

DHCS

**Every Woman Counts
2017 Report to the California
Legislature: Breast and Cervical
Cancer Screening and Diagnostic
Services, Fiscal Year 2014-15**

February 2017, Accessible Edition



Every Woman Counts
**2017 Report to the Legislature: Breast Cancer and Cervical Cancer Screening
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Information on the [Every Woman Counts Program](#):

Available at Department of Health Care Services, Benefits Division

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Women seeking breast cancer and cervical cancer screening services:

Call the toll-free number 1-800-511-2300 or visit our [Online Provider Locator](#).

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CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Benefits Division

EVERY WOMAN COUNTS
2017 Annual Report to the California Legislature:
Breast and Cervical Cancer Screening and Diagnostic Services
Fiscal Year 2014-15

February 2017

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Purpose and Legislative Requirement

The Breast Cancer Control Program (BCCP) 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). 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 State Department of Health Care Services per AB1467] 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 2014-15.

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). Signed into law October 1, 1993 by Governor Pete Wilson, the BCA became effective January 1, 1994. BCA authorized the Breast Cancer Fund derived from a dedicated two-cent tax on

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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 (CDC) funded multi-component public health program in existence since 1991. BCCCP, now known as the National Breast and Cervical Cancer Early Detection Program (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, EWC began receiving additional funding from Proposition 99 unallocated Tobacco Tax and Health Promotion Act (Prop 99) in fiscal year 1999-2000 and state general funds in fiscal year 2010-11.

Reporting Period

This report to the Legislature includes EWC services provided during the reporting period for fiscal year 2014-15. These data include the number and demographics of women served, number of breast and cervical cancer screening and diagnostic services provided and for calendar year 2013, confirmed diagnoses of breast and cervical cancer and stage at diagnosis.

Data Sources Used in this Report

The sources of the fiscal year 2014-15 data used for this report are listed below.

- **DHCS, Detecting Early Cancer Data Management System (DETEC):** EWC's data management system is used 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 delivered during fiscal year 2014-15. EWC clinical services recipient records from DETEC are linked to adjudicated claims to substantiate and identify all services in the clinical path;

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- **CDPH, California Cancer Registry (CCR):** The CCR is 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 the 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 funded BCCTP. BCCTP is a state and federal Title 19 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 fiscal year 2014-15 report are based on adjudicated claims from the Medi-Cal fiscal intermediary, the Xerox Corporation, reported as of August 2016. 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. Recipient date of birth and race / ethnicity is self-reported at the corresponding clinical service. Those data are missing for women who chose not to identify their age, year of birth, or race / ethnicity. Women classified as “Other” race / ethnicity include those who self-identified as such and / or reported 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.

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

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CCR data for calendar year 2013 was used to validate breast and cervical cancer diagnoses and recipient demographics. CCR data is used to determine stage of diagnosis, source of treatment, and treatment 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 calendar year 2013.

DHCS BCCTP data was used to validate EWC recipients diagnosed with breast and cervical cancer who were referred to Medi-Cal BCCTP for treatment. 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 NBCCEDP breast and cervical 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 provide coverage of breast and cervical cancer screening and /

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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 providers and an unknown number of referral providers. These Medi-Cal providers are bound by a service agreement with EWC to: submit claims for payment through the Xerox Corporation, provide EWC services, conduct eligibility assessment, and enroll women at point of service.

CCR estimated that in 2013, 25,697 California women were diagnosed and 4,361 died from invasive breast cancer in California² and 1,406 were diagnosed with cervical cancer and 492 died³. Timely age-appropriate screening could have prevented many 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, that is, the tumor has broken through the basement membrane but still confined to the breast, the five-year relative survival rate is 100 percent. If it is regional, that is, the tumor has spread to lymph nodes or adjacent tissues, the five-year relative survival rate could decline to 86.5 percent. Similarly, for cervical cancer found localized, the five-year relative survival rate is about 93.2 percent compared to 59.8 percent when found at the regional stage.⁴

Mammograms and Papanicolaou (Pap) tests, alone or with Human Papillomavirus (HPV) co-testing, are highly effective cancer screening tools. However, these tools are underused by women who are uninsured and underinsured, geographically and

2 CDPH CCR. Annual Statistical Tables by Site, Breast Cancer, Accessed February 4, 2017.

3 CDPH CCR. Annual Statistical Tables by Site, Cervical Uteri Cancer, Accessed February 4, 2017.

4 Mann SC, Giddings BH, Morris CR, Parikh-Patel A, Kizer KW, Kwong SL, Snipes KP. Cancer in California, 1988-2011. Sacramento, CA: CDPH, Chronic Disease Surveillance and Research Branch, June 2015. Page 20

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culturally isolated, medically underserved or considered 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 (PETO)

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. Health education and outreach activities include EWC health education classes, small group sessions, one-on-one consultations, and community events. In fiscal year 2014-15, 3,834 women attended EWC breast and cervical cancer health education classes across the state. Another 7,609 women were reached through small group sessions, one-on-one consultations, and community 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, and African American; live in rural areas (for example, low-income Caucasians and Latinas); immigrants (for example, African, Middle Eastern, or Russian-speaking); homeless; disabled; and 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.

Fiscal Year 2014-15 PETO Initiatives

EWC Telephone and Online Provider Locators

In June 2014, the EWC Telephone Provider Locator (TPL), an automated toll-free service, and the EWC Online Provider Locator (OPL) were launched to provide 24-hour access to information and aid in finding a EWC provider. These systems were implemented to replace contracted services of the Cancer Prevention Institute of California Call Center. EWC's TPL and OPL are promoted through EWC outreach and

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education activities. The EWC webpage serves as the access point for the OPL and lists the TPL number. In this reporting period, an estimated 13,653 calls were made to the TPL, 5,724 visits to the OPL, and 39,590 visits to the EWC webpage.

EWC Check Me, Breast and Cervical Cancer Screening Reminder Mobile App

In January 2014, EWC launched the Check Me, EWC Breast and Cervical Cancer Screening Reminder Mobile Telephone Application (app). This mobile app is an innovative way for women to track their screening history and create appointment reminders for breast and cervical cancer screenings. Major barriers to timely breast and cervical cancer screening include not having a healthcare source, lack of knowledge on the importance of screening, and the inability to make and keep appointments. The Check Me app targets women 21 to 65 years old in the general population and features health information, messages, and quizzes on breast and cervical cancer screening in an easily accessible and familiar format.

California Pink Plate

On September 16, 2014, Governor Brown signed AB 49 (Buchanan, Chapter 351, Statutes of 2014) which gave DHCS authority to sponsor a specialty motor vehicle license plate labeled "California Pink Plate." If DHCS receives 7,500 paid pre-orders by July 21, 2017, California Pink Plate will be implemented with all subsequent net proceeds deposited into the Breast Cancer Control Account to support statewide breast cancer early detection efforts. EWC has developed and finalized a design for the proposed license plate and executed a no-cost contract with the Motor Vehicle Software Corporation to modify the AB 49 campaign website as an online storefront to accept pre-orders and electronic payments.

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 for EWC recipients to identify and overcome barriers that prevent continuation of diagnostic services and treatment referral.

Patient Navigation Initiative

In fiscal year 2014-15, EWC staff began planning a system of enhanced support services for program recipients titled Navigation Services (NS). EWC is implementing NS to meet federal funding requirements, as specified by the NBCCEDP, effective July 2015. These services are intended to promote screening compliance, continuity of care to ensure completion of all appropriate procedures to clinical resolution, and beginning treatment in a timely fashion. EWC NS will support the clinical care of women by assessing them, then aiding them in the elimination of barriers to timely screening, completion of diagnostic testing, and facilitation of treatment. Patient navigation services, like those being implemented by EWC, have been shown to save lives by improving health care access, utilization, and clinical outcomes for women. When implemented, EWC NS will result in increased efficiencies and improved clinical outcomes. EWC NS is planned to be launched in early 2017.

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, including American Indian and Alaskan Native tribes and tribal organizations and state programs that serve disparate populations, to increase EWC's geographic coverage, improve access to eligible populations and increase awareness of effective policy, systems, and environmental approaches to breast and cervical cancer screening.

In fiscal year 2014-15, EWC staff met with CDPH, DHCS and other public health partners to develop, coordinate and integrate evidenced-based activities and strategies to reach targeted populations. Through CDPH, EWC staff met with the Comprehensive

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Cancer Control Program (CCCP) and the California Colorectal Cancer Coalition to discuss promotion of the Check Me app. Meetings were held with the Maternal, Child and Adolescent Health Program, the Preconception Council, and the California WIC Association to determine activities to promote cervical cancer screening among young women ages 21 to 30. These meetings included discussion of the possible inclusion of a cervical cancer screening message in Text 4 Babies, a free mobile health information service targeting pregnant women and new parents. Meetings were also held with the HPV Workgroup to develop activities to promote HPV awareness, vaccinations and screening; and consider the HPV-Impact Vaccine Project's request for data to map HPV and cervical cancer screening in Alameda County. The HPV Workgroup consisted of staff from the CDPH Immunization Branch and the Sexually Transmitted Diseases Control Branch.

A collaboration with DHCS Medi-Cal Eligibility Division resulted in the release of a 2014 All County Welfare Directors' Letter and a Medi-Cal Eligibility Division Information Letter that informed about available EWC services and policy regarding women who are ineligible for Medi-Cal, Covered California health plans, or unable to access county health services. Discussions continued with DHCS Family Planning, Access, Care and Treatment Program to ensure appropriately aged women seeking family planning services are aware of breast cancer screening services through EWC. EWC and BCCTP staff met regarding the need and potential design of a EWC patient navigation activity. Discussions were held with the DHCS Primary, Rural, and Indian Health Division to form a collaboration with Indian Health Programs to determine the best methods to increase access and educate their hard-to-reach populations. The goal was to increase breast and cervical cancer screening rates, which are typically lower among women in these communities.

EWC has had a long-standing collaboration with the American Cancer Society, the Susan G. Komen Affiliates, EWC Breast and Cervical Cancer Advisory Council, stakeholders, and expert workgroups. In these collaborations, the input and recommendations of these members help shape program strategies and activities to

educate and increase screening rates among all California women. In 2014, EWC sponsored a two-day event, Breast and Cervical Cancer Symposium, to bring staff, contractors and public health partners together. At the symposium, EWC provided updates on CDC directives, such as patient navigation and program screening provision policies, within the context of health reform for uninsured, underinsured, and payers of last resort.

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 to produce live courses for continuing medical education credits, online learning modules and web-based resources for health professionals in California and throughout the world.

In fiscal year 2014-15, EWC's live course, "Cervical Cancer Screening and Follow-up," was offered on four occasions with 138 attendees primarily consisting of physicians, nurse practitioners, and certified nurse midwives. In addition to the live course, online learning modules were made available for providers, including "Components of Case Management with Specific Information for EWC Providers." More than 212 users viewed these modules and EWC's professional education website, the [Quality Assurance Project](#) (QAP), received 54,617 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" (15,552 downloads) and the "Breast Cancer Diagnostic Algorithms" (7,765 downloads). Other tools included the "Breast Cancer History and Risk Assessment," "Core Competencies of Clinical Breast Exams (CBE)" (video), the "CBE Results Documentation Form," the "CBE Skills Reminder Card," and the "Cervical History and Exam Documentation Form." Additional professional education resources

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on the website included Cervical Cancer Facts and Stats (23,498 views), Breast Cancer Facts and Stats (17,949 views), and the newly updated, Breast Cancer Review (7,183 views).

EWC Breast and Cervical Cancer Screening and Diagnostic Services, Fiscal Year 2014-15

Women Served by EWC

EWC provided breast and / or cervical cancer screening and diagnostic services to nearly 174,388 uninsured and underinsured women in fiscal year 2014-15, down from 230,964 in fiscal year 2013-14, which was before the implementation of the Patient Protection and Affordable Care Act in California. Of the women served in fiscal year 2014-15, approximately 155,828 received EWC breast cancer screening and diagnostic services, and approximately 68,933 received EWC cervical cancer screening and diagnostic services (categories of service are not mutually exclusive).

Table 1 shows the distribution of women served in fiscal year 2014-15 by age group, race, and ethnicity. For both breast and cervical cancer screening and diagnostic services, the majority of recipients were aged 40-49 years old (56 and 46 percent, respectively) and were Hispanic (87 percent for both breast and cervical cancer screening services).

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Table 1. Breast and Cervical Cancer Screening and Diagnostic Services by Recipient Demographics, EWC, Fiscal Year 2014-2015		
	Column1	Column2
Breast Cancer Screenings		
Age Group (years)	Number	Percent
21-39	not applicable	not applicable
40-49	87,666	56%
50 and over	67,697	44%
Other/Unknown	465	<1%
Race / Ethnicity	Number	Percent
White, Non-Hispanic	6,782	5%
African American	1,889	1%
Hispanic	135,095	87%
Asian-Pacific Islander	9,250	6%
American Indian and Other	701	<1%
Unknown	2,111	1%
Total Women Screened	155,828	100%
Cervical Cancer Screenings		
Age Group (years)	Number	Percent
21-39	9,754	14%
40-49	31,513	46%
50 and over	27,666	40%
Other/Unknown	not applicable	not applicable
Race / Ethnicity	Number	Percent
White, Non-Hispanic	3,208	5%
African American	729	1%
Hispanic	60,016	87%
Asian-Pacific Islander	3,763	6%
American Indian and Other	327	<1%
Unknown	890	1%
Total Women Screened	68,933	100%

Table 2 shows the distribution of women served in the reporting period by county of residence. Approximately 35 percent for breast and 22 percent for cervical cancer screening and diagnostic services received services in Los Angeles County.

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Table 2. Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, EWC, Fiscal Year 2014-2015				
	Column1	Column2	Column3	Column4
County	Number of Breast Cancer Screenings	Percentage of Breast Cancer Screenings	Number of Cervical Cancer Screenings	Percentage of Cervical Cancer Screenings
All counties	155,828	100%	68,933	100%
Alameda	4,075	3%	1,605	2%
Alpine / Amador / Calaveras	61	<1%	53	<1%
Butte	499	<1%	232	<1%
Colusa	205	<1%	68	<1%
Contra Costa	1,911	1%	755	1%
Del Norte	47	<1%	36	<1%
El Dorado	210	<1%	114	<1%
Fresno	4,195	3%	2,497	4%
Glenn	209	<1%	94	<1%
Humboldt	139	<1%	94	<1%
Imperial	608	<1%	237	<1%
Inyo	59	<1%	54	<1%
Kern	3,329	2%	2,299	3%
Kings	619	<1%	443	1%
Lake	88	<1%	55	<1%
Lassen	16	<1%	23	<1%
Los Angeles	54,673	35%	14,851	22%
Madera	770	<1%	259	<1%
Marin	821	1%	492	1%
Mariposa / Tuolumne	45	<1%	24	<1%
Mendocino	178	<1%	95	<1%
Merced	1,222	1%	777	1%
Modoc	14	<1%	15	<1%
Mono	19	<1%	21	<1%
Monterey	2,566	2%	1,748	3%
Napa	656	<1%	418	1%
Nevada	165	<1%	105	<1%
Orange	16,542	11%	7,733	11%
Placer	261	<1%	111	<1%

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Table 2. Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, EWC, Fiscal Year 2014 2015

County	Column1	Column2	Column3	Column4
	Number of Breast Cancer Screenings	Percentage of Breast Cancer Screenings	Number of Cervical Cancer Screenings	Percentage of Cervical Cancer Screenings
Plumas	16	<1%	23	<1%
Riverside	6,517	4%	2,797	4%
Sacramento	1,690	1%	639	1%
San Benito	293	<1%	303	<1%
San Bernardino	6,866	4%	2,976	4%
San Diego	16,207	10%	9,301	13%
San Francisco	1,351	1%	789	1%
San Joaquin	2,297	1%	1,531	2%
San Luis Obispo	788	1%	487	1%
San Mateo	2,453	2%	1,148	2%
Santa Barbara	2,375	2%	1,539	2%
Santa Clara	4,954	3%	2,545	4%
Santa Cruz	1,583	1%	671	1%
Shasta	375	<1%	287	<1%
Sierra / Yuba	219	<1%	131	<1%
Siskiyou / Trinity	123	<1%	77	<1%
Solano	842	1%	457	1%
Sonoma	1,962	1%	1,206	2%
Stanislaus	2,135	1%	1,175	2%
Sutter	407	<1%	215	<1%
Tehama	166	<1%	80	<1%
Tulare	3,353	2%	2,415	4%
Ventura	3,587	2%	2,240	3%
Yolo	528	<1%	379	1%
Unknown	539	<1%	214	<1%

Services Rendered by EWC

EWC provided breast and cervical cancer screening and diagnostic services to 174,388 uninsured and underinsured women. EWC sponsored approximately 160,929 screening and / or diagnostic mammograms, 27,580 ultrasounds, and 148,847 other related services such as breast health consultations, CBEs, breast biopsy (for example, fine needle aspiration, needle core/vacuum assisted biopsy, or excisional biopsy). For cervical cancer screening and diagnostic services, EWC sponsored 49,408 Pap tests, 4,088 HPV tests, and 79,991 other related services including, but not limited to, colposcopy with or without cervical biopsy(s), endocervical curettage, and endometrial sampling. The category of services and procedures are not mutually exclusive.

Cancer Detection

EWC clinical services diagnosed 1,445 women with breast cancer and 73 women with invasive cervical cancer in 2013. These EWC diagnosed cases were validated through a record linkage with CCR.

Table 3 shows the majority of EWC diagnosed breast cancers were among women 50-59 years old; for cervical cancer, the majority were diagnosed among women aged 50 years and over (42 percent and 66 percent, respectively). For both breast and cervical cancer, the majority of women diagnosed were Hispanic (56 percent and 58 percent, respectively).

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Table 3. EWC Diagnosed Breast and Cervical Cancers by Recipient Demographics and Summary Stage of Diagnosis, 2013		
	Column1	Column2
Breast Cancer		
Age Group (years)	Number	Percent
Total EWC Recipients Diagnosed with Breast Cancer	1,445	100%
40-49	481	33%
50-59	598	42%
60 and over	366	25%
Race / Ethnicity	Number	Percent
White, Non-Hispanic	279	19%
African American	62	4%
Hispanic	800	56%
Asian-Pacific Islander	233	16%
American Indian and Other	20	1%
Unknown	51	4%
Stage at Diagnosis	Number	Percent
Total Staged at Diagnosis	1,396	100%
Early	653	47%
Late	743	53%
Cervical Cancer		
Age Group (years)	Number	Percent
Total EWC Recipients Diagnosed with Cervical Cancer	73	100%
Less than 50	25	34%
50 and over	48	66%
Race / Ethnicity	Number	Percent
Hispanic	42	58%
All Others	31	42%
Stage at Diagnosis	Number	Percent
Total Staged at Diagnosis	71	100%
Early	30	55%
Late	45	45%

EWC diagnosed 241 women with *in situ* breast cancer and 1,204 with invasive (not shown). Forty-seven percent of EWC diagnosed breast cancers and 55 percent of invasive cervical cancers were diagnosed at early stage when timely and appropriate treatment leads to increased chance of survival.

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Table 4 shows the distribution of breast and invasive cervical cancers diagnosed in 2013 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 CCR.⁶

Table 4. Invasive Breast and Cervical Cancer by Stage of Diagnosis and Socioeconomic Status SES Level, EWC and California, 2013				
	Column1	Column2	Column3	Column4
	Invasive Breast Cancer, Early Stage	Invasive Breast Cancer, Late Stage	Invasive Cervical Cancer, Early Stage	Invasive Cervical Cancer, Late Stage
EWC	47%	53%	55%	45%
SES 1	67%	33%	39%	61%
SES 2	71%	29%	48%	52%
SES 3	73%	27%	45%	55%
SES 4 and 5	75%	25%	53%	47%

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 (47 versus 67 percent, respectively). In contrast, compared to all California women diagnosed with invasive cervical cancer at the lowest SES, a higher percentage of EWC women were diagnosed at early stage (55 versus 39 percent respectively).

⁵ Socioeconomic status (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 socioeconomic status data were obtained by request. November 10, 2016.

Treatment of EWC Diagnosed Breast and Cervical Cancer

Of the 1,445 women diagnosed with breast cancer through EWC in 2013, 78 percent were referred to BCCTP for treatment, 21 percent reported to have received treatment through other health coverage, and 1 percent was lost to follow-up. For the 73 EWC recipients diagnosed with cervical cancer, 63 percent were referred to BCCTP for treatment, 33 percent were reported to have received treatment through other health coverage, while 4 percent were lost to follow-up.

Conclusion

EWC provided potentially life-saving breast and cervical cancer screening and diagnostic services to approximately 174,388 women in fiscal year 2014-15 who would otherwise not have access to care. In 2013, EWC services led to the diagnosis of 1,445 women with breast cancer, 1,204 invasive, accounting for 4.7 percent of all invasive breast cancers diagnosed in California that year.⁷ Of those EWC recipients diagnosed with breast cancer, 47 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 of low-income women of California. The majority of EWC recipients (about 78 percent) diagnosed with breast cancer were referred to BCCTP for treatment.

EWC services led to the diagnosis of invasive cervical cancer for 73 women, accounting for 5.2 percent of all invasive cervical cancers diagnosed in California in 2013.⁸ Just over half of these invasive cervical cancers (55 percent) were found at an 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 63 percent) diagnosed with cervical cancer were referred to BCCTP for treatment.

⁷ CDPH CCR [Annual Statistical Tables by Site, Breast Cancer](#), Accessed February 2, 2017.

⁸ CDPH CCR [Annual Statistical Tables by Site, Cervical Uteri Cancer](#), Accessed February 2, 2017.