Illinois Stroke Task Force

Annual Report to the General Assembly Public Act 92-0710

January 1, 2011 - December 31, 2011



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Illinois Department of Public Health Office of Health Promotion Division of Chronic Disease Prevention and Control

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This report serves as the annual report to the Governor and the General Assembly pursuant to Public Act 92-0710, effective July 19, 2002. The Illinois Stroke Task Force was created in 2004 by the Illinois Department of Public Health (Department). The Department's task force was comprised of the following members: 19 members appointed by the director of the Illinois Department of Public Health, five members appointed by the Governor, and four ex-officio members (selected House and Senate members). The director of the Illinois Department of Public Health serves as the chairperson of the task force. The task force shall advise the Department with regard to setting priorities for improvements in stroke prevention and treatment efforts.

Stroke is the third leading cause of death in Illinois, accounting for 5,765 deaths in 2008. The death rate for Illinois residents for cerebrovascular disease in 2008 was 44.7 deaths per 100,000 population.

Risk factors associated with stroke include high blood pressure, cigarette smoking, excessive alcohol intake, increasing age, prior history of stroke or heart disease, diabetes, family history of stroke and low socioeconomic status. Knowing the warning signs of a stroke is important. Warning signs for a stroke include the following: sudden numbness or weakness of face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding speech; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, loss of balance or coordination; and sudden severe headache with no known cause.

During 2011, the Department attempted to convene the Illinois Stroke Task Force, however due to a lack of participants, quorum was not met. In 2011, the General Assembly passed Public Act 96-514 which amended the Emergency Medical Services Systems Act and created the Illinois Stroke Advisory Subcommittee. The Act requires the Illinois Stroke Advisory Subcommittee to address stroke care issues in the state of Illinois. Because some members of the Illinois Stroke Task Force were asked to serve on the Illinois Stroke Advisory Subcommittee, the Department is of the opinion that a second task force is unnecessary. The Department plans to recommend legislation to rescind the Illinois Stroke Task Force so members and resources can be dedicated to the Illinois Stroke Advisory Subcommittee.

There were no state dollars spent on activities related to the Illinois Stroke Task Force during 2011.