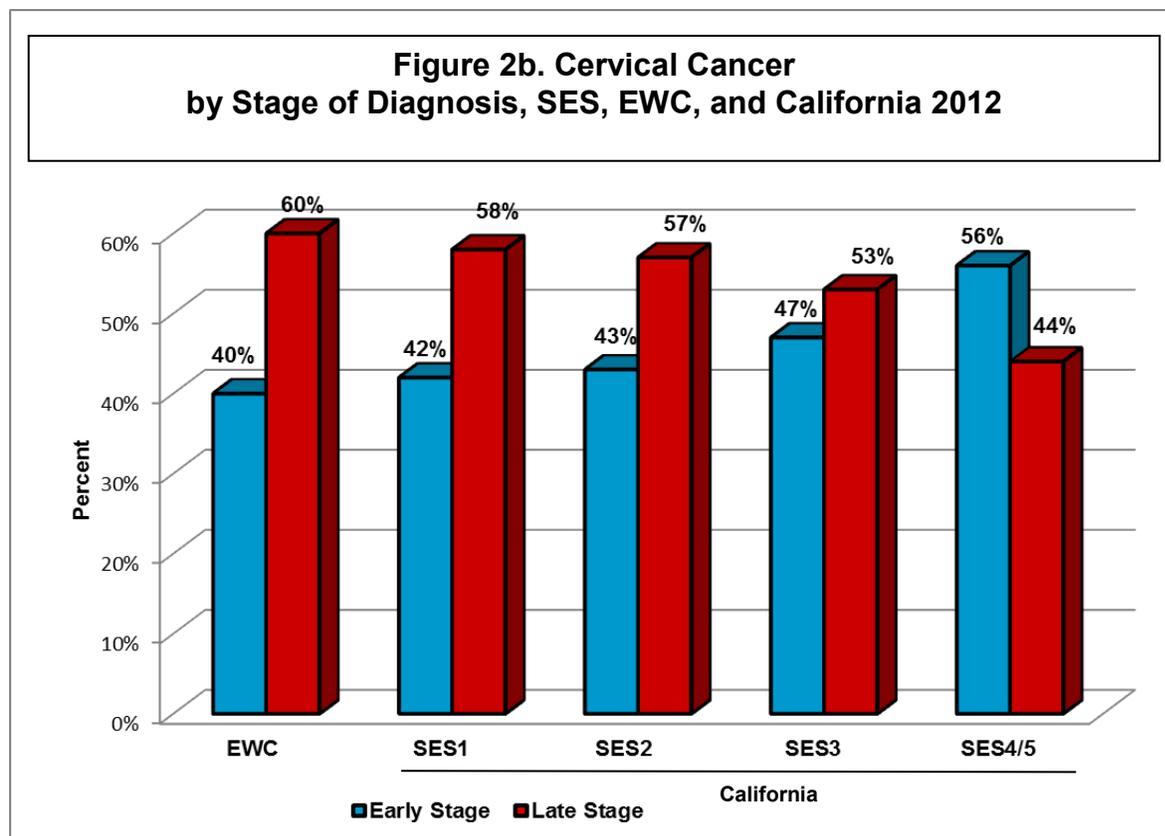
Breast Cancer (n=1,383)		
Age Group (years)	Number	Percent
40-49	447	32%
50-59	645	47%
60 and over	291	21%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	293	21%
African American	70	5%
Hispanic	738	53%
Asian-Pacific Islander	216	16%
American Indian and Other	22	2%
Unknown	44	3%
Stage at Diagnosis (n=1,330)	Number	Percent
Early	585	44%
Late	745	56%
Cervical Cancer (n=79)		
Age Group (years)	Number	Percent
Less than 50	23	29%
50 and older	56	71%
Race/Ethnicity	Number	Percent
Hispanic	50	63%
All Others	29	37%
Stage at Diagnosis (n=75)	Number	Percent
Early	30	40%
Late	45	60%
<p>Note: Surveillance, Epidemiology and End Result Program, summary stage of diagnosis categories were collapsed into early versus late stage for this report. Early stage includes in situ (breast cancer) and localized stage; late stage includes regional and distant stage. Cancers where stage was unspecified were excluded.</p>		

Figures 2a and 2b show the distribution of invasive breast and cervical cancers diagnosed in 2012 by socioeconomic status⁵ (SES) from the lowest (SES1) to the highest (SES5) and by stage at diagnosis (early versus late) for EWC recipients and all California women as reported by the CCR.⁶



⁵ 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.

⁶ Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by SES data were obtained by request. November 2, 2015.



Compared to all California women diagnosed with invasive 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 (59 versus 44 percent, respectively). A similar pattern was seen for EWC recipients diagnosed with invasive cervical cancers. Compared to all California women diagnosed with invasive cervical cancer at the lowest SES, a smaller percentage of EWC women were diagnosed at early stage (42 versus 40 percent respectively).

TREATMENT OF EWC DIAGNOSED BREAST AND CERVICAL CANCER

Of the 1,383 women diagnosed with breast cancer through EWC in 2012, 76 percent were referred to BCCTP for treatment, 23 percent reported to have received treatment through other health coverage, and 1 percent was lost to follow up. For the 79 EWC recipients diagnosed with cervical cancer, 66 percent were referred to BCCTP for treatment, 32 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 230,964 women in FY 2013-14, who would otherwise not have access to care. In 2012, EWC services lead to the diagnosis of 1,383 women with breast cancer, 1,155 invasive, accounting for 4.6 percent of all invasive breast cancers diagnosed in California that year.⁷ Of those EWC recipients diagnosed with breast cancer, 44 percent were diagnosed at early stage. Given that early stage breast cancer diagnosis increases the likelihood of survival and that EWC serves women from populations less likely to be diagnosed early, this program is serving a critical need for low-income women of California. The majority of EWC recipients (about 76 percent) diagnosed with breast cancer were referred to BCCTP for treatment.

EWC services lead to the diagnosis of invasive cervical cancer for 79 women, accounting for 5.3 percent of all invasive cervical cancers diagnosed in California in 2012.⁸ Just under half of these invasive cervical cancers (40 percent) were found at early stage of diagnosis. EWC fulfills a critical need of low income women of California, who otherwise would not have access to early stage cervical cancer diagnosis. The majority of EWC women (about 66 percent) diagnosed with cervical cancer were referred to the BCCTP for treatment.

⁷ CDPH, CCR. [Annual Statistical Tables by Site, Breast Cancer](http://www.ccrca.org/pdf/AnnualReport/1988-2013_BREAST.pdf), http://www.ccrca.org/pdf/AnnualReport/1988-2013_BREAST.pdf Accessed October 28, 2015 and May 26, 2016.

⁸ CDPH, CCR. [Annual Statistical Tables by Site, Cervical Uteri Cancer](http://www.ccrca.org/pdf/AnnualReport/1988-2013_CERVIX.pdf), http://www.ccrca.org/pdf/AnnualReport/1988-2013_CERVIX.pdf Accessed October 28, 2015 and May 26, 2016.

APPENDIX

TABLE 1A. ACCESSIBLE VERSION OF TABLE 1 FROM PRINTED PAGE 7

Table 1 A. Breast and Cervical Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2013-14				
Demographic Factor	Breast Cancer Services Number	Breast Cancer Services Percentage	Cervical Cancer Services Number	Cervical Cancer Services Percentage
Women Served	Number	Percent	Number	Percent
All Women By Service	206,394	100%	100,509	100%
Age Group	Number	Percent	Number	Percent
Age 21-39	not applicable	not applicable	12,388	12%
Age 40-49	93,217	45%	37,318	37%
Age 50 and over	112,818	55%	50,803	51%
Unknown Age	359	<1%	not applicable	not applicable
Race / Ethnicity	Number	Percent	Number	Percent
White, Non-Hispanic	16,756	8%	9,043	9%
African American	4,622	2%	1,968	2%
Hispanic	156,236	76%	75,725	75%
Asian-Pacific Islander	22,967	11%	10,787	11%
American Indian and Other	1,528	1%	864	1%
Unknown Ethnicity	4,285	2%	2,122	2%
County of Residence	Number	Percent	Number	Percent
Alameda	7,971	4%	2,666	3%
Alpine	0	0%	0	0%
Amador	59	<1%	40	<1%
Butte	747	<1%	299	<1%
Calaveras	96	<1%	80	<1%
Colusa	288	<1%	119	<1%
Contra Costa	2,604	1%	1,120	1%
Del Norte	95	<1%	68	<1%
El Dorado	358	<1%	234	<1%
Fresno	6,521	3%	4,803	5%

County of Residence	Number	Percent	Number	Percent
Glenn	297	<1%	90	<1%
Humboldt	381	<1%	275	<1%
Imperial	1,118	1%	454	<1%
Inyo	103	<1%	103	<1%
Kern	4,805	2%	3,628	4%
Kings	880	<1%	662	1%
Lake	172	<1%	123	<1%
Lassen	38	<1%	37	<1%
Los Angeles	64,976	31%	19,949	20%
Madera	1,088	1%	351	<1%
Marin	1,149	1%	661	1%
Mariposa	22	<1%	13	<1%
Mendocino	210	<1%	183	<1%
Merced	1,899	1%	1,434	1%
Modoc	40	<1%	33	<1%
Mono	29	<1%	35	<1%
Monterey	3,048	1%	2,258	2%
Napa	1,085	1%	645	1%
Nevada	225	<1%	159	<1%
Orange	20,783	10%	10,856	11%
Placer	380	<1%	228	<1%
Plumas	29	<1%	22	<1%
Riverside	8,590	4%	3,273	3%
Sacramento	2,339	1%	1,115	1%
San Benito	615	<1%	581	1%
San Bernardino	10,140	5%	4,858	5%
San Diego	21,270	10%	12,801	13%
San Francisco	3,948	2%	2,853	3%
San Joaquin	2,898	1%	2,009	2%
San Luis Obispo	1,178	1%	873	1%
San Mateo	3,910	2%	1,211	1%
Santa Barbara	2,943	1%	2,257	2%
Santa Clara	4,928	2%	3,101	3%
Santa Cruz	2,200	1%	1,094	1%
Shasta	729	<1%	596	1%
Sierra/Yuba	366	<1%	233	<1%

County of Residence	Number	Percent	Number	Percent
Siskiyou	216	<1%	155	<1%
Solano	1,168	1%	748	1%
Sonoma	2,754	1%	1,585	2%
Stanislaus	3,599	2%	2,212	2%
Sutter	704	<1%	384	<1%
Tehama	221	<1%	93	<1%
Trinity	28	<1%	24	<1%
Tulare	4,064	2%	2,868	3%
Tuolumne	42	<1%	23	<1%
Ventura	4,469	2%	3,081	3%
Yolo	819	<1%	519	1%
Unknown County of Residence	760	<1%	334	<1%
<p>Note: Counties where number of women screened was between 1 and 11 were combined with similar sized counties to safeguard program recipient privacy.</p>				