Grey literature in public health: valuable evidence?

The problem statement

We live in an information society where information overload is a recognised problem within the public health workforce. Surprisingly, in such an information rich environment with traditional and new sources of information online, those working in public health experience information poverty, lacking access to information that they need or sometimes not able to find what they need.

When practising evidence-based public health, we are encouraged to search for, use and generate evidence, which may come from different sources, from other sectors and disciplines. We access mixed content, from peer-reviewed journals to opinions published on blogs, and it is increasingly difficult to establish quality. Some members of the public health workforce may never have had information literacy training in information seeking and critical appraisal, as we lack appropriate methodology to assess different types of evidence. They frequently use grey literature, passed on to them by colleagues, from sources where other factors are at play affecting the reliability of the information. We sometimes call it evidence, but others may disagree.

This remit of this discussion

This brief introductory discussion paper aims to initiate research and stimulate further discussion around the importance of grey literature as evidence in public health. Some of the things we wish to find answers to are:

- What is evidence? Everyone is defining it differently; let’s explore some of the definitions.
- Is grey literature evidence?
- Do we know what evidence we need in public health?
- Who collects grey literature and makes it available/accessible?
- What is evidence-based practice in public health? Do we work in evidence-based environments? What barriers are there to us being evidence-based?

The importance of evidence

Understanding what we mean by evidence is not new, the role and type of evidence in informed decision-making has been discussed in papers and workshops. There is no agreement as to what we class as evidence and so the variation in the understanding of the concept continues.

It is a recommendation that the term evidence for the purposes of public health should be applied with a broad definition, including the narrative and descriptive information found in the grey literature, which is a key information source required by public health practitioners. In short grey literature means “Information produced on all levels of government, academics, business and industry in electronic and print formats not controlled by commercial publishing”. Research into the use of evidence in public health internationally has found that many other sources of evidence than scientific research are used to aid decision making, including; websites, non-governmental organisations, third sector organisations, internal programme evaluations and local and provincial best practices. There are multiple types of grey literature of relevance including: institutional, internal, statistical,
market research and many other kinds of informal reports; case studies, notes, observations and evaluations. Most organisational publications and reports you read daily are considered grey literature.

Evidence in public health policy is much more complex compared to clinical medicine, where randomised controlled trials (RCTs) are considered the gold standard. It is recognised that RCTs are not appropriate for public health because public health decisions require different evidential support to clinical decisions as public health deals with whole populations rather than individual patients, RCTs are commonly not available, in public health and RCTs cannot be undertaken because they are infeasible (for technical and political reasons) and they are ethically impermissible. “Good evidence depends on the type of research/policy/practice question to be answered” and what it will be used for - we should use the best possible evidence and the best available evidence.

The practice of evidence-based public health (EBPH) is an integration of science-based interventions with community preferences for improving population health. The World Health Organization defines evidence-based as “refers to a body of information, drawn from routine statistical analyses, published studies and ‘grey’ literature, giving information about what is already known about factors affecting health.”

According to literature there are many practical issues with translating evidence into policy in public health. Often we lack relevant evidence, the research just has not been done and often policy and public health programmes are not evaluated, and therefore not generating new evidence. There are also barriers in accessing evidence; time, effort and inaccessibility are a few, but often some pieces of evidence are not collected and disseminated as evidence because of their questioned quality or lack of scientific rigour. Yet we know that in public health, evidence must be of a qualitative and quantitative nature, and needs to consider complexity of governance, delivery, policy issues, inequalities and inequities.

Evidence, as it is so varied, is difficult to assess for its value and quality. Methods for critically appraising evidence in public health are not well developed. Often those working in public health have not had training in searching for and critically appraising evidence, also confirmed our information needs survey 2012.

But let’s face it, “there is no single best type evidence.”

Why is evidence difficult to find?

It is a paradox that in this information rich environment, many in the public health workforce suffer from information poverty, stating that they have difficulty finding the right information, or that they lack access to resources, confirmed in our last two surveys. We mentioned the lack of skills training in information literacy, which adds to the problem of finding evidence.

Much information that is important to public health is published non-commercially by NGOs, charities, think-tanks, academic institutions and government departments, across sectors and disciplines. Databases such as PubMed, and other publishers’ own, do not index grey literature. Searching on Google, or similar search engines, will take

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[b] Informing the design of the new Public Health England portal, National Heart Forum 2012 [same URL as above]
time and effort, you may find some, you will miss many. Very few of our known evidence based collection libraries recognise grey literature as evidence, and these are often left out of systematic reviews. Therefore a large amount of useful public health information is difficult to find.

What are we going to do to address this issue?

We have started the ball rolling by drafting and disseminating this discussion paper amongst interested stakeholders. Other things we are going to do (and we hope you will join us with your own ideas):

**Recognition of grey literature as evidence in public health**

We need research to establish the value of grey literature, including an assessment of the public health workers’ usage of grey literature in their work. We have launched a survey asking public health workers to define what they mean by grey literature. We will share the results by open access. We will also undertake a literature review on the subject with an aim to publish our findings.

**Launch a discussion on our website on grey literature and evidence**

We will launch an online discussion forum dedicated to this issue in June 2013. We hope that you will come and join the discussion and provide us with your opinion, which we value. Tell us if you, or a colleague, have published anything on the topic.

**Collect and disseminate grey literature in public health widely**

We will continue to disseminate quality checked grey literature in our current awareness services to support those working towards preventing chronic disease. We aim to launch a new Prevention Information and Evidence eLibrary (PIE) in summer 2013, freely accessible by all. Our current eLibrary is still available to browse here [http://www.ukhealthforum.org.uk/resources/cde/](http://www.ukhealthforum.org.uk/resources/cde/)

**Support public health through understanding their needs**

We regularly conduct information needs assessments of those working in public health and publish our findings on our website and in peer-reviewed journals. We are committed to understanding what information is needed by those work in addressing health and care challenges within our societies.

**About the UK Health Forum**

Our new name reflects the wider focus of our work today, both within the UK and internationally, across the range of preventable non-communicable diseases that share common risk factors and determinants. Previously known as the National Heart Forum, the organisation was established in the 1980s to coordinate national action to prevent coronary heart disease. Since then, our membership and activities have grown and developed, and now also encompass the prevention of stroke, type 2 diabetes, obesity, cancer, respiratory diseases and vascular dementia.

The Chronic Disease Research Information Services within the UKHF conducts research around public health information dissemination, the use of new technology to improve dissemination, information needs and behaviour of those working in public health. The department also provides a comprehensive public health current awareness service.
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