



**EVERY WOMAN COUNTS  
2019 REPORT TO THE CALIFORNIA  
LEGISLATURE: BREAST AND CERVICAL  
CANCER SCREENING AND DIAGNOSTIC  
SERVICES, FISCAL YEAR 2016-17**

**February 2019**

**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>

**Direct your questions to:**

The Every Woman Counts Program  
Department of Health Care Services  
Benefits Division  
Cancer Detection and Treatment Branch  
MS 4600  
P.O. Box 997417  
Sacramento, CA 95899-7417

EWC e-mail: [cancerdetection@dhcs.ca.gov](mailto: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 the EWC 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**

**2019 Annual Report to the California Legislature: Breast and Cervical Cancer  
Screening and Diagnostic Services, Fiscal Year 2016-17**

**February 2019**

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## **INTRODUCTION**

The Every Woman Counts (EWC) program is the California site of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) of the federal Centers for Disease Control and Prevention (CDC) and the State's Breast Cancer Control Program. 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.

## ***LEGISLATIVE REQUIREMENT***

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

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

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

In addition to breast cancer screening and diagnostic services, EWC provides cervical cancer screening and diagnostic services using a combination of state and federal funds. This report includes outcomes for both breast cancer and cervical cancer screening and diagnostic services provided by EWC during fiscal year (FY) 2016-17.

## ***BACKGROUND***

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

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

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

#### ***REPORTING PERIOD***

This report to the Legislature includes EWC services provided during FY 2016-17. These data include the number and demographics of women served and number of breast and cervical cancer screening, diagnostic services provided and confirmed diagnoses of breast and cervical cancer with stage at diagnosis for calendar year (CY) 2015.

#### **METHODS**

The information provided in the tables and figures regarding breast and cervical cancer screening and diagnostic services for this FY 2016-17 report are based on adjudicated claims from the Medi-Cal fiscal intermediary, Conduent, Incorporated, reported as of August 2018. This report includes women served by EWC using both state and federal funds.

DHCS used the following sources for the FY 2016-17 data used for this report:

- ***DHCS, Detecting Early Cancer Data Management System (DETEC)***: EWC's data management system for recipient enrollment and clinical services outcomes.
- ***DHCS, Medi-Cal Fiscal Intermediary, Conduent, Incorporated (claims database)***: Staff analyzed adjudicated claims to identify EWC clinical services delivered during FY 2016-17. Staff linked clinical services recipient records from DETEC to adjudicate claims to substantiate and identify all services in the clinical path.
- ***CDPH, California Cancer Registry (CCR)***: The CCR is the state's cancer surveillance system. California Health and Safety Code, Section 103885,<sup>1</sup> requires hospitals, physicians and certain other health care providers to report all new cancer diagnoses for California residents. EWC clinical services recipient records are linked to the CCR twice per year.
- ***DHCS, Breast and Cervical Cancer Treatment Program (BCCTP)***: Since January 2002, with the passage of Public Law 106-354<sup>2</sup>, women diagnosed with breast or cervical cancer through EWC have gained access to cancer treatment services through DHCS' state and federal funded BCCTP. BCCTP is a state and federal Title XIX funded program that provides no-cost breast and cervical cancer treatment to eligible uninsured and underinsured Californians

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<sup>1</sup> Cal. Health and Safety Code Section 103885

<sup>2</sup> 106<sup>th</sup> Congress, October 24, 2000, 114 STAT. 1381

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through full-scope Medi-Cal. DHCS conducts a quarterly record linkage with BCCTP.

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 who reported multiple races. The county of residence as presented in Table 3 was derived from the zip code information individuals provided as their address at the point of service.

CCR breast and cervical cancer diagnosis data was used to determine stage of diagnosis, source of treatment, and treatment follow-up among women, who received an EWC clinical service on the same day or up to one-year prior to the diagnosis date recorded in CCR. Due to the time needed to accurately collect and process cancer case information, the most recent complete data available from the CCR to link with EWC data was for CY 2015.

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 the DHCS Benefits Division, Data Management, Evaluation, and Research Unit. All tables and figures in this report were designed and evaluated based on DHCS Public Aggregate Reporting Guidelines, issued April 2014.

#### **OVERVIEW OF EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTICS 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 cancer detection program in the nation. In order to access EWC cancer screening, diagnostics, and case management services, women must meet program eligibility criteria. These criteria include being uninsured or underinsured (defined as financially unable to pay co-payments or deductibles, or having insurance that does not cover breast and cervical cancer screening and/or diagnostic services) and having a household income at or below 200 percent of the federal poverty level. EWC provides breast cancer screening and diagnostic services to eligible California women ages 40 and older and cervical cancer screening and diagnostic services to eligible California women ages 21 and older. Starting January 1, 2017, individuals of any age with suspected symptoms of breast cancer can receive

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diagnostic services from EWC.

EWC delivers breast and cervical cancer screening and diagnostic services through a statewide network of approximately 900 Medi-Cal primary care providers and an unknown number of referral providers throughout the state. These Medi-Cal providers are bound by a service agreement with DHCS to submit claims for payment through Conduent, Incorporated, to provide EWC services, conduct eligibility assessment, and enroll women at point of service.

CCR estimated that in 2015, 26,514 California women were diagnosed with and 4,441 died from invasive breast cancer<sup>3</sup> and 1,417 California women were diagnosed with and 498 died from cervical cancer.<sup>4</sup> Timely, age-appropriate screening may have prevented some of these deaths by detecting cancer early when it is most treatable.

Early detection of breast cancer and cervical cancer increases the chance of survival. If breast cancer is found early as a localized tumor, i.e., the tumor has broken through the basement membrane, but is confined to the breast, the five-year relative survival rate is 98.4 percent. If the tumor is regional, i.e., the tumor has spread to lymph nodes or adjacent tissues, the five-year relative survival rate could decline to 85.3 percent. Similarly for cervical cancer, if found localized, the five-year relative survival rate is about 91.9 percent compared to 57.4 percent when found at regional stage.<sup>5</sup>

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

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

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<sup>3</sup> [CDPH CCR Annual Statistical Tables by Site, Breast Cancer](#), Accessed November 27, 2018.

(Originally, [http://www.ccrical.org/pdf/AnnualReport/1988-2015\\_BREAST.pdf](http://www.ccrical.org/pdf/AnnualReport/1988-2015_BREAST.pdf))

<sup>4</sup> [CDPH CCR. Annual Statistical Tables by Site, Cervical Uteri Cancer](#), Accessed November 27, 2018.

(Originally, [http://www.ccrical.org/pdf/AnnualReport/1988-2015\\_CERVIX.pdf](http://www.ccrical.org/pdf/AnnualReport/1988-2015_CERVIX.pdf))

<sup>5</sup> Killion JA, Giddings BM, Chen Y, Maguire FB, Morris CR, Parikh-Patel A, Kizer KW, Kwong SL, Damesyn M. [Cancer in California, 1988-2015](#). Sacramento, CA: California Department of Public Health, Chronic Disease Surveillance and Research Branch, April 2018. Page 22.

(Originally, [http://www.ccrical.org/pdf/Reports/Cancer\\_in\\_California\\_1988-2015\\_ADA.pdf](http://www.ccrical.org/pdf/Reports/Cancer_in_California_1988-2015_ADA.pdf))

### **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. Health education and outreach activities include EWC health education classes, small group sessions, one-on-one consultations, and community events. In FY 2016-17, 4,497 women attended EWC breast and cervical cancer health education classes across the state. Another 12,631 women were reached through small group sessions, one-on-one consultations and community events, over 50 percent more than in FY 2015-16.

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

### **Public Education and Targeted Outreach Initiatives**

#### *EWC Telephone & Online Provider Locators*

The EWC Telephone Provider Locator (TPL), an automated toll-free service, and EWC Online Provider Locator (OPL) provide 24-hour access to aid in finding a EWC provider. EWC's TPL and OPL are promoted through EWC outreach and education activities. In this reporting period, an estimated 9,237 calls were made to the TPL, 7,163 visits were made to the OPL and 39,155 visits were made to the EWC web page.

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

Major barriers to timely breast and cervical cancer screening include not having a source for healthcare, lack of knowledge on the importance of screening, and the inability to make and keep appointments. The EWC *Check Me* Mobile App features health information, messages, and quizzes on breast and cervical cancer screening in an easily accessible and familiar format. With over 605 downloads, this mobile app is an innovative way for women to track their screening history and create appointment reminders for breast and cervical cancer screenings. The EWC *Check Me* Mobile App targets women 21 to 65 years old in the general public.

### **SCREENING AND DIAGNOSTICS**

EWC provided breast and / or cervical cancer screening and diagnostic services to nearly 161,221 uninsured and underinsured women in FY 2016-17. In 2015, EWC services led to the diagnosis of 699 women with breast and 34 women with cervical cancers.

#### ***DIAGNOSTICS 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***

EWC is implementing The Navigation Services (NS) project to meet federal funding requirements, specified by the NBCCEDP, effective July 2015. NS 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 facilitating referral for treatment. Patient navigation, similar to the EWC NS, has been shown to save lives by improving health care access, utilization, and clinical outcomes. When implemented, EWC NS will result in increased clinical efficiencies and improved outcomes. We estimate that EWC NS will launch in mid-2018.

#### ***CLINICAL QUALITY INDICATORS***

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

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

In April 2017, EWC providers met or exceeded 80 percent of the required CPPIs.

- Of recipients who received an initial Pap test by EWC, 33.4 percent were previously rarely or never screened for cervical cancer (BERK, 20 percent).
- For recipients with abnormal screening results, 93.3 percent were screened for breast cancer and 76.4 percent were screened for cervical cancer, received complete followed-up to clinical resolution (BERK, 90 percent).
- The time from provider notification of abnormal screening results to diagnosis was less than 60 days for 90.8 percent of recipients with breast cancer, and less than 90 days for 78.5 percent of recipients with cervical cancer (BERK, 90 and 75 percent respectively).

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- Treatment was started for 96.7 percent of recipients diagnosed with breast cancer, and 80.2 percent diagnosed with cervical cancer and precancerous cervical conditions (includes, high-grade squamous intraepithelial lesion; cervical intraepithelial neoplasia; and carcinoma *in situ*) (BERK, 90 percent).
  - Of the recipients who received treatment, 94.8 percent with breast cancer, and 78.6 percent with cervical cancer, started treatment within 60 days (BERK, 80 percent).
  - Of the recipients with precancerous cervical conditions, 96.2 percent began treatment within 90 days (BERK, 80 percent).

During this period, EWC failed to meet the benchmark of 90 percent for two CPPIs, both related to cervical cancer. The CPPIs were screening follow-up (76.4 percent) and treatment (80.2 percent). EWC is working with these providers, as well as other providers, to design and implement interventions aimed at encouraging program recipients to continue care through the completion of all appropriate procedures to clinical resolution and start of treatment. One such intervention is support offered by EWC NS as described on page 10.

#### ***PROFESSIONAL DEVELOPMENT***

A key component of EWC was 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 was developed under a contract with the Institute for Public Health (IPHI) at San Diego State University.

In FY 2016-17, EWC's live course, *Cervical Cancer Screening and Follow-up* underwent major changes, including the addition of information on risk of disease, patient communication and shared decision-making. In addition to EWC's live course, there were 11 online learning modules, 8 of which offered continuing education units. Online modules topics included breast imaging, breast density, cervical cancer prevention vaccines, and health disparities. Online modules that specifically targeted health educators were *The Cervical Cancer Prevention for Health Educators*, *Breast Cancer Prevention & Screening for Health Educators* and *Creating Relevant Health Education Classes*.

EWC developed and distributed several breast and cervical cancer screening clinical tools as downloadable documents. Notable titles were the *Lymph Node Exam Guide*, *Breast Cancer Diagnostic Algorithms*, *Breast Cancer History and Risk Assessment*, *Clinical Breast Exam (CBE) Results Documentation Form*, the *CBE Skills Reminder Card*, and *Cervical History and Exam Documentation Form*.

Other EWC Professional Development resources included: *Cervical Cancer Facts and Stats*, *Breast Cancer Facts and Stats*, *Core Competencies of CBE* (video), *Breast Screening Algorithm*, *A Guide to Talking with Your Patients about Risk*, *Breast Cancer Risk & Screening Questionnaire*, *Why Aren't Screening Mammograms Recommended*

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*for Women under 40, Frequently Asked Questions about EWC for Referral Providers, Breast Cancer, Cervical Cancer, & Gender: EWC's Guide to Working with Transgender Individuals, A Resource Guide for Health Educators and Breast Cancer Review* updated with a chapter on Breast Cancer Services for California Women.

At this writing, the EWC's Professional Development materials are temporarily unavailable to the public. The contractual relationship between EWC and the IPHI ended June 2018. DHCS is in the process of transitioning the Professional Development materials to a DHCS website.

***PARTNERSHIPS, COORDINATION, AND COLLABORATION***

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

In FY 2016-17, DHCS staff met with CDPH, interdepartmental staff and other public health partners to develop, coordinate and integrate evidenced-based activities and strategies to reach targeted populations. Through CDPH, DHCS staff met regularly with the Coordinated Cancer Prevention and Control Program, the California Comprehensive Cancer Program, the CCR, California's Chronic Disease Control Branch, the California Colorectal Cancer Control Program, the California Rural Health Board, and the Well-Integrated Screening and Evaluation for Women across the Nation program to improve collaboration and coordination of activities and efforts. EWC applied the CCR's advance stage breast and cervical cancer statewide data to concentrate breast and cervical cancer health education and prevention efforts of the program's regionally contracted health educators in the areas with the greatest needs.

***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, now known as "California Pink Plate". Statute required DHCS to receive 7,500 paid pre-orders by July 21, 2017, to implement California Pink Plate with all subsequent net proceeds deposited into the Breast Cancer Control Account to support statewide breast cancer early detection efforts. DHCS obtained the required 7,500 paid pre-orders on March 22, 2017 and began coordinating with the Department of Motor Vehicles to implement the California Pink Plate program.

## **EWC BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES**

### ***WOMEN SERVED BY EWC***

EWC provided breast and/or cervical cancer screening and diagnostic services to nearly 161,221 uninsured and underinsured women in FY 2016-17. Overall, there was less than a 1 percent reduction in women served in FY 2016-17 compared to FY 2015-16. Of the women served in FY 2016-17, approximately 142,785 received EWC breast cancer screening and diagnostic services, and approximately 65,248 received EWC cervical cancer screening and diagnostic services (categories of service are not mutually exclusive).

Tables 1 and 2, on page 16, show the distribution of women served in FY 2016-17 by age group, and 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 47 percent, respectively); and were Hispanic (91 percent for both breast and cervical cancer screening services).

Table 3, on pages 17-18, shows the distribution of women served in the reporting period by county of residence. Approximately 37 percent received breast and 23 percent received cervical cancer screening and diagnostic services in Los Angeles County.

### ***SERVICES RENDERED BY EWC***

EWC providers performed approximately 141,491 screening and/or diagnostic mammograms, 32,778 breast ultrasounds, and 135,123 other related services such as breast health consultations, CBE, 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 49,759 Pap tests, 11,100 HPV tests, and 74,148 other related services including, but not limited to, colposcopy with or without cervical biopsy(s), endocervical curettage, and endometrial sampling. The categories of services and procedures are not mutually exclusive.

### ***CANCER DETECTION***

EWC clinical services diagnosed 699 women with breast cancer and 34 women with invasive cervical cancer in 2015.

Table 4, on page 19, shows the majority of EWC diagnosed breast cancers were among women 40-49 years old, while Table 7, on page 20, shows the majority of EWC diagnosed cervical cancer was among women aged 50 years and over (42 percent and 56 percent, respectively). Table 5, on page 19, shows the majority of women diagnosed with breast cancer were Hispanic (74 percent).

EWC diagnosed 94 women with *in situ*<sup>6</sup> breast cancer and 605 with invasive (not

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<sup>6</sup> Carcinoma *in situ* is non-invasive or pre-invasive breast cancer.

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shown). Forty-one percent of EWC breast cancers and 63 percent of invasive cervical cancers were diagnosed at early stage when timely and appropriate treatment leads to increased chance of survival.

Tables 6 on page 19, 8 on page 20, and 9 and 10 on page 21, show the distribution of breast and invasive cervical cancers diagnosed in 2015 by socioeconomic status<sup>7</sup> (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.<sup>8</sup>

Compared to all California women diagnosed with breast cancer at the lowest SES, which appears to be comparable to EWC's service population, fewer EWC recipients were diagnosed with breast cancer at early stage (41 versus 68 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 (63 versus 39 percent respectively).

***TREATMENT OF EWC DIAGNOSED BREAST AND CERVICAL CANCER***

In 2015, 62 percent of the 699 women diagnosed with breast cancer through EWC were referred to BCCTP for treatment, 37 percent reported to have received treatment through other health coverage, and 1 percent was lost to follow-up. For the 34 EWC recipients diagnosed with cervical cancer, 44 percent were referred to BCCTP for treatment, 53 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 161,221 women in FY 2016-17, who would otherwise not have access to care. In 2015, EWC services led to the diagnosis of 699 women with breast cancer, 605 invasive, accounting for 2.3 percent of all invasive breast cancers diagnosed in California that year.<sup>9</sup> Of those EWC recipients diagnosed with breast cancer, 41 percent were diagnosed at early stage. Nearly all of the women diagnosed with breast cancer by EWC were reported to have been referred to treatment (99 percent).

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<sup>7</sup> 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.

<sup>8</sup> Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status data were obtained by request. October 3, 2018.

<sup>9</sup> [CDPH CCR Annual Statistical Tables by Site, Breast Cancer](#), Accessed November 27, 2018.  
(Originally, [http://www.ccrcal.org/pdf/AnnualReport/1988-2015\\_BREAST.pdf](http://www.ccrcal.org/pdf/AnnualReport/1988-2015_BREAST.pdf))

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EWC services led to the diagnosis of invasive cervical cancer for 34 women, accounting for 2.4 percent of all invasive cervical cancers diagnosed in California in 2015.<sup>10</sup> More than half of these invasive cervical cancers (63 percent) were found at an early stage of diagnosis. Nearly all of the women 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, individual and private market insurance and many women in California may be covered under one of these health plan delivery systems. EWC fulfills a critical need of those low-income women who 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.

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<sup>10</sup> [CDPH CCR. Annual Statistical Tables by Site, Cervical Uteri Cancer](#), Accessed November 27, 2018.  
(Originally, [http://www.ccrcal.org/pdf/AnnualReport/1988-2015\\_CERVIX.pdf](http://www.ccrcal.org/pdf/AnnualReport/1988-2015_CERVIX.pdf))

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**Table 1. Breast and Cervical Cancer Screening and Diagnostic Services by Recipient Age, Every Woman Counts, Fiscal Year 2016-17**

Age Group (years)	Number of Breast Cancer Services	Percentage of Breast Cancer Services	Number of Cervical Cancer Services	Percentage of Cervical Cancer Services
Total Recipients	142,785	100%	65,248	100%
21-39	n/a	n/a	9,764	15%
40-49	79,668	56%	30,946	47%
50 and over	60,194	42%	24,538	38%
Other/Unknown	2,923	2%	n/a	n/a

**Table 2. Breast and Cervical Cancer Screening and Diagnostic Services by Recipient Race/Ethnicity, Every Woman Counts, Fiscal Year 2016-17**

Race/Ethnicity	Number of Breast Cancer Services	Percentage of Breast Cancer Services	Number of Cervical Cancer Services	Percentage of Cervical Cancer Services
Total Recipients	142,785	100%	65,248	100%
White, Non-Hispanic	3,868	3%	2,078	3%
African American	1,170	1%	493	1%
Hispanic	129,741	91%	59,339	91%
Asian-Pacific Islander	6,137	4%	2,458	4%
American Indian and Other	466	<1%	227	<1%
Unknown	1,403	1%	653	1%

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**Table 3. Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, Every Woman Counts, Fiscal Year 2016-2017**

County	Number of Breast Cancer Services	Percentage of Breast Cancer Services	Number of Cervical Cancer Services	Percentage of Cervical Cancer Services
All counties	142,785	100%	65,248	100%
Alameda	4,120	3%	1,496	2%
Alpine/Amador/Calaveras	35	<1%	29	<1%
Butte	372	<1%	160	<1%
Colusa	144	<1%	79	<1%
Contra Costa	1,610	1%	815	1%
Del Norte	30	<1%	30	<1%
El Dorado	199	<1%	105	<1%
Fresno	2,550	2%	1,501	2%
Glenn	195	<1%	74	<1%
Humboldt	87	<1%	37	<1%
Imperial	363	<1%	177	<1%
Kern	3,219	2%	2,214	3%
Kings	597	<1%	328	1%
Lake	58	<1%	22	<1%
Lassen/Modoc/Plumas	28	<1%	27	<1%
Los Angeles	52,855	37%	14,828	23%
Madera	825	1%	455	1%
Marin	782	1%	523	1%
Mariposa/Tuolumne	16	<1%	15	<1%
Mendocino	140	<1%	69	<1%
Merced	1,176	1%	826	1%
Inyo/Mono	53	<1%	52	<1%
Monterey	2,457	2%	1,683	3%
Napa	570	<1%	443	1%
Nevada	76	<1%	35	<1%
Orange	15,318	11%	8,124	12%

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County	Number of Breast Cancer Services	Percentage of Breast Cancer Services	Number of Cervical Cancer Services	Percentage of Cervical Cancer Services
Placer	195	<1%	97	<1%
Riverside	6,306	4%	3,415	5%
Sacramento	1,374	1%	516	1%
San Benito	306	<1%	229	<1%
San Bernardino	5,961	4%	2,207	3%
San Diego	13,651	10%	7,965	12%
San Francisco	606	<1%	357	1%
San Joaquin	2,264	2%	1,636	3%
San Luis Obispo	792	1%	456	1%
San Mateo	2,343	2%	1,034	2%
Santa Barbara	2,257	2%	1,570	2%
Santa Clara	4,586	3%	2,960	5%
Santa Cruz	1,243	1%	617	1%
Shasta	244	<1%	244	<1%
Sierra	0	0%	0	0%
Siskiyou/Trinity	63	<1%	36	<1%
Solano	687	<1%	478	1%
Sonoma	1,782	1%	1,105	2%
Stanislaus	1,837	1%	1,000	2%
Sutter	338	<1%	155	<1%
Tehama	171	<1%	92	<1%
Tulare	3,369	2%	2,356	4%
Ventura	3,441	2%	1,949	3%
Yolo	439	<1%	304	<1%
Yuba	179	<1%	93	<1%
Unknown	476	<1%	230	<1%

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

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**Table 4. Every Woman Counts Diagnosed Breast Cancer by Recipient Age, 2015**

Age Group (years)	Number of Breast Cancer Diagnoses	Percentage of Breast Cancer Diagnoses
Total Recipients Diagnosed	699	100%
40-49	294	42%
50-59	256	37%
60 and over	149	21%

**Table 5. Every Woman Counts Diagnosed Breast Cancer by Recipient Race/Ethnicity, 2015**

Race/Ethnicity	Number of Breast Cancer Diagnoses	Percentage of Breast Cancer Diagnoses
Total Recipients Diagnosed	699	100%
White, Non-Hispanic	78	12%
African American	17	2%
Hispanic	514	74%
Asian-Pacific Islander	73	10%
American Indian, Other and Unknown	17	2%

**Table 6. Every Woman Counts Diagnosed Breast Cancer by Stage of Diagnosis, 2015**

Stage at Diagnosis	Number of Breast Cancer Diagnoses	Percentage of Breast Cancer Diagnoses
Recipients with Staged Diagnosis	669	100%
Early	276	41%
Late	393	59%

*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 were excluded.*

**Table 7. Every Woman Counts Diagnosed Cervical Cancer by Recipient Age, 2015**

Age Group (years)	Number of Cervical Cancer Diagnoses	Percentage of Cervical Cancer Diagnoses
Total Recipients Diagnosed	34	100%
Less than 50	15	44%
50 and over	19	56%

**Table 8. Every Woman Counts Diagnosed Cervical Cancer by Stage of Diagnosis, 2015**

Stage at Diagnosis	Number of Cervical Cancer Diagnoses	Percentage of Cervical Cancer Diagnoses
Recipients with Staged Diagnosis	32	100%
Early	20	63%
Late	12	37%

*Note: Surveillance, Epidemiology and End Result (SEER) Program summary stage of diagnosis categories were collapsed into early and late stage. Early stage includes localized stage; late stage includes regional and distant stage. Cancers where stage was unspecified were excluded.*

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**Table 9. Breast Cancer by Stage of Diagnosis and Socioeconomic Status (SES) Level, Every Woman Counts and California, 2015**

Demographic Category	Early Stage Diagnosis	Late Stage Diagnosis
Every Woman Counts Recipients	41%	59%
California SES Level 1	68%	32%
California SES Level 2	71%	29%
California SES Level 3	73%	27%
California SES Levels 4 and 5	76%	24%

*Data Sources: EWC DETEC data downloaded 9/5/2018. CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status data were obtained by request. 10/03/18*

**Table 10. Cervical Cancer by Stage of Diagnosis and Socioeconomic Status (SES) Level, Every Woman Counts and California, 2015**

Demographic Category	Early Stage Diagnosis	Late Stage Diagnosis
Every Woman Counts Recipients	63%	37%
California SES Level 1	39%	61%
California SES Level 2	46%	54%
California SES Level 3	48%	52%
California SES Levels 4 and 5	47%	53%

*Data Sources: EWC DETEC data downloaded 9/5/2018. CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status data were obtained by request. 10/03/18*