



**EVERY WOMAN COUNTS
2023 REPORT TO THE CALIFORNIA LEGISLATURE: BREAST
AND CERVICAL CANCER SCREENING AND DIAGNOSTIC
SERVICES, FISCAL YEAR 2020-21**

California Department of Health Care Services

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:

Department of Health Care Services
Benefits Division, Every Woman Counts Program
MS 4601
P.O. Box 997417
Sacramento, CA 95899-7417

E-mail: cancerdetection@dhcs.ca.gov

Telephone: (916) 449-5300

**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>

EVERY WOMAN COUNTS
2023 Annual Report to the California Legislature: Breast and Cervical Cancer
Screening and Diagnostic Services, Fiscal Year 2020-21

2023

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Executive Summary

The Every Woman Counts (EWC) report complies with the Revenue and Taxation Code Section 30461.6 (f), which requires the Department of Health Care Services (DHCS) to submit an annual report to the Legislature on specified activities for EWC. This report includes EWC services provided during Fiscal Year (FY) 2020-21. DHCS analyzed adjudicated paid claims from the Medi-Cal Fiscal Intermediary to also include the following data in this report: the number and demographics of recipients served, the number of breast and cervical cancer screenings, and the number of diagnostic services provided. EWC recipients from FY 2018-19 were linked with the most recent available California Cancer Registry (CCR) data that confirmed cancer diagnosis and acquired tumor staging. There are no critical issues in this report or with the EWC service delivery system.

Key Findings:

EWC Services in FY 2020-21

EWC provided breast and/or cervical cancer screening and diagnostic services to nearly 143,404 uninsured and underinsured recipients in FY 2020-21.

- Approximately 128,878 received EWC breast cancer screening and diagnostic services.
- Approximately 50,784 received EWC cervical cancer screening and diagnostic services.

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

EWC Providers Rendered Approximately

- 118,328 screening and/or diagnostic mammograms.
- 457 Magnetic Resonance Imaging (MRI) for screening and/or diagnosis.
- 41,036 breast ultrasounds.
- 126,548 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).
- 39,066 Papanicolaou (Pap) tests.
- 18,633 Human Papillomavirus tests.
- 62,294 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, and some recipients received more than one procedure.

EWC Cancer Detection

EWC recipients from calendar year (CY) 2019, were linked with the most recent available CCR data to confirm cancer diagnosis and acquire tumor staging. Program determined the following was diagnosed among EWC Recipients:

- 991 recipients with breast cancer.
 - 127 recipients with *in situ* breast cancer
 - 849 with invasive breast cancer.
- 38 recipients with invasive cervical cancer.
- Breast and cervical cancer records with missing stage of diagnosis were excluded.
- Breast cancer cases included recipients under 50 years old, however a majority of cervical cancer cases included recipients aged 50 years and over (49 percent and 53 percent, respectively).
- 64 percent of EWC breast cancers and 56 percent of invasive cervical cancers were diagnosed at early stage when timely and appropriate treatment leads to an increased chance of survival.

Treatment of EWC Diagnosed Breast and Cervical Cancer in CY 2019

Breast Cancer

- Of the 991 recipients diagnosed with breast cancer through EWC:
 - 51 percent were referred to DHCS Breast and Cervical Cancer Treatment Program (BCCTP)
 - 47 percent were 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 38 recipients diagnosed with cervical cancer through EWC:
 - 37 percent were referred to BCCTP.
 - 58 percent were reported to have received treatment through other health coverage.
 - Five percent were lost to follow-up.

Introduction

The DHCS EWC Program is the California grantee of the federal Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program funds and the statutory designee for the State's Breast Cancer Control Program. 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 payer of last resort.

This report includes outcomes for both breast and cervical cancer screening and diagnostic services provided by EWC during FY 2020-21.

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, diagnostic 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 2020-21. The data includes the number and demographics of recipients served and 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 CY 2019. The data is reported in phases 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 2020-21 report are based on adjudicated claims from the Medi-Cal Fiscal Intermediary, reported as of May 2022. This report includes individuals served by EWC using both state and federal funds.

DHCS used the following data sources for the FY 2020-21 report:

- ***DHCS, Detecting Early Cancer Data Management System:*** EWC's data management system for recipient enrollment and clinical services outcomes.
- ***DHCS, Medi-Cal Fiscal Intermediary claims database:*** Staff analyzed adjudicated claims to identify EWC clinical services delivered during FY 2020-21.
- ***California Department of Public Health (CDPH), CCR:*** The CCR is the state's cancer surveillance system. California Health and Safety Code Section 103885 requires hospitals, physicians, and certain 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:*** Public Law 106-354¹ allows EWC to refer individuals diagnosed with breast or cervical cancer to treatment services through the 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.

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

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 the cancer diagnosis and determine the stage of the diagnosis among EWC recipients in CY 2019 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 2019.

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 DHCS 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, have 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 2019, 29,531 California women were diagnosed and 4,492 died from invasive breast cancer.² CCR also estimated that in 2019, 1,496 California women were diagnosed and 494 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 relative survival rate for 2012-2018 is 98.9 percent. If the tumor is regional, i.e., the tumor has spread to lymph nodes or adjacent tissues, the relative survival rate for 2012-2018 declines to 86.3 percent. Similarly for cervical cancer, if found localized, the relative survival rate for 2012-2018 is about 90.6 percent compared to 59.1 percent when found at regional stage.⁴

Mammograms and Pap tests alone, and/or co-tested with Human Papillomavirus, are highly effective cancer screening tools for people who are uninsured and underinsured, geographically, and culturally isolated, and/or medically underserved. Members of racial, ethnic, and cultural minorities underuse these tools. The goal of EWC is to improve outreach, education, and access to screening and diagnostic 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.

² CCR [Cal*Explorer](#), Breast Cancer, Accessed January 10, 2023.

³ CCR [Cal*Explorer](#), Cervical Cancer, Accessed January 10, 2023.

⁴ CCR [Cal*Explorer](#), Relative survival (percentage) by stage at diagnosis, California, 2012-2018. Accessed January 10, 2023.

Screening and Diagnostics

EWC provided breast and cervical cancer screening and diagnostic services to nearly 143,404 uninsured and underinsured recipients in FY 2020-21. In 2019, EWC services led to the diagnosis of 991 recipients with breast and 38 recipients with cervical cancers.

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 Services

To ensure completion of all appropriate clinical procedures for a cancer resolution, and initiate timely treatment, the National Breast and Cervical Cancer Early Detection Program requires its grantees to provide Patient Navigation Services (PNS). These services are intended to promote screening compliance, and continuity of care. EWC PNS specifically supports by assessing and assisting recipients to eliminate barriers to timely screening, completion of diagnostic testing, and facilitate referral to treatment. EWC Health Educators and Clinical Coordinators offer program recipients PNS to support, educate, and refer to treatment while overcoming barriers, and ensuring access to medically necessary screening, diagnostic, and initiation of treatment services.

In FY 2020-21, 92 program recipients completed PNS. The majority, 54 (58.7 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. Thirty-eight (41.3 percent) recipients terminated service before meeting their goal. Reasons for service termination were non-response, the person providing PNS was told the recipient could continue without further help, or they did not have the time for PNS encounters. At the end of the FY, 62 new recipients were enrolled in PNS, and were in the process of being navigated. Since the start of EWC's PNS in 2018, a total of 1,650 individuals have been navigated with 81.2 percent completing PSN. Of those navigated, 75.1 percent reported meeting their defined health goal.

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 were developed by the National Breast and Cervical Cancer Early Detection Program to assess grantee achievement.

The aims of the CPPIs are to 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 2020-21, EWC Providers met 75 percent of the required CPPIs.

- For recipients with abnormal screening results or planned work-up, 95 percent were screened for breast cancer and 89.2 percent were screened for cervical cancer and received complete follow-up care (performance benchmark of 90 percent and under).
- The time from provider notification of abnormal screening results or planned work-up to diagnosis was less than 60 days for 87 percent of recipients with breast cancer, and 72 percent of recipients with cervical cancer (performance benchmark 75 percent).
- Treatment was started for 94.4 percent of recipients diagnosed with breast cancer, and 81.3 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 of 90 percent).
 - Of the recipients who received treatment, 91.7 percent with breast cancer, and 89.2 percent with cervical cancer or precancerous cervical conditions, started treatment within 60 days (performance benchmark of 80 percent).

During this period, the EWC Program did not meet benchmarks set for its CPPI measures related to the time between cervical cancer screening and when diagnostic follow-up and treatment started. EWC's totals were 72 percent and 81.3 percent, respectively. Through continued EWC PNS, the program strives to meet 100 percent of the benchmark requirements and continues to work with providers to design and implement interventions aimed at encouraging program recipients to continue care through the completion of all appropriate procedures to clinical resolution.

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 143,404 uninsured and underinsured recipients in FY 2020-21. Overall, there was a 10 percent decrease in recipients served in FY 2020-21 compared to FY 2019-20. Of the recipients served in FY 2020-21, approximately 128,878 received EWC breast cancer screening and diagnostic services, and approximately 50,784 received 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 2020-21 by age group, race, and ethnicity. For both breast and cervical cancer screening and diagnostic

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

services, a majority of recipients were aged 40 to 49 years old (47 and 45 percent, respectively); and Hispanic (93 and 92 percent, respectively).

Table 3 and Figure 1 show the distribution of recipients served in the reporting period by county of residence. In Los Angeles County, approximately 35 percent received breast cancer screenings and diagnostic services and 16 percent received cervical cancer screening and diagnostic services.

Services Rendered By EWC

In FY 2020-21, EWC Providers performed approximately 118,328 screening and/or diagnostic mammograms, 457 MRIs for screening and/or diagnosis, 41,036 breast ultrasounds, and 126,548 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 39,066 Pap tests, 18,633 Human Papillomavirus tests, and 62,294 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 CY 2019, were linked with the most recently available CCR data to confirm cancer diagnosis and to acquire tumor staging. The data indicate 991 recipients with breast cancer and 38 recipients with invasive cervical cancer were diagnosed among EWC recipients.

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 (49 percent and 53 percent, respectively). For breast cancer, a majority of recipients, diagnosed were Hispanic (81 percent).

EWC diagnosed 127 recipients with *in situ* breast cancer and 849 with invasive. Breast and cervical cancer records with missing stage of diagnosis were excluded in this portion of the analysis. Sixty-four percent of EWC breast cancers and 56 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 2019 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

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 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.

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 (60 percent versus 64 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 (39 versus 56 percent.)

Treatment of EWC Diagnosed Breast and Cervical Cancer in CY 2019

In 2019, 51 percent of the 991 recipients diagnosed with breast cancer through EWC were referred to BCCTP, 47 percent reported to have received treatment through other health coverage, and 2 percent was lost to follow-up. For the 38 EWC recipients diagnosed with cervical cancer, 37 percent were referred to BCCTP, 58 percent were reported to have received treatment through other health coverage, while 5 percent were lost to follow-up.

Conclusion

EWC provided potentially life-saving breast and cervical cancer screening and diagnostic services to approximately 143,404 recipients in FY 2020-21, who may otherwise not have had access to care. In 2019, EWC services led to the diagnosis of 991 recipients with breast cancer, 849 of which were invasive, accounting for 2.9 percent of all invasive breast cancers diagnosed in California that year.⁸ Of those EWC recipients diagnosed with breast cancer, 64 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 38 recipients, accounting for 2.5 percent of all invasive cervical cancers diagnosed in California in 2019.⁹ More than half of these invasive cervical cancers (56 percent) were found at an early stage of diagnosis. The majority of the recipients diagnosed with cervical cancer by EWC were reported to have been referred to treatment (95 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.

⁷ Source: CCR, CDPH's Chronic Disease Surveillance and Research Branch, summary stage of diagnosis by socioeconomic status. Data obtained by request. September 19, 2022.

⁸ CCR [Cal*Explorer](#), Breast Cancer, Accessed January 10, 2023.

⁹ CCR [Cal*Explorer](#), Cervical Cancer, Accessed January 10, 2023.

Table 1. Breast Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, FY 2020-21

	Breast Cancer (n=128,878)	
Age Group (years)	Number	Percent
Younger than 40	9,218	7%
40-49	60,550	47%
50 and over	59,110	46%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	3,109	2%
African American	915	1%
Hispanic	119,747	93%
Asian-Pacific Islander	3,349	3%
American Indian and Other	286	<1%
Unknown	1,472	1%

Table 2. Cervical Cancer Screening and Diagnostic Services by Recipient Demographics, Every Woman Counts, FY 2020-21

	Cervical Cancer (n=50,784)	
Age Group (years)	Number	Percent
21-39	7,916	15%
40-49	22,651	45%
50 and over	20,195	40%
Other/Unknown	22	<1%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	1,357	3%
African American	320	1%
Hispanic	46,983	92%
Asian-Pacific Islander	1,423	3%
American Indian and Other	123	<1%
Unknown	578	1%

Table 3. Number of Recipients for Breast and Cervical Cancer Screening and Diagnostic Services by County of Residence, Every Woman Counts, FY 2020-21

County of Residence	Breast Cancer (n=128,878)		Cervical Cancer (n=50,784)	
	Number	Percent	Number	Percent
Alameda	2,624	2%	654	1%
Alpine/Amador/Calaveras	20	<1%	14	<1%
Butte	258	<1%	120	<1%
Colusa	146	<1%	64	<1%
Contra Costa	1,042	1%	329	1%
Del Norte	12	<1%	13	<1%
El Dorado	198	<1%	89	<1%
Fresno	2,504	2%	1,221	2%
Glenn	188	<1%	88	<1%
Humboldt	58	<1%	29	<1%
Imperial	179	<1%	129	<1%
Inyo/Mono	16	<1%	20	<1%
Kern	3,086	2%	1,876	4%
Kings	722	1%	361	1%
Lake	90	<1%	60	<1%
Lassen/Modoc/Plumas	24	<1%	12	<1%
Los Angeles	45,294	35%	8,125	16%
Madera	834	1%	530	1%
Marin	972	1%	568	1%
Mariposa/Trinity/Tuolumne	22	<1%	11	<1%
Mendocino	273	<1%	187	<1%
Merced	1,189	1%	693	1%
Monterey	2,870	2%	1,809	4%
Napa	626	<1%	572	1%
Nevada	66	<1%	41	<1%

Every Woman Counts
2023 Report to the Legislature: Breast Cancer and Cervical Cancer
Screening and Diagnostic Services
Fiscal Year 2020-21

	Breast Cancer (n=128,878)		Cervical Cancer (n=50,784)	
County of Residence	Number	Percent	Number	Percent
Orange	12,497	10%	5,289	10%
Placer	204	<1%	80	<1%
Riverside	6,685	5%	3,291	6%
Sacramento	1,412	1%	856	2%
San Benito	301	<1%	213	<1%
San Bernardino	4,591	4%	1,738	3%
San Diego	12,317	10%	7,239	14%
San Francisco	402	<1%	254	1%
San Joaquin	2,402	2%	1,610	3%
San Luis Obispo	907	1%	471	1%
San Mateo	2,288	2%	929	2%
Santa Barbara	2,605	2%	1,342	3%
Santa Clara	3,879	3%	1,999	4%
Santa Cruz	1,237	1%	485	1%
Shasta	233	<1%	184	<1%
Sierra/Yuba	210	<1%	129	<1%
Siskiyou	37	<1%	19	<1%
Solano	838	1%	548	1%
Sonoma	1,824	1%	959	2%
Stanislaus	1,680	1%	843	2%
Sutter	339	<1%	191	<1%
Tehama	190	<1%	91	<1%
Tulare	3,962	3%	2,072	4%
Ventura	3,721	3%	1,895	4%
Yolo	482	<1%	308	1%
Unknown	322	<1%	134	<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 2019

Breast Cancer (n=991)		
Age Group (years)	Number	Percent
Less than 50	483	49%
50-59	338	34%
60 and over	170	17%
Race/Ethnicity	Number	Percent
White, Non-Hispanic	70	7%
African American	18	2%
Hispanic	807	81%
Asian-Pacific Islander	75	8%
American Indian, Other and Unknown	21	2%
Stage at Diagnosis (n=807) *	Number	Percent
Early	520	64%
Late	287	36%
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.		

Table 5. Every Woman Counts Diagnosed Cervical Cancer by Recipient Demographics and Summary Stage of Diagnosis, Calendar Year 2019

Cervical Cancer (n=38)		
Age Group (years)	Number	Percent
Less than 50	18	47%
50 and over	20	53%
Race/Ethnicity	Number	Percent
All	38	100%
Stage at Diagnosis (n=36) *	Number	Percent
Early	20	56%
Late	16	44%
<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.		

Figure 1. Breast and Cervical Cancer Screening and Diagnostic Service Recipients by County of Residence, Every Woman Counts Program, Fiscal Year 2020-21

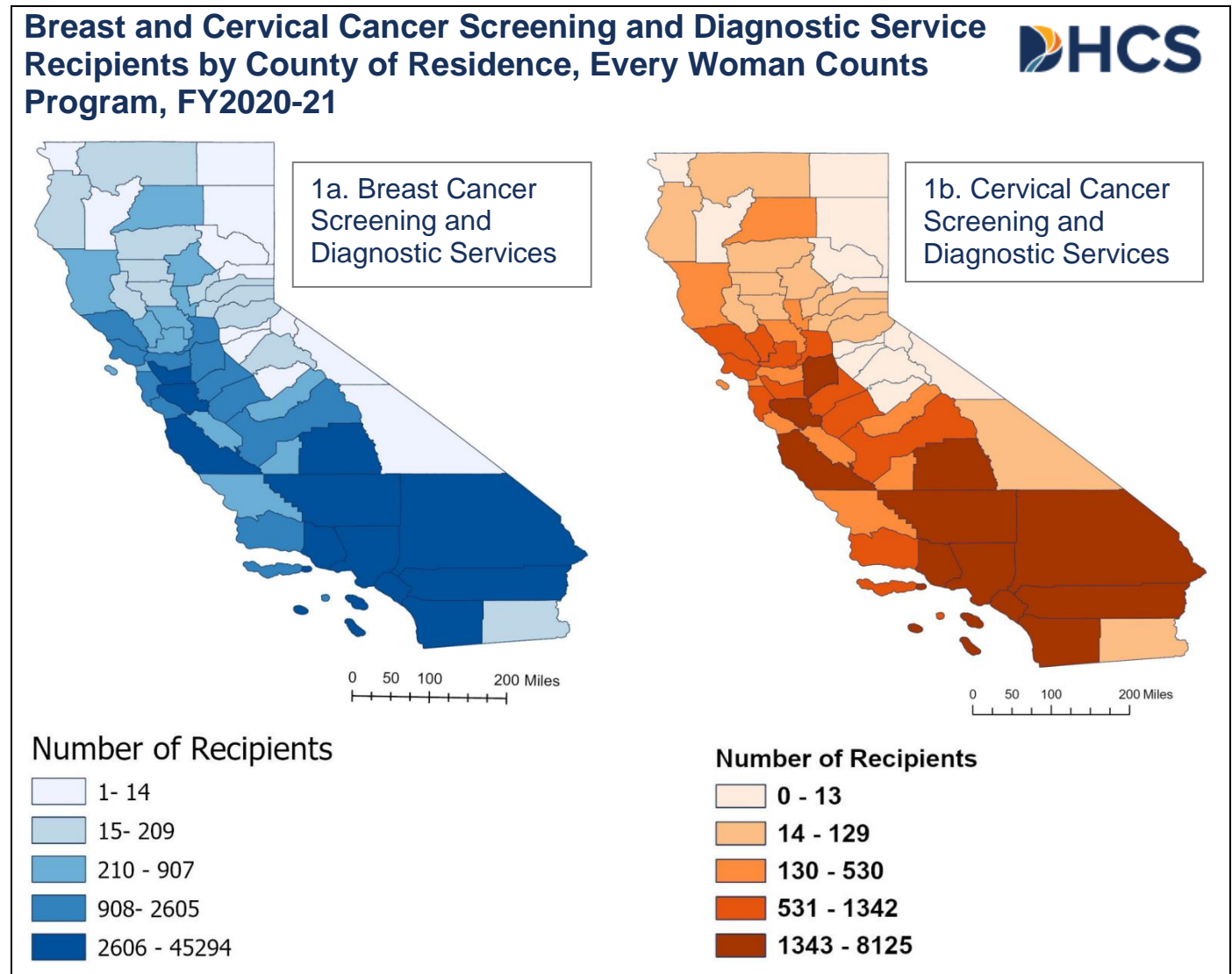


Figure 2. Breast Cancer by Stage of Diagnosis and Socioeconomic Status, Every Woman Counts Program and California, Calendar Year 2019

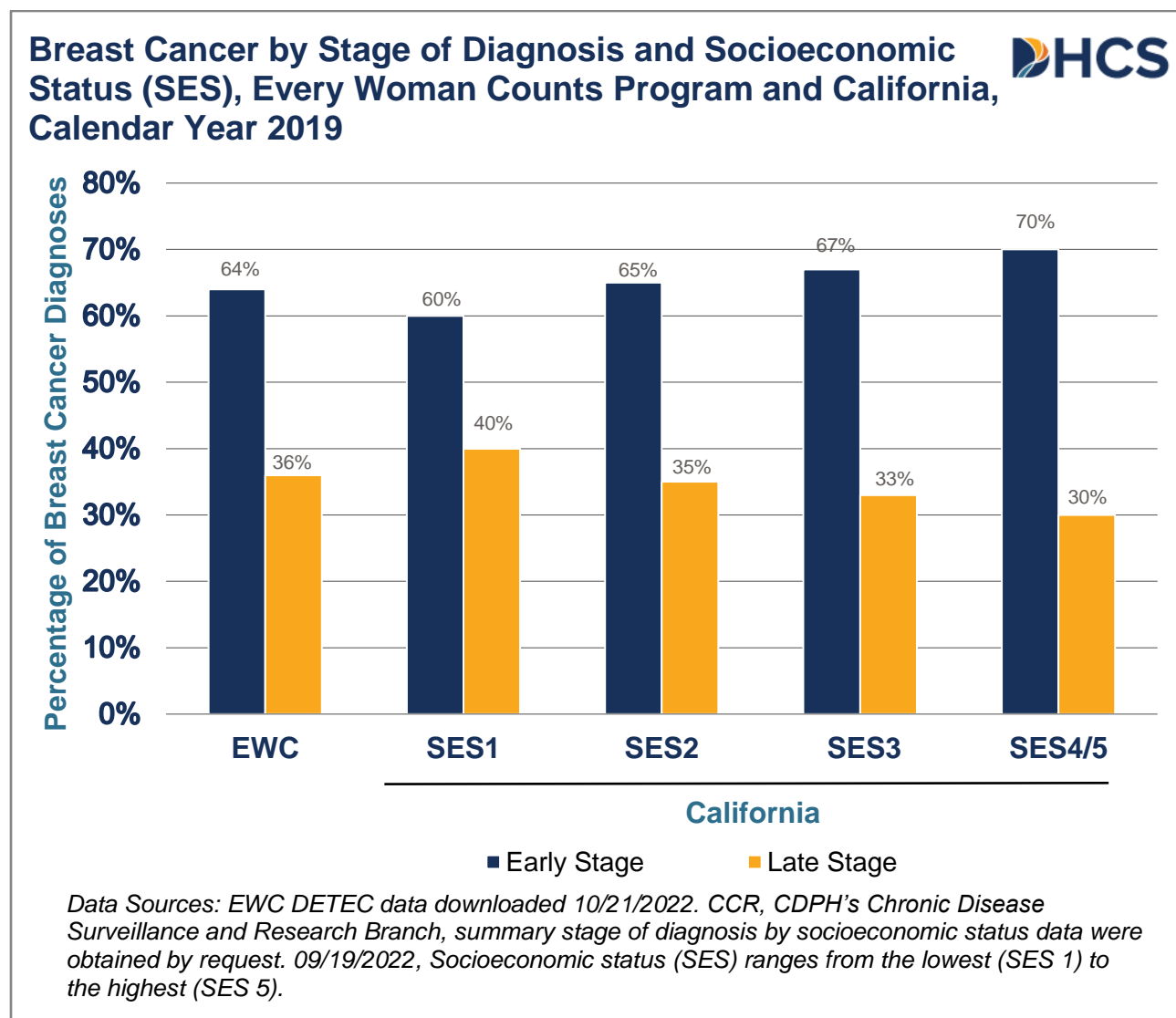


Figure 3. Cervical Cancer by Stage of Diagnosis and Socioeconomic Status, Every Woman Counts Program and California, Calendar Year 2019

