# EDITORIAL: THE HEALTH COMPONENT IN TODAY'S UNIVERSITY EDUCATION

In order to grow, the knowledge society depends on the production of new knowledge, its dissemination through education and information and communication technologies, and its use in new industrial processes or services. All these general functions have unique characteristics in the university health care setting. Implementing these proposals implies taking a position on the declarations of the World Health Organization, recognizing health as a fundamental human right and as endorsed by the leaders convened by the Salzburg Seminar (2001). In this way, the social and civic responsibility of universities was awarded the same importance as the research and teaching conducted at the institutions.

For years, different conceptual components of health were outstanding and led to various changes in the preferences of graduates when addressing their education pathway. Successive studies focused on health economics, situational planning and strategic management, and global health. Even today, there is a political concern that often the knowledge produced and the skills acquired do not contribute to finding solutions to health-illness-care issues or answers to public expectations, be them felt or expressed. Hence the current concern of universities as institutional stakeholders in knowledge creation, since they must contribute to the transfer of information to clinical and health decision-making, especially the advances that genetics and molecular biology currently offer and will offer in future. It is pertinent to reflect on the need to improve institutional quality in terms of the ability to stimulate relevant learning and to strengthen its social impact. This is a process where modern science refers to an inherent internal connection with the social use of its products since its epistemological excellence is closely related to its social usefulness.

The challenge of designing a model capable of articulating the world of research—closed and predictable—and the world of clinical-health decisions contributed to defining translational research by reformulating the circuits of the process for the social construction of a pre-built object of knowledge and, fundamentally, to the transformation of partial into broad interdisciplinarity by consolidating inclusive,

deliberative processes with all the stakeholders involved. These deliberative processes are tools used to analyze the context from different perspectives and were conducted in scenarios in Europe, Latin America, Asia and the United States. (Bordoni, 1998-2018; Etzkowitz et al., 2000-2005 et al.)

The university is also processing a new vision for a centenary component, university outreach, as an expression of the link with the various organizational forms of society, understood as the responsible social and civic function of university, as an integrated component with the essential functions of teaching and research and as an invaluable tool to accelerate reforms and innovations to benefit the increase of the country's assets. When we refer to university outreach in the field of health, it involves identifying the type of counterpart, whether it is an individual or organizational stakeholder. The connection with for-profit organizations may take the shape of strategic technical assistance or cooperation or direct services in the organization's environment. The connection with non-profit organizations involves direct university participation in different sectoral or extrasectoral contexts where different modalities can be implemented: volunteering, a socially integrated practice in search of meaningful learning or through strategic technical assistance or cooperation.

Today, universities face a commitment to address:

• the development of translational research based on pre-built knowledge;

• meaningful learning for their undergraduate or postgraduate students supported by the relevant analysis of territorial situations;

• decision-making based on contextualized scientific evidence applicable at multiple levels;

• the systematic development of interactive deliberative processes among stakeholders aimed at building governance and

• the assessment of the social impact of their interventions.

Assuming the necessary ethical roles might be where the answer to this self-questioning lies.