EVERY WOMAN COUNTS 2026 ANNUAL REPORT TO THE LEGISLATURE

Breast and Cervical Cancer Screening and Diagnostic Services, and Expenditures – Fiscal Year 2023-24

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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INTRODUCTION

The Department of Health Care Services (DHCS), administers California's breast and cervical cancer program, named the Every Woman Counts (EWC) Program. The EWC Program'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. In addition, DHCS, is authorized to participate in a cooperative agreement with the Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

LEGISLATIVE REQUIREMENTS AND PROGRAM REPORTING CHANGES

Assembly Bill (AB) 144 (Committee on Budget, Chapter 105, Statutes of 2025) amended Revenue and Taxation Code Section 30461.6(f), which changed the EWC Program's mandated reporting structure by consolidating biannual and annual reports into one streamlined report. Pursuant to AB 144, the requirements for the annual report the Legislature, which is due on February 28th of each Fiscal Year (FY), are outlined below:

> *(f) Any entity funded by the Breast Cancer Control Program shall collect data and maintain records that are determined by the State Department of Health Care Services to be necessary to facilitate the department's ability to monitor and evaluate the effectiveness of the program entities and the program. The costs associated with the report described in subdivision (e) shall be paid from the allocation made pursuant to paragraph (2) of subdivision (b). The report shall describe the activities and effectiveness of the program and shall include, but not be limited to, the following types of information1:*
>
> *(1) The number of recipients served.*
>
> *(2) The ethnic, geographic, and age breakdown.*
>
> *(3) The breast and cervical cancer stages of presentation.*
>
> *(4) The breast and cervical cancer diagnostic and treatment status.*
>
> *(5) Program caseload.*

[1] The information described above be found on the following pages: (1) page 7, (2) pages 12-19, (3) page 7, (4) pages 9, (5) page 7, (6) page 8, (7) pages 5, 10-11, and (8) pages 7-8

(6) Estimated clinical claims and expenditures.

(7) Program activities and monitoring data.

(8) A breakdown of expenditures for clinical service activities, including, but not limited to, office visits and consults, screening mammograms, diagnostic mammograms, diagnostic breast procedures, case management, and other clinical services.

DATA MONITORING

Reporting Periods: Calendar Years vs. Fiscal Years

This annual report presents data on breast and cervical cancer screening and diagnostics, with referral to treatment services, using both calendar year (CY) 2022 and FY 2023-24. The EWC Program collaborates with the California Cancer Registry (CCR), who utilizes CY for reporting and measuring California populations, sizes, diversity, cancer incidences and mortality rates across different years. This standard practice helps to understand cancer occurrences, trends across diverse populations, and establish critical information on cancer diagnosis, treatment, and patient outcomes. Using FYs versus CYs better aligns with the broader California state budget process, inclusive of the bi-annual Medi-Cal estimate process, and is crucial for the development, planning, implementation, reporting, and budgeting of EWC Program activities.

Data Methods

DHCS utilized the following data sources for the FY 2023-24 services reported:

- **DHCS, Detecting Early Cancer Data Management System:** The EWC Program's web-based data management system that collects data on recipient enrollment and clinical services outcomes.
- **DHCS, Medi-Cal Fiscal Intermediary Clinical Claims Database:** The EWC Program conducted an analysis of clinical claims data, to identify the program services provided. Claims data was extracted approximately 12 months following the services reporting period. Medi-Cal and EWC Program provider billing policy allows providers six months from the date of service to bill for full reimbursement and 12 months to receive 50 percent reimbursement.
- **California Department of Public Health, California Cancer Registry, Chronic Disease Surveillance and Research Branch:** Pursuant to Health and Safety Code Section 103885, hospitals, physicians, and certain health care providers, are

mandated to report all new cancer diagnoses. DHCS maintains a data linkage with the CCR to validate breast and cervical cancer diagnoses and stages, obtain detailed tumor-stating information, and ensure accuracy and totality of the EWC Program's cancer surveillance and reporting efforts.

- **DHCS, Breast and Cervical Cancer Treatment Program:** Pursuant to the Breast Cancer Treatment Act, as codified in Health and Safety Code Section 104162, the EWC Program is authorized to enroll recipients diagnosed with breast or cervical cancer, into the Breast and Cervical Cancer Treatment Program (BCCTP) for treatment. BCCTP provides both state and federally funded no-cost treatment services and is a portal for full-scope Medi-Cal services.

The number of EWC Program recipients served during a reporting period is the count of unique or distinct individuals from EWC Program's adjudicated claims data. Individuals are assigned a unique identification number. Data such as a EWC Program recipient's date of birth and race/ethnicity is self-reported therefore, some data is unavailable for those recipients who choose not to identify their age, birth year, or race/ethnicity. EWC Program recipients classified as "Other" race/ethnicity include those who self-identified as such, and individuals that reported multiple races.

The county of residence data is derived from the zip code information provided by individuals with their residential address.

The EWC Program utilizes BCCTP data to validate EWC Program recipients diagnosed with breast or cervical cancer, who were referred to Medi-Cal BCCTP for treatment. EWC Program recipient records are linked to 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 residential address are used in lieu of recipient Social Security number, which is not required for enrollment into the EWC Program.

OVERVIEW OF EWC PROGRAM RECIPIENTS, CANCER SCREENINGS, DIAGNOSTICS AND SERVICES

Eligibility Criteria

The EWC Program is California's safety net breast and cervical cancer program that provides free screening, diagnostic, and referral to treatment services.

To qualify for the EWC Program, applicants must meet the following criteria:

- DHCS, For Breast Cancer
  - A women 40 years old or older can qualify for routine breast cancer screenings.
  - Have symptoms at any age, regardless of gender, can qualify for breast diagnostic services.
- For Cervical Cancer
  - Are 21 years old or older
- Meet EWC Program Income Criteria[2]
- Have no or limited insurance
- Are not receiving services through Medi-Cal or other government programs
- Live in California

Caseload

Caseload is defined as the number of EWC Program recipients, designated by a unique identification number, who have received at least one paid service during a reported period.

In FY 2023-24, the EWC Program provided breast or cervical cancer screening and diagnostic services, delivered through the EWC Program provider network, to the following:

- 94,125 total recipients received program-covered screening and diagnostic services.
- 82,101 recipients received breast cancer screening and diagnostic services.
- 34,987 recipients received cervical cancer screening and diagnostic services.

Breast and Cervical Cancer Stages of Presentation

From CY 2021 through 2022, EWC Program Recipients were linked with the most recent available CCR data (CY 2022), to confirm cancer diagnosis and tumor staging. Program determined the following among EWC Program recipients:

[2] EWC Income Eligibility Guidelines can be found at the following link: https://www.dhcs.ca.gov/services/cancer/EWC/Documents/Federal-Income.pdf

- 461 recipients with breast cancer.
  - 61 recipients with *in situ* breast cancer.
  - 400 recipients with invasive breast cancer.
- 19 recipients with invasive cervical cancer.
- Breast and cervical cancer records with missing stage of diagnosis were excluded.
- A majority of breast cancer cases included EWC Program recipients under 50 years old (49 percent) and were Hispanic or Latina (85 percent).
- 68 percent of breast cancer was diagnosed at early stage.

Please note that small values for cervical cancer demographics and staging information are not shown to protect the confidentiality of the recipients summarized in the data.

Services and Expenditures

Based on the November 2023 Family Health Local Assistance Estimates, the EWC Program was appropriated $30.5 million for FY 2023-24. This information is available on the DHCS website: Local Assistance Estimates Main Page.

From July 1, 2023 through June 30, 2024, the EWC Program expended a total of $19,024,245 (see *Table 1*) on cancer screening and diagnostic services, as identified through adjudicated clinical claims data. It is important to note that the services and procedures provided were not mutually exclusive and EWC Program recipients could have received multiple procedures.

Table 1: EWC Program Clinical Services and Expenditures for FY 2023-24
This table shows the EWC Program service categories along with total services and expenditures associated with clinical service activities.

Services	Total Services	Total Reimbursement Amount
Screening and Diagnostic Mammograms	105,734	$9,946,495
Magnetic Resonance Imaging (MRI)	506	$155,889
Breast Ultrasounds	25,978	$2,830,969

Services	Total Services	Total Reimbursement Amount
Other Breast Services[3]	71,291	$3,837,220
Breast Services Subtotal	**203,509**	**$16,770,573**
Papanicolaou (Pap) Tests	26,641	$562,366
Human Papillomavirus (HPV) Tests	15,613	$476,367
Other Cervical Services[4]	41,716	$1,214,939
Cervical Services Subtotal	**83,970**	**$2,253,672**
Grand Total	**287,479**	**$19,024,245**
Data Source: DHCS, EWC Program Common Analytical File | Dates Represented: FY 2023-24 | Data Downloaded: 7/16/2025**.**		

Patient Navigation Services

EWC Program Patient Navigation Services (PNS), also known as case management, have a pivotal role in ensuring timely access to life-saving cancer screenings. Through strategic partnerships with providers and community-based organization, PNS works to eliminate cancer screening, diagnostic, and treatment barriers. The EWC Program is committed to meeting its benchmark goals, which include monitoring service quality, promoting greater effectiveness, and measuring key performance metrics. As public health continues to modernize, the EWC Program has adapted to environmental circumstances by utilizing digital technology, social media platforms, and community driven initiatives to connect recipients to essential services.

In FY 2023-24 a total of 521 EWC Program recipients participated in PNS.

[3] Other breast services include office visits, telehealth, case management, breast diagnostic procedures and other breast related services.

[4] Other cervical services include office visits, telehealth, case management, cervical diagnostic procedures and other cervical related services.

- 510 (98 percent) recipients (self-reported) met their goals for screening, diagnostic follow-up, or starting treatment for breast or cervical cancer.
- 11 recipients (two percent) terminated services, before meeting their goals. Examples of reasons for terminating EWC Program covered services include:
    - Lack of Response: Recipient did not respond to multiple contact attempts.
    - Loss to Follow-up: Recipient could not be reached after initial engagement.
    - Obtained Insurance: Recipient secured insurance coverage.
    - Started Treatment: Recipient began cancer treatment, and no longer needing EWC program services.
- 54 new recipients were enrolled in PNS and were in the process of being navigated.

Breast and Cervical Cancer Treatment and Diagnostics

In CY 2022, 51 percent of 461 EWC Program recipients diagnosed with breast cancer were referred to BCCTP and 49 percent reported receiving treatment through other health coverage. BCCTP data for cervical cancer are not shown due to small values.

Incidence and Mortality

Early detection of breast and cervical cancer increases the chance of survival. Cancer is most treatable, and mortality rates can be decreased, through timely, age-appropriate screening.

In CY 2022, an estimated 29,884 women were diagnosed, and 4,631 died from invasive breast cancer. If the tumor is localized (i.e., a tumor has broken through the basement membrane but is confined to the breast), the five-year relative survival rate for 2015-2021 was 99.9 percent. However, if the tumor is regional stage and has spread to the lymph nodes or adjacent tissues, the relative survival rate for 2015-2021, declined to 88 percent.

For cervical cancer, in CY 2022, an estimated 1,526 women were diagnosed, and 431 died.[5] If found localized, the relative survival rate for cervical cancer for 2015-2021 was 91.9 percent compared to 64.5 percent when found at regional stage.[6]

EWC PROGRAM ACTIVITIES

Community Engagement and Outreach

During FY 2023-24, Health Educators and Community Health Workers (CHWs) conducted 829 classes and individual sessions, engaging a total of 5,857 EWC Program recipients. They formed partnerships with local health departments, faith-based organizations, community health centers, migrant assistance programs, and other entities supporting underserved populations. Both virtual and in-person sessions utilized innovative strategies to effectively engage their communities. Additionally, social media platforms such as Instagram and Facebook, were leveraged to enhance the EWC Program marketing efforts and facilitate participation in classes and events.

In addition, the EWC Program collaborated with health leaders and key stakeholders to provide community-based educational opportunities. Evaluations of community needs further assisted EWC Program recruitment efforts for CHWs to serve Pacific Islander, Indian/Native American, and Black communities.

EWC Program Providers, Recruitment, and Network Maintenance

As of June 30, 2024, the EWC Program's provider network is comprised of 1,130 Primary Care Providers (PCPs). EWC Program Clinical Coordinators successfully recruited and re-enrolled 29 PCPs, while providing training and technical support on program policies, quality standards, and data submission processes, particularly with an emphasis on improving data collection practices.

Core Program Performance Indicators

The CDC NBCCEDP developed Clinical Performance Program Indicators (CPPIs) to measure program services and data. CPPIs assist in evaluating California's benchmarks for quality and timeliness, specifically from final diagnosis to the initiation of treatment

[5] CCR Cal*Explorer, Breast and Cervical Cancer data downloaded, January 7, 2026.

[6] CCR Cal*Explorer, Relative survival (percentage) by stage at diagnosis, California, 2015-2021. Data downloaded January 7, 2026.

for breast or cervical cancer. The EWC Program aims to consistently provide prompt screening and diagnostic services by utilizing monthly CPPIs to track individuals with incomplete cycles, those lost to follow-up, or those who refuse care.

Evidence Based Interventions

The EWC Program successfully collaborated with the California Department of Public Health, Comprehensive Cancer Control Program, California Colorectal Cancer Coalition, and California Dialogue on Cancer to implement evidence based interventions. A total of 10 health care systems throughout California implemented targeted evidence based interventions activities, to increase breast and colorectal cancer screening rates in clinics. These activities included improving patient reminder systems, organizing screening events (mobile mammography units), and small media outreach campaigns. In addition, bi-monthly meetings with EWC Program staff, Health Educators, and Clinical Coordinators were held in clinics to address technical assistance. For continuous project improvement, interaction with the clinics enabled a productive colorectal cancer screening dialogue, to discuss challenges and successes.

California Pink Ribbon License Plate

As of June 30, 2024, the California Department of Motor Vehicles reported 5,559 breast cancer awareness special interest license plates currently in operation, of which 17 were motorcycle license plates. Since its inception, Pink Plate has generated $1,188,057.47 in total revenues (minus the costs of new plates and administration). All proceeds have been used to reimburse EWC Program Providers for breast cancer screening and diagnostic services.



APPENDIX 1 – BREAST CANCER SCREENING AND DIAGNOSTIC SERVICES BY RECIPIENT DEMOGRAPHICS, EWC PROGRAM, FY 2023-24

This table shows the distribution of EWC Program recipients by age group and race/ethnicity for breast cancer screening and diagnostic services. The majority of EWC Program recipients were aged 40 to 49 (57 percent) and were Hispanic or Latina (93 percent).

Age Group (years)	Number	Percent
Younger than 40	5,782	7%
40-49	46,654	57%
50 and over	29,665	36%
Race/Ethnicity	**Number**	**Percent**
White, Non-Hispanic	1,554	2%
Black or African American	593	1%
Hispanic or Latina	76,052	93%
Asian or Pacific Islander	1,833	2%
American Indian, Alaskan Native, or Other	201	<1%
Unknown	1,868	2%
Data Source: EWC Program Common Analytical File | Dates Represented: FY 2023-24 | Data Downloaded: 7/16/2025 Prepared by DHCS		

Number of EWC Program recipients for breast cancer screening and diagnostic services = 82,101

APPENDIX 2 – CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES BY RECIPIENT DEMOGRAPHICS, EWC PROGRAM, FY 2023-24

This table shows the distribution of EWC Program recipients by age group and race/ethnicity for cervical cancer screening and diagnostic services. The majority of EWC Program recipients were aged 40 to 49 years old (50 percent) and Hispanic or Latina (92 percent).

Age Group (years)	**Number**	**Percent**
21-39	5,979	17%
40-49	17,365	50%
50 and over	11,630	33%
Other/Unknown	13	<1%
Race/Ethnicity	**Number**	**Percent**
White, Non-Hispanic	792	2%
Black or African American	265	1%
Hispanic or Latina	32,259	92%
Asian or Pacific Islander	958	3%
American Indian, Alaskan Native, or Other	113	<1%
Unknown	600	2%
Data Source: EWC Program Common Analytical File | Dates Represented: FY 2023-24 | Data Downloaded: 7/16/2025 **Prepared by DHCS**		

Number of EWC Program recipients for cervical cancer screening and diagnostic services =34,987

APPENDIX 3 – NUMBER OF RECIPIENTS FOR BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES BY COUNTY OF RESIDENCE, EWC PROGRAM, FY 2023-24

This table shows the distribution of EWC Program recipients served in the reporting period by county of residence. Approximately 31 percent of EWC Program recipients received breast cancer screening and diagnostic services, and 13 percent received cervical cancer screening and diagnostic services in Los Angeles County.

	Breast Cancer (n=82,101)		Cervical Cancer (n=34,987)	
County of Residence	**Number**	**Percent**	**Number**	**Percent**
Alameda	1,549	2%	346	1%
Alpine	0	0%	0	0%
Amador/Calaveras/Inyo/Mono	20	<1%	23	<1%
Butte	221	<1%	94	<1%
Colusa/Modoc/Plumas	113	<1%	67	<1%
Contra Costa	646	1%	254	1%
Del Norte/Humboldt	54	<1%	21	<1%
El Dorado	125	<1%	62	<1%
Fresno	1,690	2%	861	2%
Glenn/Lassen	132	<1%	56	<1%
Imperial	90	<1%	63	<1%
Kern	2,036	2%	1,179	3%
Kings	443	1%	267	1%
Lake/Siskiyou/Trinity	78	<1%	54	<1%

	Breast Cancer (n=82,101)		Cervical Cancer (n=34,987)	
County of Residence	**Number**	**Percent**	**Number**	**Percent**
Los Angeles	25,172	31%	4,539	13%
Madera	403	<1%	276	1%
Marin	399	<1%	204	1%
Mariposa/Nevada/Tuolumne	90	<1%	40	<1%
Mendocino	169	<1%	114	<1%
Merced	1,030	1%	535	2%
Monterey	2,469	3%	1,564	4%
Napa	479	1%	300	1%
Orange	8,853	11%	4,019	11%
Placer	192	<1%	93	<1%
Riverside	4,588	6%	2,201	6%
Sacramento	1,062	1%	596	2%
San Benito	283	<1%	239	1%
San Bernardino	3,643	4%	1,323	4%
San Diego	8,397	10%	5,280	15%
San Francisco	215	<1%	119	<1%
San Joaquin	1,702	2%	1,285	4%
San Luis Obispo	755	1%	487	1%
San Mateo	1,047	1%	306	1%
Santa Barbara	1,910	2%	1,033	3%
Santa Clara	2,412	3%	1,707	5%
Santa Cruz	904	1%	408	1%

	Breast Cancer (n=82,101)		Cervical Cancer (n=34,987)	
County of Residence	**Number**	**Percent**	**Number**	**Percent**
Shasta	158	<1%	117	<1%
Sierra/Yuba	139	<1%	91	<1%
Solano	493	1%	316	1%
Sonoma	1,106	1%	749	2%
Stanislaus	1,096	1%	562	2%
Sutter	183	<1%	109	<1%
Tehama	119	<1%	76	<1%
Tulare	2,170	3%	1,305	4%
Ventura	2,948	4%	1,502	4%
Yolo	246	<1%	109	<1%
Unknown	72	<1%	36	<1%

Note: Counties with small values for recipients screened were combined with other counties (of similar size or within the same EWC region) to protect the confidentiality of the individuals summarized in the data.

Data Source: EWC Program Common Analytical File | Dates Represented: FY 2023-24 | Data Downloaded: 7/16/2025
Prepared by DHCS

APPENDIX 4 – EWC PROGRAM DIAGNOSED BREAST CANCER BY EWC PROGRAM RECIPIENT DEMOGRAPHICS AND SUMMARY STAGE OF DIAGNOSIS, CY 2022

This table shows a majority of EWC Program-diagnosed breast cancer was among EWC Program recipients under the age of 50-year-old (49 percent) and Hispanic or Latina (85 percent).

Breast Cancer (n=461)		
Age Group (years)	**Number**	**Percent**
Less than 50	227	49%
50-59	142	31%
60 and over	92	20%
Race/Ethnicity	**Number**	**Percent**
White, Non-Hispanic	22	5%
Black or African American	*	*
Hispanic or Latina	394	85%
Asian or Pacific Islander	23	5%
American Indian, Alaskan Native, Other or Unknown	*	*
Stage at Diagnosis (n=393)**	**Number**	**Percent**
Early	269	68%
Late	124	32%

*Small values for number of recipients are not shown to protect the confidentiality of the individuals summarized in the data.

**Cancers where stage was unspecified and missing were excluded.

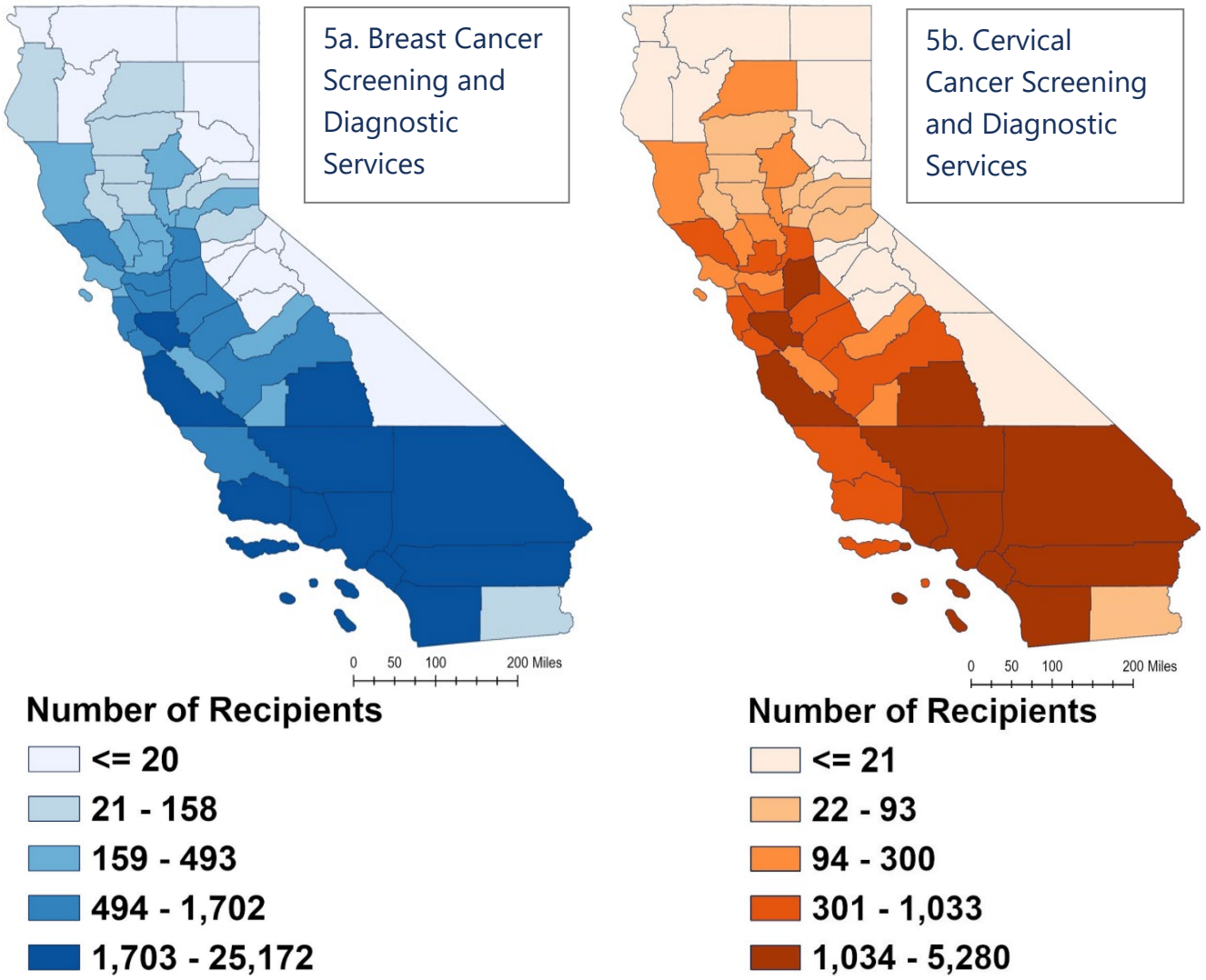
Note: Surveillance, Epidemiology and End Result (SEER) Program, summary stage of diagnosis categories were collapsed into early and late stage. Early stage includes in situ (breast cancer) and localized stage; late stage includes regional

and distant stage.
Data Source: EWC Program Common Analytical File | Dates Represented: CY 2022 | Data Downloaded: 12/9/2025
Prepared by DHCS

APPENDIX 5 – BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICE EWC PROGRAM RECIPIENTS BY COUNTY OF RESIDENCE AND GEOGRAPHICS, FY 2023-24

This figure shows the distribution of EWC Program recipients served in the reporting period by county of residence.

Breast and Cervical Cancer Screening and Diagnostic Service EWC Recipients by County of Residence, FY 2023-24

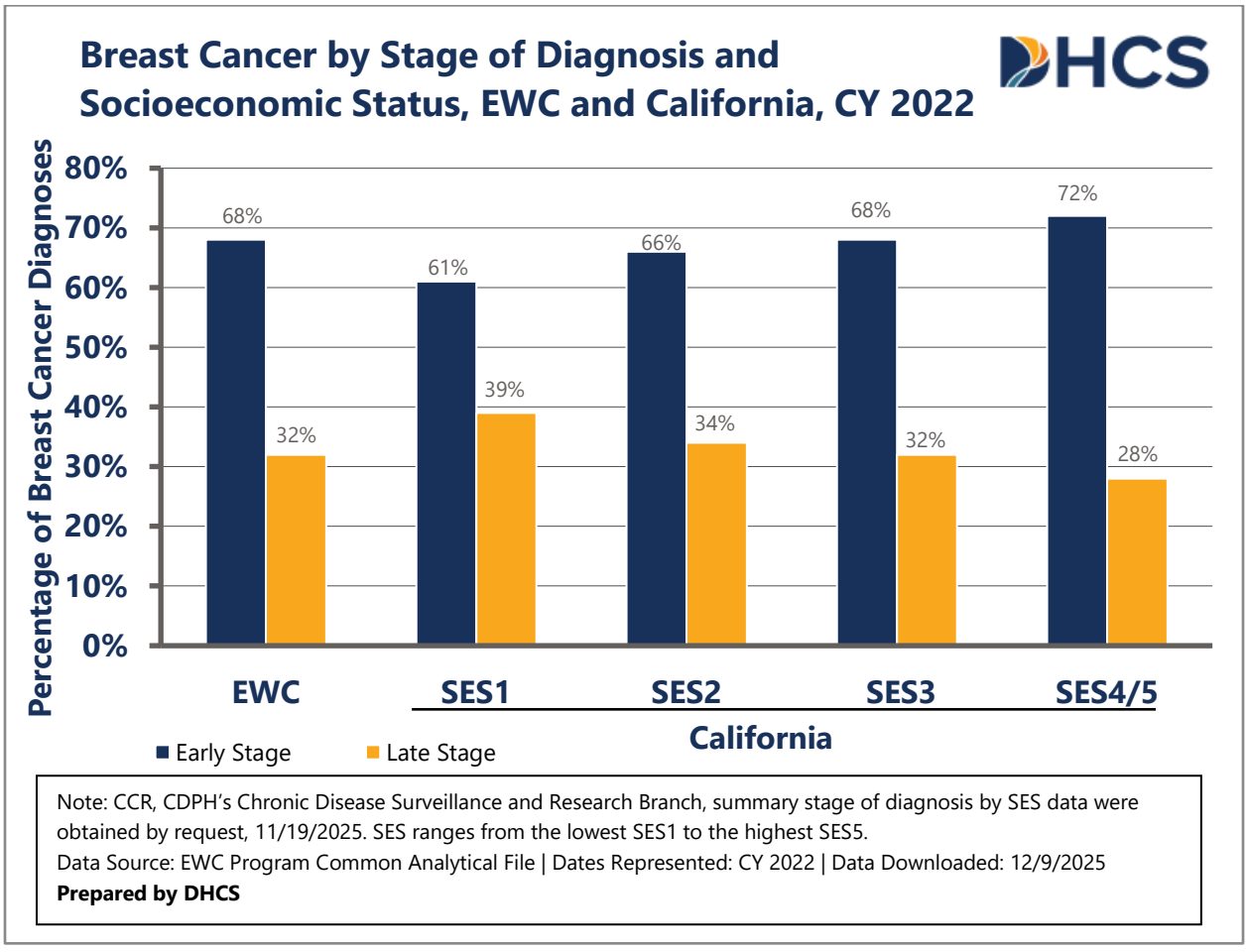


Data Source: EWC Program Common Analytical File | Dates Represented: FY 2023-24 | Data Downloaded: 7/16/2025

Prepared by DHCS

APPENDIX 6 – BREAST CANCER BY STAGE OF DIAGNOSIS AND SOCIOECONOMIC STATUS, EWC PROGRAM AND CALIFORNIA, CY 2022

This table shows the distribution of breast cancer, diagnosed in 2022, by socioeconomic status[7] (SES) from the lowest (SES1) to the highest (SES5) and by stage at diagnosis (early versus late). EWC Program recipients and all California women as reported by CCR.[8] The majority of EWC Program breast cancer was also diagnosed at an early stage.



Note: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by SES data were obtained by request, 11/19/2025. SES ranges from the lowest SES1 to the highest SES5.
Data Source: EWC Program Common Analytical File | Dates Represented: CY 2022 | Data Downloaded: 12/9/2025
Prepared by DHCS

[7] SES Quintiles and Variables. Incidence Data with Census Tract Attributes Database, Accessed January 20, 2026.
[8] Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status. Data obtained by request. November 19, 2025.

All current and prior EWC Program Annual Reports to the Legislature are published on the DHCS Website, which is available here:

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

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