Notice of the Final Oral Examination
for the Degree of Doctor of Philosophy

of

CATHERINE VAN MOSSEL

MA (University of Victoria, 2005)
BA (University of Waterloo, 1988)


Interdisciplinary Studies

Wednesday, June 15, 2016
9:00AM
David Turpin Building
Room A144

Supervisory Committee:
Dr. Susan Boyd, School of Public Health and Social Policy, University of Victoria (Co-Supervisor)
Dr. Mary Ellen Purkis, School of Nursing, UVic (Co-Supervisor)
Dr. Donna Jeffery, School of Social Work, UVic (Outside Member)

External Examiner:
Dr. Carl May, Faculty of Health Sciences, University of Southampton

Chair of Oral Examination:
Dr. Hélène Cazes, Department of French, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies
Abstract

The term “evidence-based” is ubiquitous in practice and policy-making settings around the world; it is *de rigueur* to claim this approach. This dissertation is an inquiry into the work of evidence-based policy-making with particular focus on the social practices of policy workers involved with the development of policy relating to chronic disease at the Ministry of Health in British Columbia (B.C.), Canada. I begin with an examination of tensions in the policy-making literature germane to the relationship between knowledge, its production, and policy-making: the environment into which evidence-based policy-making emerged in the 1990s. Drawing on the theorising of knowledge, discourse, and power – particularly from Foucault’s work – for the analytic approach, I present the commitment to claims of “evidence-based” practices found in key government policy framework documents and policy workers’ accounts of their practices, gathered through interviews. I then show the unravelling of this commitment in those accounts. This research reveals how the policy frameworks construct chronic disease as a financial burden and direct policy workers to develop policies with this construction in mind. The discourses associated with evidence-based policy-making narrow how policy workers can think about evidence and its production to positivist, scientific methods and numerical measures than will provide proof of cost cutting.

Proponents of evidence-based policy-making laud it as keeping politics and ideology out of the policy-making process. However, the policy workers I interviewed reveal the power relations organising their deeply political work environment. Furthermore, the minutiae constituting policy-making practices produce a “managerialist approach to governance” (Edwards, Gillies and Horsley, 2015, p. 1) in which people with chronic disease are noticeable by their near-absence. When they do appear, they are responsibilied to decrease the burden on the health/care system and the economy. I argue that as a government project with an *appearance* of failure, given the many cracks in the commitment to the claim, and the practices, of being evidence-based, the discourse of evidence-based policy-making is actually quite *successful*. It has continuous effects: people are separated (apolitical policy makers into imagined neutral space and decision-makers into political space), knowledge is divided, costs and responsibilities are downloaded to individuals, and evidence-based discourses appear in countless settings. The governing works.