



EVERY WOMAN COUNTS
2022 REPORT TO THE CALIFORNIA LEGISLATURE:
BREAST AND CERVICAL CANCER SCREENING AND
DIAGNOSTIC SERVICES, FISCAL YEAR 2019-20

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)
2022 Annual Report to the California Legislature: Breast and Cervical Cancer
Screening and Diagnostic Services, Fiscal Year 2019-20**

2022

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	5-6
INTRODUCTION.....	7
LEGISLATIVE AUTHORITY	7
BACKGROUND.....	7-8
REPORTING PERIOD.....	8
METHODS.....	8-10
OVERVIEW OF EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTICS AND PUBLIC HEALTH SERVICES.....	10-11
SCREENING AND DIAGNOSTICS	11
DIAGNOSTICS CASE MANAGEMENT.....	12
PATIENT NAVIGATION SERVICES	12
CLINICAL QUALITY INDICATORS.....	12-13
EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES	14
RECIPIENTS SERVED BY EWC.....	14
SERVICES RENDERED BY EWC.....	14
EWC CANCER DETECTION IN CY 2018.....	15
TREATMENT OF EWC DIAGNOSED BREAST AND CERVICAL CANCER IN CY 2018	16
CONCLUSION.....	16

Table of Tables

Table 1. Breast Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2019-20.....	17
Table 2. Cervical Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2019-20.....	18
Table 3. Number of Recipients for Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, Every Woman Counts, Fiscal Year 2019-2020.....	19-21
Table 4. Every Woman Counts Diagnosed Breast Cancer by Recipient Demographics and Summary Stage of Diagnosis, Calendar Year 2018.....	22
Table 5. Every Woman Counts Diagnosed Cervical Cancer by Recipient Demographics and Summary Stage of Diagnosis, Calendar Year 2018.....	23

Table of Figures

Figure 1. Breast and Cervical Cancer Screening and Diagnostic Service Recipients by County of Residence, Every Woman Counts Program, Fiscal Year 2019-20.....	24
Figure 2. Breast Cancer by Stage of Diagnosis and Socioeconomic Status, Every Woman Counts Program and California, Calendar Year 2018.....	25
Figure 3. Cervical Cancer by Stage of Diagnosis and Socioeconomic Status, Every Woman Counts Program and California, Calendar Year 2018.....	26

Executive Summary

The Every Woman Counts (EWC) Program report, complies with the Revenue and Taxation Code Section 30461.6 (f) that requires the Department of Health Care Services (DHCS) to submit an annual report to the Legislature. This report includes EWC services provided during Fiscal Year (FY) 2019-20. DHCS analyzed adjudicated paid claims, from the Medi-Cal Fiscal Intermediary (FI) and included the following data in this report: 1). Number and demographics of recipients served; 2). Number of breast and cervical cancer screenings; and 3). Diagnostic services provided. EWC recipients from Calendar Years (CYs) 2017 and 18, were linked to the most recently available California Cancer Registry (CCR) data, from CY 2018, to confirm cancer diagnosis and acquire tumor staging. There are no critical issues in this report or with the EWC service delivery system.

KEY FINDINGS:

EWC Services in FY 2019-20

EWC provided breast and/or cervical cancer screening and diagnostic services to nearly 160,086 uninsured and underinsured recipients in FY 2019-20.

- Approximately 143,199 received EWC breast cancer screening and diagnostic services.
- Approximately 58,096 received EWC cervical cancer screening and diagnostic services.

The counts of program recipients who received breast cancer services and/or cervical cancer services are not mutually exclusive and some recipients received both.

EWC Providers Rendered Approximately

- 128,916 screening and/or diagnostic mammograms.
- 35 Magnetic Resonance Imaging (MRI) for screening and/or diagnosis.
- 46,165 breast ultrasounds.
- 143,404 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).
- 44,526 Papanicolaou (Pap) tests.
- 18,215 Human Papillomavirus (HPV) tests.
- 69,940 other related services including, but not limited to, colposcopy with or without cervical biopsy(s), endocervical curettage, and endometrial sampling.

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

EWC Cancer Detection

EWC recipients from CY 2017 through 2018 were linked with the most recent available CCR data from CY 2018, to confirm cancer diagnosis, and acquire tumor staging. Therefore, in 2018, we determined the following was diagnosed among EWC recipients:

- 835 recipients with breast cancer.
 - 111 recipients with *in situ* breast cancer.
 - 711 with invasive breast cancer.
- 69 recipients with invasive cervical cancer.
- Breast and cervical cancer records with missing stage of diagnosis were excluded.
- The majority of breast cancer cases were among recipients under 50 years old. However, many cervical cancer cases were among recipients aged 50 years and over (51 percent and 57 percent, respectively).
- Sixty-one percent of EWC breast cancers, and 53 percent of invasive cervical cancers were diagnosed at early stage. Timely and appropriate treatment leads to an increased chance of survival.

Treatment of EWC Diagnosed Breast and Cervical Cancer in CY 2018

Breast Cancer

- Of the 835 recipients diagnosed with breast cancer through EWC:
 - Sixty-one percent were referred to the DHCS Breast and Cervical Cancer Treatment Program (BCCTP).
 - Thirty-seven percent reported to have received treatment through other health coverage.
 - Two percent were lost to follow-up. In clinical medicine and research, the phrase “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).

Cervical Cancer

- Of the 69 recipients diagnosed with cervical cancer through EWC:
 - Thirty-three percent were referred to BCCTP.
 - Sixty-four percent were reported to have received treatment through other health coverage.
 - Three percent were lost to follow-up.

Introduction

The DHCS, EWC Program, is a California grantee of the Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program (NBCCEDP) that funds the state Breast Cancer Control Program (BCCP). 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.

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 a payer of last resort.

This report includes outcomes for both breast and cervical cancer screening and diagnostic services provided by EWC during fiscal year (FY) 2019-20.

Legislative Authority

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, Assembly Bill (AB) 1467 (Committee on Budget, Chapter 23, Statutes of 2012)] 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."*

Background

In 1990, Congress passed the Breast and Cervical Cancer Mortality Prevention Act, Public Law 101-354. As a result, the CDC created the National Breast and Cervical Cancer Early Detection Program. The National Breast and Cervical Cancer Early Detection Program increases early cancer detection and prevention, for breast and cervical cancer, and funds are awarded to all 50 states, the District of Columbia, 2 U.S. territories, 5 U.S. Affiliated Pacific Islands, and 13 American Indian and Alaska Native tribes or tribal

organizations. Pursuant to Health and Safety Code, Section 104150, California is authorized to participate in the National Breast and Cervical Cancer Early Detection Program cooperative agreement.

In 1993, California enacted AB 478 (Friedman, Chapter 660, Statutes of 1993), and AB 2055 (Friedman, Chapter 661, Statutes of 1993), creating the California Breast Cancer Act. The Breast Cancer Act established a two-cent tobacco tax, with one cent for Breast Cancer Research Program and one cent for the State's Breast Cancer Control Program, to be administered in coordination with the National Breast and Cervical Cancer Early Detection Program. The provisions of the Breast Cancer Control Program were codified in Revenue and Taxation Code, Section 30461.6. In 2002, California consolidated both the state and federal programs, and implemented the EWC Program (state only).

Currently, the DHCS, Benefits Division, administers the program. EWC delivers high quality cancer screening, diagnostics, and referral to treatment services, to uninsured and underinsured eligible individuals, whose household income is at or below 200 percent of the Department of Health and Human Services federal poverty level guidelines.

Reporting Period

This report to the Legislature includes EWC services provided during FY 2019-20. The data includes the number and demographics of recipients served and the number of breast and cervical cancer screening and diagnostic services provided. In addition, the data include confirmed diagnoses of breast and cervical cancer with stage at diagnosis for calendar year (CY) 2018. The data is reported in arrears because of the time needed to accurately collect and process cancer case information.

Methods

The information provided in the tables and figures regarding breast and cervical cancer screening and diagnostic services for this FY 2019-20 report are based on adjudicated claims from the Medi-Cal FI, reported as of June 2021. This report includes individuals served by EWC using both state and federal funds.

DHCS used the following data sources for the FY 2019-20 report:

- **DHCS, Detecting Early Cancer Data Management System:** EWC's data management system for recipient enrollment and clinical services outcomes.
- **DHCS, Medi-Cal FI claims database:** Staff analyzed adjudicated claims to identify EWC clinical services delivered during FY 2019-20.
- **California Department of Public Health (CDPH), California Cancer Registry (CCR):** The CCR is the state's cancer surveillance system. California Health and Safety Code Section 103885 require 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, BCCTP:** Since January 2002, with the passage of Public Law 106-354¹, individuals 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.

The number of program recipients served is a count of unique (or distinct) individuals 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. That data is missing for recipients who choose 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 those who reported multiple races. The county of residence data 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 confirm cancer diagnosis and determine the stage of diagnosis among EWC recipients in CY 2018 who received a service. 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 2018.

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

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 Data De-identification Guidelines, issued November 2016.

Overview of EWC Breast and Cervical Cancer Screening and Diagnostics and Public Health Services

EWC is California's safety net program that allows access to free breast and cervical cancer screening, diagnostics, and case management services. Program eligible, individuals must meet the following criteria:

- Be a woman 40 years of age or older
 - For breast diagnostic services, w symptoms of at any age, regardless of gender.
- Meet [EWC Income Criteria](#),
- Have no or limited insurance
- Are not receiving services through Medi-Cal or other government programs
- Live in California
- Have a household income at or below 200 percent of the Health and Human Services federal poverty level guidelines.

The EWC Program provides free breast and cervical cancer screening and diagnostic services through a statewide network, of approximately 1100 EWC Primary Care Providers (Medi-Cal Providers in good standing), and referral providers. The providers are bound by a service agreement, to deliver services, conduct eligibility assessments, enroll individuals in the EWC program and submit claims for payment through the DHCS Fiscal Intermediary.

CCR estimated that in 2018, 28,183 California women were diagnosed and 4,569 died from invasive breast cancer.² CCR also estimated that in 2018, 1,542 California women were diagnosed and 469 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 for 2011-2017 is 98.7 percent. If the tumor is regional, i.e., the tumor has spread to lymph nodes or adjacent tissues, the five-year relative survival rate for 2011-2017 declines to 86 percent. Similarly, for cervical cancer, if found localized, the five-year relative survival rate for 2011-2017 is about 90.9 percent compared to 57.5 percent when found at the regional stage.⁴

Mammograms and Papanicolaou (Pap) tests, alone or co-tested with Human Papillomavirus (HPV), are highly effective cancer screening tools. However, people 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 the eligible population to increase demand for appropriate screening. Case management increases likelihood of the completion of diagnostic services by program recipients. All EWC efforts are supported through collaborations with healthcare and public health partners.

Screening and Diagnostics

EWC provided breast and cervical cancer screening and diagnostic services to nearly 160,086 uninsured and underinsured recipients in FY 2019-20. In 2018, EWC services led to the diagnosis of 835 recipients with breast and 69 recipients with cervical cancers.

² CCR [Cal*Explorer](#), Breast Cancer, Accessed November 29, 2021.

³ CCR [Cal*Explorer](#), Cervical Cancer, Accessed November 29, 2021.

⁴ CCR [Cal*Explorer](#), Five-year relative survival (percentage) by stage at diagnosis, California, 2011-2017. Accessed November 29, 2021.

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

Patient Navigation

As of July 2015, the NBCCEDP requires its program grantees to provide Navigation Services (NS). NS are intended to promote screening compliance and continuity of care, to ensure completion of all appropriate procedures for clinical resolution, and to initiate timely treatment. EWC NS supports the clinical care of individuals by assessing and aiding in the elimination of barriers to timely screening, completion of diagnostic testing, and facilitation of treatment referral. EWC-contracted health educators and nurses achieve the goal of NS by providing program recipients with support, education, and referral services to aid them in overcoming barriers and to ensure access to medically necessary screening, diagnostic, and initiation of treatment services.

In FY 2019-20, 86 program recipients completed NS. The majority, 60 (70 percent) of recipients, self-reported they had met their goal of getting screened, completing their diagnostic workup, or beginning treatment for breast or cervical cancer. Twenty-six (30 percent) recipients terminated service before meeting their goal. Reasons for service termination were non-response, the person providing NS was told the recipient could continue without further help, or they did not have the time for NS encounters. At the end of the fiscal year, 40 new recipients were enrolled in NS, and were in the process of being navigated. Since the start of EWC's NS in 2018, a total of 779 individuals have been navigated with 74 percent completing navigation. Of those, 56 percent reported meeting their defined health goal.

Clinical Quality Indicators (CPPIs)

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 were developed by the NBCCEDP to assess grantee achievement.

CPPIs measure and ensure: 1) timely and complete diagnostic follow-up of abnormal breast and cervical cancer screening results; and 2) timely treatment initiation for program recipients diagnosed with breast and cervical cancers or pre-cancerous cervical conditions.

In FY 2019-20, EWC providers met 78 percent of the required CPPIs.

- For recipients with abnormal screening results, 96 percent were screened for breast cancer and 87.6 percent were screened for cervical cancer and received complete follow-up care (performance benchmark- 90 percent).
- The time from provider notification of abnormal screening results to diagnosis was less than 60 days for 92.4 percent of recipients with breast cancer, and less than 90 days for 81.3 percent of recipients with cervical cancer (performance benchmark- 75 percent).
- Treatment was started for 94.6 percent of recipients diagnosed with breast cancer, and 85.5 percent diagnosed with cervical cancer and precancerous cervical conditions (includes high-grade squamous intraepithelial lesion; cervical intraepithelial neoplasia; and carcinoma *in situ*⁵) (performance benchmark- 90 percent).
 - Of the recipients who received treatment, 94 percent with breast cancer, and 100 percent with cervical cancer, started treatment within 60 days (performance benchmark- 80 percent).
 - Of the recipients with precancerous cervical conditions, 96.4 percent began treatment within 90 days (performance benchmark- 80 percent).

During this period, EWC failed to meet the benchmarks of 90 percent for the CPPI related to cervical cancer diagnostic follow-up and treatment (EWC's totals were 87.6 85.5 percent). 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 for clinical resolution. One such intervention is support offered by EWC NS, as described above.

⁵ Carcinoma *in situ* is non-invasive or pre-invasive breast cancer.

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 160,086 uninsured and underinsured recipients in FY 2019-20. Overall, there was a 12 percent decrease in recipients served in FY 2019-20 compared to FY 2018-19. Of the recipients served in FY 2019-20, approximately 143,199 received EWC breast cancer screening and diagnostic services, and approximately 58,096 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 2019-20 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 (49 and 45 percent, respectively); and Hispanic (92 percent for both breast and cervical cancer screening and diagnostic services).

Table 3 and Figure 1 show the distribution of recipients served in the reporting period by county of residence. In Los Angeles County, approximately 37 percent received breast cancer screenings and diagnostic services, and 20 percent received cervical cancer screenings and diagnostic services.

Services Rendered By EWC

In FY 2019-20, EWC providers performed approximately 128,916 screening and/or diagnostic mammograms, 35 screening MRIs, 46,165 breast ultrasounds, and 143,404 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 44,526 Pap tests, 18,215 HPV tests, and 69,940 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.

EWC Cancer Detection

EWC recipients from CYs 2017 and 18, were linked with the most recently available CCR data which is from CY 2018 to confirm cancer diagnosis and to acquire tumor staging. The data indicates 835 recipients with breast cancer and 69 recipients with invasive cervical cancer were diagnosed among EWC recipients in 2018.

Table 4 shows a majority of EWC diagnosed breast cancer, was among recipients under 50 years old; while Table 5 shows the majority of EWC-diagnosed cervical cancer was among women aged 50 years and over (51 percent and 57 percent, respectively). For breast cancer, the majority of recipients diagnosed were Hispanic (78 percent).

EWC diagnosed 111 recipients with *in situ* breast cancer and 711 with invasive. Breast and cervical cancer records with missing stage of diagnosis were excluded in this portion of the analysis. Sixty-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 2018 by socioeconomic status⁶ (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.⁷

Compared to all California women diagnosed with breast cancer at the lowest SES, which appears to be comparable to EWC's service population, EWC recipients were also diagnosed with breast cancer at early stage (61 versus 63 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 40 percent.)

⁶ 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 of the federal poverty level, proportion of blue-collar workers, and 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.

⁷ Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status. Data was obtained by request. September 24, 2021.

Treatment of EWC Diagnosed Breast and Cervical Cancer in CY 2018

In 2018, 61 percent of the 835 recipients diagnosed with breast cancer through EWC were referred to BCCTP, 37 percent reported to have received treatment through other health coverage, and 2 percent was lost to follow-up. For the 69 EWC recipients diagnosed with cervical cancer, 33 percent were referred to BCCTP, 64 percent were reported to have received treatment through other health coverage, while 3 percent were lost to follow-up.

Conclusion

EWC provided potentially life-saving breast and cervical cancer screening and diagnostic services to approximately 160,086 recipients in FY 2019-20, who may otherwise not have had access to care. In 2018, EWC services led to the diagnosis of 835 recipients with breast cancer, 711 of which were invasive, accounting for 2.5 percent of all invasive breast cancers diagnosed in California that year.⁸ Of those EWC recipients diagnosed with breast cancer, 61 percent were diagnosed at early stage. Nearly all the recipients diagnosed with breast cancer by EWC were reported to have been referred to treatment (98 percent).

EWC services led to the diagnosis of invasive cervical cancer for 69 recipients, accounting for 4.5 percent of all invasive cervical cancers diagnosed in California in 2018.⁹ More than half of these invasive cervical cancers (53 percent) were found at an early stage of diagnosis. Nearly all the recipients diagnosed with cervical cancer by EWC were reported to have been referred to treatment (97 percent).

Breast and cervical cancer outreach and awareness, screening, and treatment activities are performed by Medi-Cal, and individual and private market insurance. Many Californians may be covered under one of these health care delivery systems; however, for those who are not, EWC fulfills a critical need for individuals 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.

⁸ CCR [Cal*Explorer](#), Breast Cancer, Accessed November 29, 2021.

⁹ CCR [Cal*Explorer](#), Cervical Cancer, Accessed November 29, 2021.

Table 1. Breast Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2019-20

	Breast Cancer (n=143,199)	
Age Group (years)	Number	Percent
Younger than 40	11,865	8%
40-49	69,283	49%
50 and over	62,051	43%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	4,007	3%
African American	1,204	1%
Hispanic	131,715	92%
Asian-Pacific Islander	4,257	3%
American Indian and Other	398	<1%
Unknown	1,618	1%

Table 2. Cervical Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, Fiscal Year 2019-20

	Cervical Cancer (n=58,096)	
Age Group (years)	Number	Percent
21-39	9,359	16%
40-49	25,914	45%
50 and over	22,813	39%
Other/Unknown	10	<1%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	1,821	3%
African American	486	1%
Hispanic	53,255	92%
Asian-Pacific Islander	1,753	3%
American Indian and Other	147	<1%
Unknown	634	1%

Table 3. Number of Recipients for Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, Every Woman Counts, Fiscal Year 2019-2020

County of Residence	Breast Cancer (n=143,199)		Cervical Cancer (n=58,096)	
	Number	Percent	Number	Percent
Alameda	2,669	2%	663	1%
Alpine/Amador/Calaveras	19	<1%	15	<1%
Butte	324	<1%	151	<1%
Colusa	200	<1%	95	<1%
Contra Costa	1,188	1%	508	1%
Del Norte	27	<1%	17	<1%
El Dorado	196	<1%	81	<1%
Fresno	2,569	2%	1,393	2%
Glenn	200	<1%	94	<1%
Humboldt	78	<1%	37	<1%
Imperial	227	<1%	105	<1%
Inyo/Mono	18	<1%	26	<1%
Kern	3,566	2%	2,178	4%
Kings	731	1%	418	1%
Lake	79	<1%	52	<1%
Lassen/Modoc/Plumas	28	<1%	12	<1%
Los Angeles	52,841	37%	11,605	20%
Madera	925	1%	453	1%
Marin	802	1%	494	1%
Mariposa/Tuolumne	25	<1%	12	<1%
Mendocino	241	<1%	207	<1%
Merced	1,415	1%	918	2%

Every Woman Counts
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Screening and Diagnostic Services
Fiscal Year 2019-20

County of Residence	Breast Cancer (n=143,199)		Cervical Cancer (n=58,096)	
	Number	Percent	Number	Percent
Monterey	3,157	2%	1,800	3%
Napa	551	<1%	447	1%
Nevada	61	<1%	21	<1%
Orange	13,834	10%	6,045	10%
Placer	190	<1%	69	<1%
Riverside	7,269	5%	3,404	6%
Sacramento	1,358	1%	724	1%
San Benito	261	<1%	174	<1%
San Bernardino	4,978	3%	1,872	3%
San Diego	13,657	10%	7,575	13%
San Francisco	448	<1%	289	<1%
San Joaquin	2,500	2%	1,833	3%
San Luis Obispo	843	1%	490	1%
San Mateo	2,238	2%	939	2%
Santa Barbara	2,659	2%	1,494	3%
Santa Clara	5,188	4%	2,662	5%
Santa Cruz	1,388	1%	539	1%
Shasta	300	<1%	203	<1%
Sierra/Yuba	234	<1%	107	<1%
Siskiyou/Trinity	50	<1%	30	<1%
Solano	807	1%	540	1%
Sonoma	1,615	1%	852	1%
Stanislaus	2,146	1%	1,153	2%
Sutter	328	<1%	168	<1%

Every Woman Counts
2022 Report to the Legislature: Breast Cancer and Cervical Cancer
Screening and Diagnostic Services
Fiscal Year 2019-20

County of Residence	Breast Cancer (n=143,199)		Cervical Cancer (n=58,096)	
	Number	Percent	Number	Percent
Tehama	197	<1%	117	<1%
Tulare	4,025	3%	2,539	4%
Ventura	3,630	3%	2,058	4%
Yolo	460	<1%	285	<1%
Unknown	459	<1%	133	<1%

Note: Counties where number of recipients 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 2018

Breast Cancer (n=835)		
Age Group (years)	Number	Percent
Less than 50	427	51%
50-59	254	30%
60 and over	154	19%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	77	9%
African American	12	2%
Hispanic	653	78%
Asian-Pacific Islander	76	9%
American Indian, Other and Unknown	17	2%
Stage at Diagnosis (n=680)*	Number	Percent
Early	413	61%
Late	267	39%
<p>Note: Surveillance, Epidemiology and End Result (SEER) Program, summary stage of diagnosis categories was 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.</p>		

Table 5. Every Woman Counts Diagnosed Cervical Cancer by Recipient Demographics and Summary Stage of Diagnosis, Calendar Year 2018

Cervical Cancer (n=69)		
Age Group (years)	Number	Percent
Less than 50	30	43%
50 and over	39	57%
Race/Ethnicity	Number	Percent
All	69	100%
Stage at Diagnosis (n=59)*	Number	Percent
Early	31	53%
Late	28	47%
<p><i>Note:</i> Surveillance, Epidemiology and End Result (SEER) Program, summary stage of diagnosis categories was 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. Race/Ethnicity category is collapsed to safeguard program recipient privacy.</p>		

Figure 1. Breast and Cervical Cancer Screening and Diagnostic Service Recipients by County of Residence, Every Woman Counts Program, Fiscal Year 2019-20

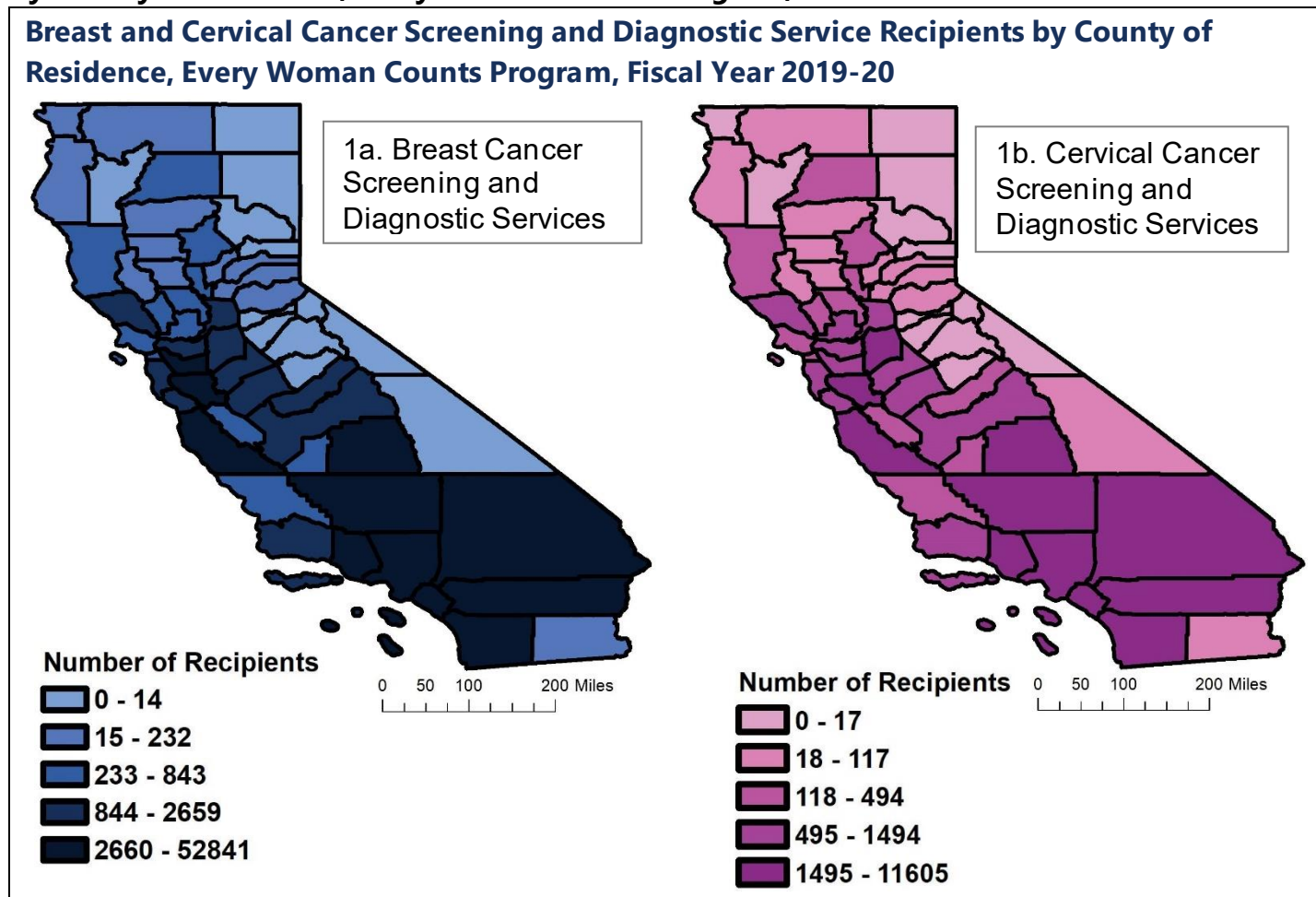


Figure 2. Breast Cancer by Stage of Diagnosis and Socioeconomic Status, Every Woman Counts Program and California, Calendar Year 2018

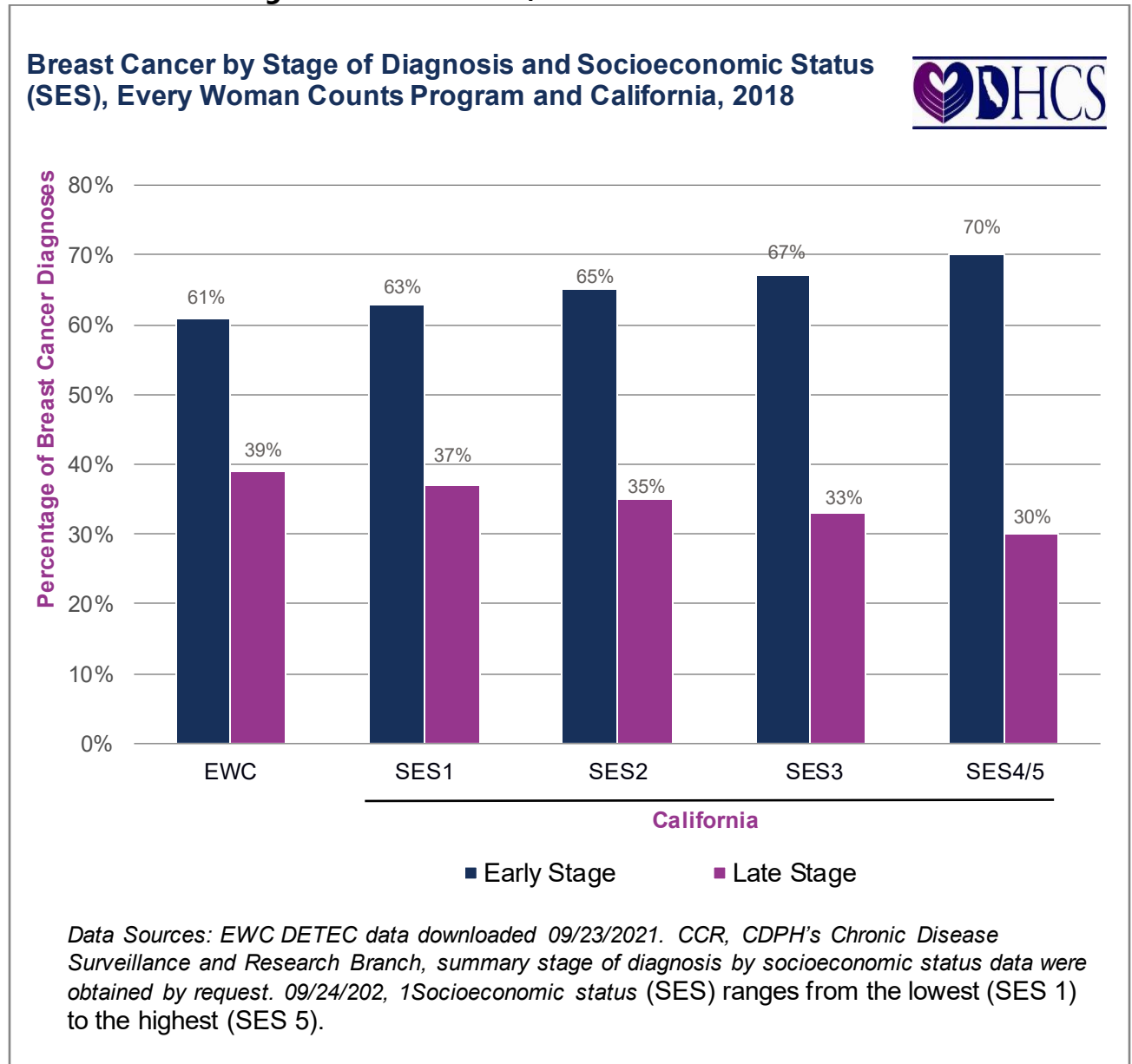


Figure 3. Cervical Cancer by Stage of Diagnosis and Socioeconomic Status, Every Woman Counts Program and California, Calendar Year 2018

