BDSP : a unique initiative to archive and disseminate French grey literature on public health

F. Petitjean, M-L Charron, S. Ferron (EHESP School of Public Health), C. Stock (Inist-CNRS)

GL15 – Bratislava (SK), December 2, 2013

1. BDSP – a network, a portal and a database

- BDSP (Public Health Databank) is a network created by information professionals in 1993 at the request of the French ministry of health in order to provide access to the documentation on public health and especially to **grey literature in French**.

- The network is composed of **40 data producers**, including stakeholders from the French health system and other French-speaking countries. The **network is open and collaborative**, guided by formal agreements.

- **Reciprocal exchanges of services** enables input to be added to the portal to keep it going, such as the creation of records on documents and events or monitoring hundreds of serials, and to benefit in return from document archiving facilities, access to all other input, sharing technical expertise, …

- Two committees (librarians of the network and heads of the member institutions) manage BDSP.

- A team of 4 people from the **EHESP School of Public Health** manages and promotes the BDSP ; it covers skills in information science, computer programming and public health

2. bdsp.ehesp.fr – the multiservice information portal

- The network produces a multiservice portal:

  ◦ A **bibliographic database** with currently over **473,000 records**, **63,000 full-text documents** (13.3%) and a catalogue with **400 collections**, serials and monographs.

  ◦ It also offers a multilingual glossary and a thesaurus in public health.

  ◦ The **portal** includes dedicated areas for job postings, for conference and meetings announcements, and an reviewed directory of websites on public health

  ◦ The BDSP website is frequently used, with about **3000 visits per day**.

  ◦ BDSP users thus have free access to an important amount of information on public health in different forms

3. Grey literature in the bibliographic database

- Currently grey literature represents **11% (or 51,000 documents)** of the bibliographic records

- 26% of these citations provide a **link to the full text** (13,500 records). The rate is higher than for other document types (12%)

- The following **document types** are included:
  - Reports (policy, expert, inspectorate, official documents) – 46.5%
  - Academic degree (theses, dissertations, doctoral theses) - 42%
  - Conferences (proceedings, papers, oral presentations) – 11.5%

- The main **producers** of grey literature are universities (theses), agencies (expertise reports) and health observatories, all members of the network. All French doctoral theses on public health are referenced in the database.

- Grey documents are mostly written in **French (**89%), being produced in a large part by the members of the network.

4. Usage of the bibliographic database and the website

- The BDSP website is well frequented. In 2012 an average of 3000 visits per day (1 million /year) were made by 1500 visitors per day; the average visit took about 3 minutes and 17 seconds with 5 page views.

- The **bibliographic database** is the most frequented part of the portal: 1173 visits per day in 2012 by 860 visitors (39% of the total visits)

- Establishing a typology of **users** is difficult due to a lack of recent data. Network members think however that public health professionals are the most frequent users, including during their studies or training

- BDSP users are **located** in France (87%) or in other French-speaking countries (6%)

- Specific data on the usage of grey literature is not available.

5. Difficulties with regards to grey literature

- Several obstacles appear with regards to archiving issues and the dissemination of grey literature :

    ◦ Collecting grey documents requires the identification and mobilization of GL producers, as opposed to journals material. This applies in particular to « reports ». The librarians of the regional health agencies point out their difficulties in obtaining their in-house production.

    ◦ This lines up with the poor recognition of grey literature or factual data by the health professionals.

    ◦ Due to ignorance of intellectual property rights, many services won't disseminate their production in public, but keep it in intranets. The same difficulties apply with authors for the agreements to disseminate the full-text.

    ◦ The grey literature typology used in the database could be more detailed in order to avoid cataloguing errors and to improve consistency (e.g. expert's reports with ISBN).

6. Leads for progress for grey literature

- Several opportunities for progress (strategies) emerge:

  ○ The development of sites dedicated to certain publics or professional groups providing added value to their productions and the possibility to share them

  ○ The reference to the national archives and to the obligation to deposit documents produced by the national services

  ○ The development of « best practices in public health » should be an important source for productions to be published

  ○ Working on the typology of grey documents may result in specific actions according to the documents and the users

7. Network organization and added value for its members

- BDSP is unique by its organization. The open and collaborative network allows for efficiency and flexibility.

- Pooling and sharing production of services which are useful for all have made it possible to extend and adapt the BDSP for the past **20 years**. Today it covers all fields on public health (52 topics).

- Meetings and the participation in an electronic forum enable exchanges of professional practices, highly valued by the information professionals.

- The network adds value to in-house productions and events, and furthers the dissemination of information to its member structures

- The members of the network are the stakeholders for the smooth working of the BDSP

8. Contributions to the database – return on investment for its members

- The bibliographic database offers archiving facilities for the documents of its producers, providing **added value services** such as perennial links to the full text (citability).

  - This is even more true for **grey literature**: 38% of the full text documents for GL are deposited in the BDSP archive

  - Access to grey literature is thus made easier for the member organizations of the network

- **International visibility** is increased by providing indexing and keywords in both French and English.

- In exchange for providing input to the database the members could receive the same number of records produced by other members.

9. Perspectives : new collaborations

- The BDSP intends to open its network to all **French speaking countries**. Swiss and Moroccan Institutions are already members. Several ways of achieving this are being explored:

  - Seek to associate the documentation centres in public health from African countries

  - Take into consideration the specific health problems of emerging or developing countries

  - Add **areas dedicated to a specific country** to the portal

  - Promote the BDSP to health professionals and researchers in other French-speaking countries (e.g. a cooperation project with the « Santécom » database of Quebec)

- Thus BDSP reinforces its role as **federator and aggregator** for scientific and professional information in the public health domain and as main access point for French language grey literature on this topic.

9. Perspectives – possible ways the BDSP portal can progress

- Network members discuss a new project to adapt the services offer in order to better answer the needs of health professionals, researchers and students. Working on the interface between data and users should enable information to be transferred into knowledge and skill development.

- Several ideas are being explored:
  - Create dedicated areas for geographic areas (French regions, French-speaking countries)

  - Elaborate and disseminate thematic syntheses

  - Inform on training courses, link to distant learning courses

  - Provide areas for best practice guides and contribute thus to continued training, linked to the concept of evidence-based public health