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SPECIAL ARTICLE

Geriatrics, Gerontology and Aging

Implementation of the gerontology area of the Inter-University Network for Healthy Aging of Latin America and the Caribbean (RIES-LAC)

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Abstract

The Decade of Healthy Aging (2021-2030) initiative fosters international action and offers an opportunity for different society stakeholders to implement measures that improve the quality of life of older adults and their environments. In this context, the Inter-University Network for Healthy Aging of Latin America and the Caribbean (RIES-LAC) was established in 2023, uniting academics and universities across the region. The network is organized into 2 areas: Gerontology and Geriatrics. Their implementation has progressed in parallel, with Gerontology presenting the greatest diversity of initiatives and products, thereby facilitating the implementation of the Geriatrics area. This study aimed to describe the implementation of the Gerontology area of RIES-LAC during the period May 2023–June 2025, 2 years after its establishment, and to identify the challenges for 2025, serving as a source of innovation and best practices. The analysis reviewed the products, procedures, and results accomplished in the initial 5 strategic axes: collaborative networks, basic and advanced research, public engagement, advanced human capital formation, and public policies; as well as future challenges. We also examined the evidence supporting academic networks, along with the implications, strengths, and weaknesses of implementing the Gerontology area. This experience highlights the potential of RIES-LAC to serve as a model for similar initiatives in other regions, including North America, Europe, Africa, Asia, and Oceania, by providing a favorable setting for universities and academics to concertedly contribute their expertise to global healthy aging.

Keywords: Implementation; Networks; Academics; Gerontology; Healthy aging.

INTRODUCTION

In recent decades, Latin America and the Caribbean have experienced an accelerated aging process, and the current number of 76 million older people is projected to reach 147 million by 2037.[1] Mexico, Cuba, Costa Rica, Panama, Brazil, Colombia, Uruguay, Argentina and Chile are the countries with the highest proportion and development of older people-related topics covering demographic changes, public policies, and the incorporation of aging-related issues into higher education.[2]

In 2020, the World Health Organization (WHO) launched the Decade of Healthy Aging (2021–2030),[3] an initiative designed to support healthy aging and promote international action. This initiative provides an opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for 10 years of concerted, catalytic, and collaborative action to improve the lives of older adults and the communities in which they live,[3-5] thereby improving the functional ability, autonomy, and quality of life of older people. However, the region continues to face a training gap in topics of Gerontology and Geriatrics in the university curricula of programs preparing professionals who will engage directly with older populations.[6] Therefore, university academics already working in these fields are a driving force for promoting the development of this discipline from the universities and in the context in which they are located.

Implementation science encompasses a wide range of methodologies applicable to improving the dissemination, implementation, and scaling of effective behavioral, clinical, health care, public health, global health, and educational interventions. Its ultimate goal is to improve the quality of care and health outcomes, while considering local contexts and ensuring scalability and sustainability.[7]

In this context, and as a mechanism for strengthening collaboration among academics, researchers, and universities dedicated to aging in Latin America and the Caribbean, the Inter-University Network for Healthy Aging of Latin America and the Caribbean (RIES-LAC) was established in May 2023 in Medellín, Colombia. The network was launched during the Congress of the Latin American and Caribbean Committee (COMLAT) of the International Association of Gerontology and Geriatrics (IAGG), and is formally affiliated with the Education area of the COMLAT. Globally, no equivalent network exists in other IAGG regions or committees (Europe, Asia/Oceania, North America, or Africa),[8] positioning RIES-LAC as a global pioneer.

COMLAT unites all national Societies of Gerontology and Geriatrics across Latin America and the Caribbean, which provide institutional support to the network. At a regional level, RIES-LAC has been disseminated through Letters to the Editor published in Gerontology and Geriatrics journals in Brazil[9] and Mexico,[10] as well as through conference presentations.[11]

The governance of RIES-LAC (Figure 1) consists of a general coordinator, a coordinator for the Gerontology area, and another for the Geriatrics area.

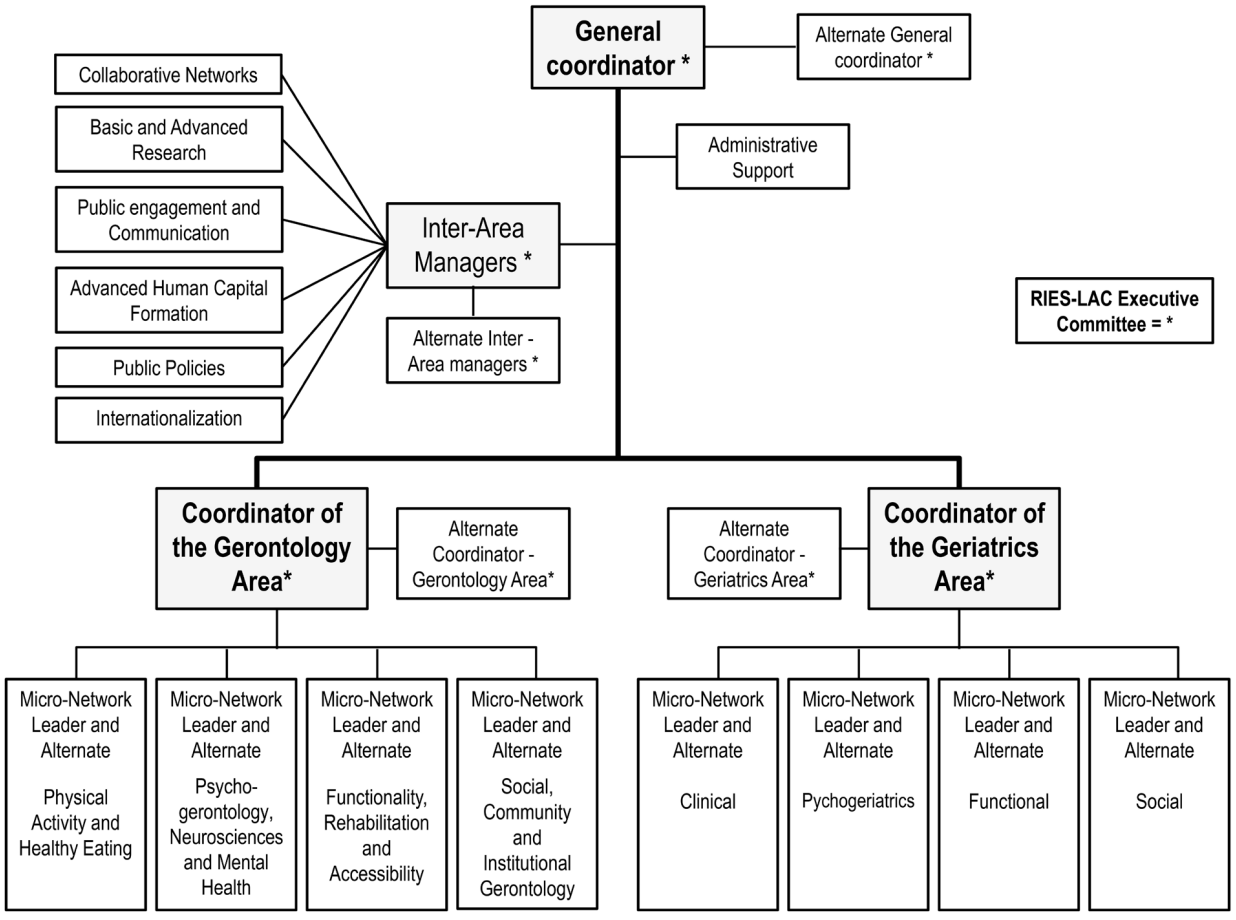
The structure also includes inter-area managers for 5 initial strategic axes:

a) collaborative networks,
b) basic and advanced research,
c) public engagement,
d) advanced human capital formation, and
e) public policies.

These axes establish a link between the Gerontology and Geriatrics areas. In late 2024, a sixth axis was incorporated: internationalization. Each role is supported by an alternate coordinator/manager and entrusted to university academics with expertise in Gerontology and Geriatrics from multiple universities and countries across the region. This group of 18 academics constitutes the executive committee of RIES-LAC.

Operationally, both the Gerontology and Geriatrics areas are subdivided into 4 micro-networks, guided by the principles of comprehensive gerontological assessment, defined as the interdisciplinary diagnostic process aimed at identifying and quantifying the needs, problems, potentialities, and opportunities of older adults and their environments in biomedical, physical-functional, cognitive, affective, and socio-familial dimensions, with the purpose of developing promotional, preventive, therapeutic, rehabilitative, and palliative interventions, as well as an integrated and coordinated follow-up plan for older adults to maximize their autonomy, functional ability, and quality of life.[12] The structure and operations of RIES-LAC and both of its areas are codified in its internal regulations, prepared by the regulatory committee. In addition, the activities for the achievement of the 5 strategic axes of the network are delineated in the 2023-2028 Development Plan, drafted by the development plan committee after a participatory SWOT analysis conducted in 2023 with the involvement of 42 academics.

At present, RIES-LAC comprises 209 academics from 111 universities across 18 countries, all of whom contribute voluntarily to the network. The Gerontology area has shown the most remarkable developments to date. Importantly, the general coordinator of RIES-LAC also coordinates the Inter-University Center for Healthy Aging (CIES), a consortium of Chilean public universities.[13] This alignment enables



Comment Figure 1:

Roles marked with * form a separate network body called the Executive Committee, which convenes twice per semester. At each meeting, the designated members (or their alternates) submit progress reports on their respective areas or strategic axes. The committee provides monitoring and feedback, and functions as a consultative and decision-making body for the implementation of the network as a whole, as well as for the areas of Gerontology and Geriatrics.

Roles are defined as follows:

a) General Coordinator: Highest authority of RIES-LAC, held by 2 academics.

b) Area Coordinator (Gerontology or Geriatrics): Highest authority within each area, with 2 academics per area.

c) Inter-Area Manager: Responsible for the advancement of each strategic axis and for the coordination of the axis between the Gerontology and Geriatrics areas. Two academics are assigned per strategic axis.

d) Micro-Network Leader: Intermediate role supporting the Area Coordinator (Gerontology or Geriatrics) in the advancement of the micro-networks. Two academics are assigned per micro-network, reporting exclusively to the respective Area Coordinator.

Each position is accompanied by an alternate, who assumes or supports the role when required.

FIGURE 1. Governance of the Inter-University Network for Healthy Aging of Latin America and the Caribbean (RIES-LAC), including the identification of the general structure of the network and of each area (Gerontology and Geriatrics), 6 inter-areas, 4 micro-networks per area, and coordinators/administrators/leaders and alternate members.

RIES-LAC to capture and implement the successful experiences of CIES.

The following questions have been posed: How is an inter-university academic network with an emphasis on healthy aging implemented in a region of the world? What have been its main strategies, products, procedures, and results? What have been the main facilitators, obstacles, and challenges faced? Therefore, the objective of this study was to describe the implementation of the Gerontology area of RIES-LAC during the period May 2023–June 2025, 2 years after its establishment, and to identify the challenges for 2025. These findings will support the strengthening of the implementation

of the Geriatrics area and serve as a model of best practice and innovation for the development of similar networks in other regions and countries worldwide.

METHODS

To describe the implementation of the Gerontology area of RIES-LAC in the context of Latin America and the Caribbean, we followed the Standards for Reporting Implementation Studies (StaRI) Statement,[7] particularly the implementation strategy, provided as Supplementary Table 1. Human Research Ethics approval was not required for describing the implementation of the Gerontology area of RIES-LAC.

We conducted a documentary review including lists of participants, internal documents (SWOT analysis, Development Plan, Regulations, and Manuals), records of Gerontology area meetings (PowerPoint presentations conducted via Zoom), products, procedures, and results, as well as press releases and social media publications (Instagram and YouTube). We also consulted key informants from RIES-LAC and the Gerontology area. We selected key informants according to predefined criteria: serving as a general coordinator of the network, an inter-area manager, an alternate coordinator for the Gerontology area, micro-network leaders within the Gerontology area, or academics in the Gerontology area with the greatest involvement in generating initiatives and products in one or more of the network's strategic axes. To strengthen validity, findings were triangulated across documents and information obtained from key informants.

The following definitions were applied: a product is a tangible or intangible deliverable; a procedure refers to the sequence of steps required to create a product; and a result is the consequence or effect arising from the use of a product. Specifically, products, procedures, and results were defined a priori for each strategic axis, as presented in Table 1. After 2 years of operation, the main products, procedures, and results achieved within the 5 strategic axes of the Gerontology area are presented, according to compliance with the network's strategic plan, along with an analysis of facilitators and obstacles to implementation and challenges for 2025.

TABLE 1. List of products, procedures, and results for each strategic axis, implemented between 2023 and 2025.

Strategic axis	Subgroup	Products	Procedures	Results
Collaborative networks	First	Participant registry (old and new).	New members join RIES-LAC and the Gerontology area.	Number and characteristics of the members of the Gerontology area.
	Second	Annual calendar of meetings and activities of the Gerontology area.	Operation of the Gerontology area and its micro-networks.	From the Gerontology area meetings and its micro-networks.
Public engagement	First	International conferences in the Gerontology area.	Design, organization, and execution of the international conferences on Gerontology.	From the target audience of the conferences, and their replicability.
	Second	Manual for the dissemination of RIES-LAC experiences.	Preparation of the Manual.	Number of experiences presented.
	Third	RIES-LAC communication channels.	Preparation of material to be disseminated through communication channels.	Views of the disseminated material.
Basic and advanced research	First	Publication of scientific articles under RIES-LAC affiliation.	Preparation of scientific articles.	Published scientific articles (and their journal quartile), and articles in progress.
	Second	Generation of special journal issues with scientific articles by RIES-LAC academics.	Management of RIES-LAC special issues in scientific journals.	Number of scientific articles published in the special issues.
	Third	Research projects with RIES-LAC academic groups.	Management of research projects.	Projects and/or scientific works presented.
Advanced human capital formation	First	Introductory course in Gerontology and Geriatrics, open to the community.	Online course management.	Number of participants trained in the course.
Public policies	First	Summary document analyzing public policies, programs, and/or services aimed at older adults in countries across the region.	Development of the public policy document.	Document released.

RIES-LAC: Inter-University Network for Healthy Aging of Latin America and the Caribbean.

RESULTS

I. Strategic axis: collaborative networks

a.1) Product: Participant registry (old and new).
A centralized Excel database was developed to consolidate the personal, professional, and academic backgrounds of participating academics, as well as their developments and/or interests in the strategic axes of RIES-LAC. The registry is hosted on Google Drive.

b.1) Procedure: New members join RIES-LAC and the Gerontology area.
New members are regularly incorporated into RIES-LAC from regional universities and assigned to 1 of its 2 areas (Gerontology or Geriatrics). The area coordinator welcomes new academics, provides them with the internal regulations, and requests completion of participant registry. These activities are supported by a part-time professional based at the university of the general coordinator. Subsequently, new members are added to the general WhatsApp group of the area and to the WhatsApp group corresponding to their chosen micro-network, as each academic is expected to join only 1 micro-network according to their primary interest.

c.1) Results: Number and characteristics of the members of the Gerontology area.
The Gerontology area is the largest component of RIES-LAC, comprising 134 academics (Supplementary Figure 1) out of the 209 active RIES-LAC members (64%). Women represent a majority (66%), and there is broad disciplinary representation (25 different professional backgrounds) as well as wide geographic distribution (16 of 18 countries), although the number of participating academics per country varies considerably.

a.2) Product: Annual calendar of meetings and activities of the Gerontology area.
At the beginning of each academic year (March), all members receive the annual calendar of meetings and activities by e-mail (Supplementary Figure 2).

b.2) Procedure: Operation of the Gerontology area and its micro-networks.
The Gerontology area has 4 micro-networks, each led by 2 academics from different professional/disciplinary and national backgrounds.

The scope and areas of action of each micro-network are as follows (Figure 2):

1. Physical Activity and Healthy Eating;
2. Psychogerontology, Neurosciences, and Mental Health;
3. Functional Ability, Rehabilitation, and Accessibility; and
4. Social, Community, and Institutional Gerontology.

The Gerontology area convenes 2 plenary meetings per semester via Zoom, scheduled on the second Tuesday of the designated month. In parallel, each micro-network holds 2 meetings per semester with its academics via Zoom or alternative online platforms, typically in the first and second weeks of the designated month, on different days. Activities pause between December and February, coinciding with university holidays and end-of-year celebrations. The goal is to allow academics from each micro-network to participate in a diverse manner in the different strategic axes of the network.

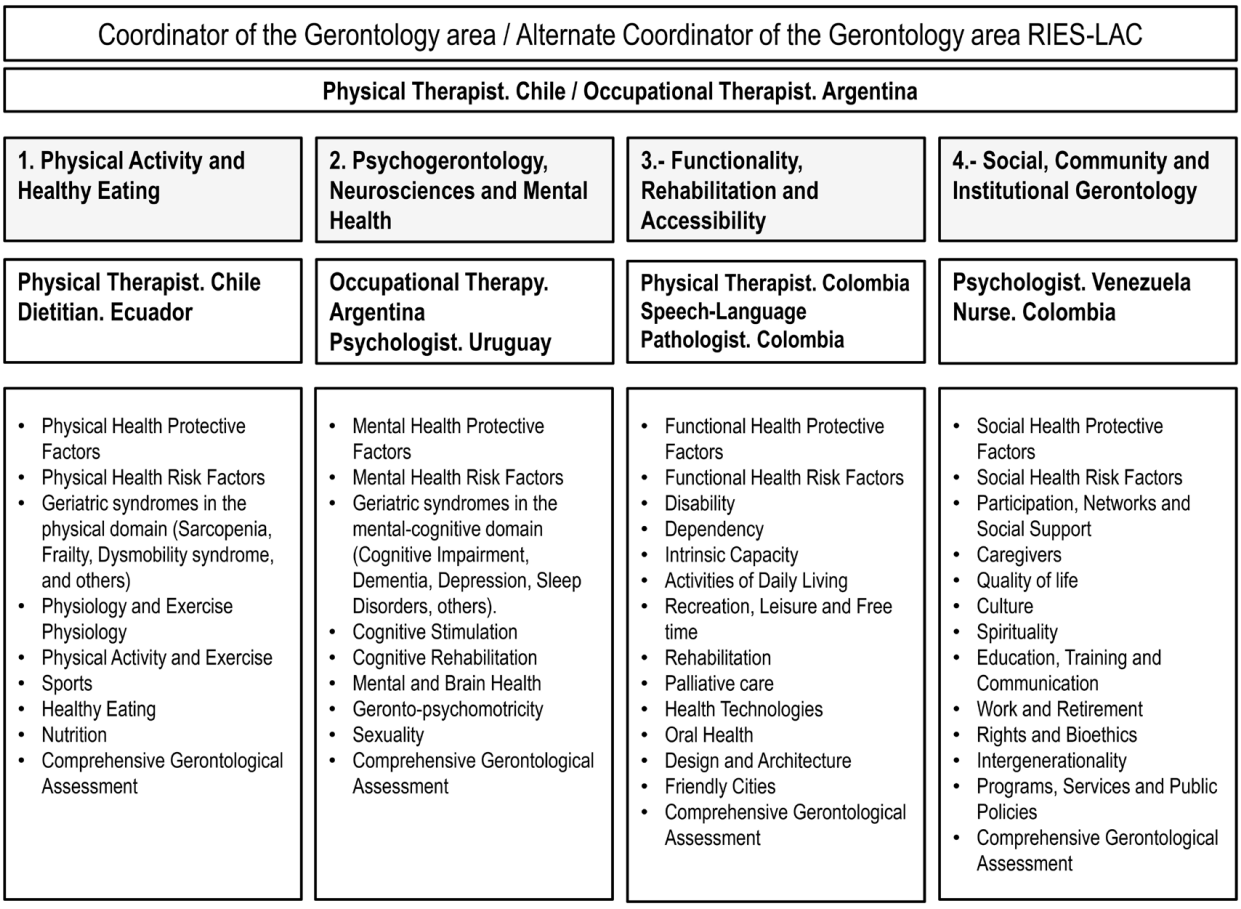
c.2) Results: From the Gerontology area meetings and its micro-networks.
Plenary and micro-network meetings, together with related activities, have enabled the progression and fulfillment of the development plan and annual agenda of the Gerontology area in its different strategic axes.

Membership growth was most evident at the beginning of the academic year (March) in both 2024 and 2025, a trend attributed to the novelty of the network and its dissemination. Nevertheless, participation has been constrained by the voluntary nature of involvement and time zone differences of up to 4 hours, which hinder synchronous participation in micro-network meetings. Challenges for 2025 include incorporating academics from underrepresented countries and replicating the schedule implemented in 2024 (Supplementary Figure 2).

II. Strategic axis: public engagement

a.1) Product: International conferences in the Gerontology area.
Two international conferences are planned annually (one per semester), each hosted by a different country and university to ensure regional diversity and avoid repetition.

b.1) Procedure: Design, organization, and execution of the international conferences on Gerontology.
Conferences are designed to promote interdisciplinary exchange, with participation from academics representing multiple disciplines and countries. Daily programs include presentations from 13 academics, with Brazilian participants encouraged to present in Portuguese. To date, 4 conferences



Comment Figure 2:

The figure displays the profession and country of the General and Alternate Coordinators of the Gerontology area, followed by the designation of each micro-network. For each micro-network, the profession and country of the leaders (and their alternates) are indicated, along with the general topics addressed by each micro-network.

Comprehensive gerontological assessment is a transversal component across all 4 micro-networks. Each micro-network contributes to the 5 strategic axes of RIES-LAC through targeted initiatives, academic outputs, and inter-institutional collaboration. Collaboration across micro-networks is encouraged, especially in areas of thematic overlap.

FIGURE 2. Micro-networks within the Gerontology area of the Inter-University Network for Healthy Aging of Latin America and the Caribbean (RIES-LAC), including leaders' profession and country and topics for each micro-network.

have been successfully conducted, and their characteristics, organization, and results are described in Table 2 and further detailed in Supplementary Table 2. Each conference involves a structured preparatory process, which has resulted in smooth and successful events. Academic lecturers prepare pre-recorded PowerPoint presentations (17-20 slides, maximum 20 minutes), which are played live on the day of the event and subsequently archived on the RIES-LAC YouTube channel for future access. Figure 3 shows the stages of the process spanning the 2 months before and 1 month after the conference, as a timeline, including the responsible individuals, activities, and products.

c.1) Results: From the target audience of the conferences, and their replicability.

Attendance, participant satisfaction ratings, certificate delivery rates, and YouTube view counts are detailed in Table 2. These data inform the evaluation and refinement of future conferences.

a.2) Product: Manual for the dissemination of RIES-LAC experiences.

A manual entitled "Experiences of Public Engagement Aimed at Older People from RIES-LAC Higher Education Institutions" is in preparation.

TABLE 2. Summary of overall characteristics of the international conferences of the Gerontology area of RIES-LAC, held between 2023 and 2025.

Characteristic	1st Conference	2nd Conference	3rd Conference	4th Conference
Date	November 30, 2023	June 27, 2024	December 05, 2024	June 26, 2025
Title of the conference	Components of a Multicomponent, Promotional and Preventive Intervention in community-dwelling older people	Healthy Ageing and Cognitive Impairment in older people	Public engagement experiences with and for older people from higher education institutions	Older people with disabilities and dependency: The role of rehabilitation and accessibility promotion
Host university and country	Universidad San Sebastián, Chile	Universidad de Flores, Argentina	Universidad Autónoma de Bucaramanga, Colombia	Universidade de São Paulo, Brazil
Time zone	Chile's time zone	Argentina's time zone	Colombia's time zone	Brazil's time zone
Number of academic lecturers	13 academics	13 academics	13 academics	13 academics
Number of different professions/disciplines (of the lecturers)	13 disciplines	10 disciplines	9 disciplines	9 disciplines
Number of different countries (of the lecturers)	8 countries (1 exhibitor from Brazil)	9 countries (1 exhibitor from Brazil)	8 countries (2 exhibitors from Brazil)	7 countries (5 exhibitors from Brazil)
Enrollment link	Google Forms	Zoom	Zoom	Zoom
Platform used	Zoom	Zoom	Zoom	Zoom
Number of attendees	80 attendees	199 attendees	160 attendees	172 attendees
Participant satisfaction rating (scale from 1 to 7)	6.5	6.7	6.7	6.8
Percentage of delivery of certificate of participation in PDF format	Issued to all the attendees (100%)	Issued to all the attendees (100%)	Issued to all the attendees (100%)	Issued to all the attendees (100%)
Conference hosted on the RIES-LAC YouTube channel (view counts)	Yes (355)	Yes (518)	Yes (477)	Yes (412)

RIES-LAC: Inter-University Network for Healthy Aging of Latin America and the Caribbean.

b.2) Procedure: Preparation of the Manual.
Eighteen worksheets were submitted during the application stage, of which 11 (61%) involved 1 or more academics from the Gerontology area. Following peer review and revisions, approved contributions were compiled for publication. The Manual will be produced and published by a Colombian university, with assignment of an international standard book number (ISBN). Thirteen of these experiences were also featured during the third conference (Supplementary Table 2).

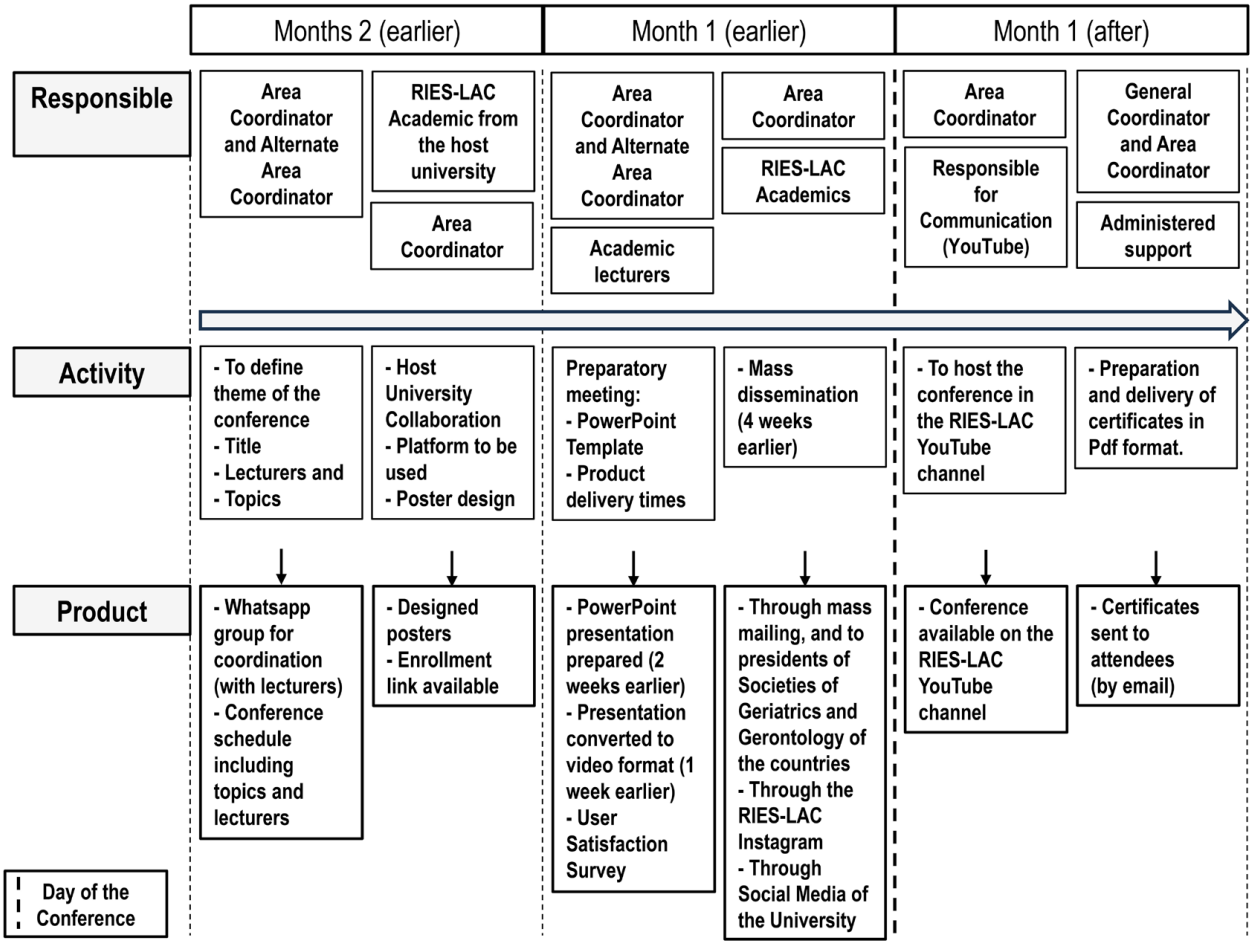
c.2) Results: Number of experiences presented.
Sixteen experiences successfully passed peer review. The Manual was finalized in June 2025 and is currently in the editorial phase.

a.3) Product: RIES-LAC communication channels.
The network maintains an Instagram account[14] and a YouTube channel[15] as its primary dissemination platforms.

b.3) Procedure: Preparation of material to be disseminated through communication channels.

Infographics are produced by academics from both the Gerontology and Geriatrics areas and from each of their micro-networks to be disseminated via Instagram, following the "Manual of Brief Guidelines for Content Generators for RIES-LAC Social Networks." To date, 17 infographics have been published (4 in 2023, 10 in 2024, and 3 in 2025), all prepared by academics of the Gerontology area (100%). These materials provide the community with accessible educational content stemmed from academic expertise. YouTube serves as a repository for conference presentations from the Gerontology area and webinars from both the Gerontology and Geriatrics areas, thereby extending the reach and longevity of the activities.

c.3) Results: Views of the disseminated material.
The number of views of the conferences hosted on the RIES-LAC YouTube channel is shown in Table 2.



Comment Figure 3:

The figure outlines roles, responsibilities, activities, and deliverables spanning the 2 months preceding the event and the immediate post-conference period, including speaker coordination, content preparation, dissemination strategies, and certification procedures.

The horizontal (main) arrow reflects the linear flow of activities to be performed from 2 months before to 1 month after the event. Columns indicate the direct relationship between the responsible individuals, activities, and products. Vertical arrows (within a column) reflect the expected product of each activity.

FIGURE 3. Timeline and workflow for the international conference of the Gerontology area of the Inter-University Network for Healthy Aging of Latin America and the Caribbean (RIES-LAC).

A factor that has facilitated the implementation of this strategic axis is the biannual international conferences in the area. The biannual conferences provide a structured and replicable model, increase the visibility of the micro-networks, position RIES-LAC more prominently within the general public sphere (along with dissemination channels), foster a sense of belonging among academic speakers, and contribute to the recruitment of new members. Low participation from Portuguese-speaking audiences has been identified as an obstacle, although participation improved markedly during the fourth conference hosted in Brazil. The next international conference will be hosted by a Mexican university in the second half of 2025. Challenges for 2025 include the development of short webinars (20-minute presentations, 1 per micro-network, delivered twice per semester) and the advance preparation of annual infographics.

III. Strategic axis: basic and advanced research

a.1) Product: Publication of scientific articles under RIES-LAC affiliation.

Small interdisciplinary working groups have been established to prepare literature reviews in English or Spanish, with participation from academics in both the Gerontology and Geriatrics areas, coordinated by the Gerontology area.

b.1) Procedure: Preparation of scientific articles.

The groups have worked with the support of a reference librarian from one of the universities to ensure methodological rigor.

Priority topics include:

a) attitudes toward aging and negative stereotypes of old age,
b) telehealth in older populations, and
c) comprehensive gerontological assessment.

Collaboration has been conducted through Zoom meetings, e-mail, Google Drive, and WhatsApp groups.

c.1) Results: Published scientific articles (and their journal quartile), and articles in progress.

Two literature reviews have been submitted to peer-reviewed journals, and a third one has been published in a Scopus Q2 journal.[12] Additional collaborations led by academics in the Geriatrics area have resulted in reviews published in Scopus Q1 journals.[16]

a.2) Product: Generation of special journal issues with scientific articles by RIES-LAC academics.

To increase the visibility of research produced by RIES-LAC academics, special issues have been organized in scientific journals. Thanks to the efforts of one of the academics in the area, an initial partnership was established with *MedUnab* (Colombia, Scopus Q3), leading to the development of a special issue dedicated to Gerontology and Geriatrics.[17] Additional special issues planned for 2025 and currently receiving manuscripts include one with the *International Journal of Environmental Research and Public Health* (Scopus Q2), entitled "Addressing Healthcare Inequities for Older People: Challenges and Pathways to Equitable Healthcare Services," and another with the Brazilian journal *Kairós-Gerontologia* (Latindex), entitled "The Meaning of Aging in Different Societies."

b.2) Procedure: Management of RIES-LAC special issues in scientific journals.

For the first special issue, manuscripts were accepted from May 16 to August 31, 2024, for publication in Volume 28(1) of *MedUnab* (April-July 2025). Eligible submissions included original research articles (quantitative, qualitative, or mixed-methods), review articles (systematic, scoping, or meta-analysis), and special contributions (research methodology, specialties, or academic development in the health sciences).

c.2) Results: Number of scientific articles published in the special issues.

For the first special issue, in conjunction with the publisher, a target of 10 articles was set; however, 21 manuscripts were received, of which 13 (61%) were from the Gerontology area. These manuscripts are currently in the final stages of correction and acceptance.

a.3) Product: Research projects with RIES-LAC academic groups.

On June 6, 2024, an application was submitted to the National Research and Development Agency (ANID) of Chile under the program "Contest for the Promotion of International Engagement for Research Institutions."[18] The project was entitled "Interventional and Educational Strategies in Physical Activity and Sustainable Eating in Older People." Additional research outputs have been presented at scientific conferences in the region.

b.3) Procedure: Management of research projects.

The first project was submitted to ANID for approximately US$33,000, with the Gerontology area coordinator as the principal investigator, supported by 9 academics from Chile, Costa Rica, Mexico, Colombia, and Brazil. The proposal was not funded. Parallel efforts have included Zoom-based coordination for submissions of projects for public funding and research works to regional conferences.

c.3) Results: Projects and/or scientific works presented.

One research project has been submitted for public funding. In 2024, 3 research works arising from the Gerontology area were presented: 2 posters at the Congress of Gerontology and Geriatrics in Chile, and 1 oral presentation at the International Congress *Longevidade*-GEGOP in Brazil. In the first half of 2025, 3 posters were presented at the Brazilian Congress of Gerontology and Geriatrics (April), and 2 oral presentations at the Colombian Congress of Gerontology and Geriatrics (May).

Implementation of this strategic axis has been facilitated by the participation of experienced researchers, enabling collaborative production of scientific articles and research projects involving 18-20 academics through low-cost, unfunded

methodologies such as online surveys. The organization of special issues in scientific journals has also provided an important mechanism for disseminating academic work. One obstacle has been the difficulty in securing research funding. Challenges for 2025 include the preparation and submission of 2 projects to ethics committees, addressing topics from micro-networks 1 and 4 through the application of region-wide online surveys of professionals working with older adults. These projects are intended to generate scientific articles for publication and will be submitted for external funding opportunities.

IV. Strategic axis: advanced human capital formation

This strategic axis is currently under development. Meetings have been held with the inter-area manager to define priorities, resulting in the proposal of an "Introductory Course in Gerontology and Geriatrics." The course is envisioned as an interdisciplinary offering, open to the wider community, and delivered in an asynchronous online format. Content will be structured around short teaching capsules prepared by academics from different disciplines within the network. Unresolved issues include the selection of the hosting platform and the establishment of certification procedures. Course design and implementation are planned for the second half of 2025.

V. Strategic axis: public policies

This strategic axis is currently under development. During the year, the inter-area manager, who also oversees the CIES strategic axis, presented the CIES experience. Academics from the Gerontology area, together with colleagues from the Geriatrics area, were invited to participate in the creation of a joint commission to analyze public policies, programs, and/or services aimed at older adults in countries across the region, with the ultimate goal of producing either a scientific article or a summary policy document. Implementation of this initiative is planned for the second half of 2025.

DISCUSSION

This study reports on the implementation of the Gerontology area of RIES-LAC, a network that has integrated the fields of Gerontology and Geriatrics through its 5 inter-areas, fostering interdisciplinary collaboration among academics, universities, and countries across Latin America and the Caribbean.

The different products, procedures, and results associated with the network's 5 strategic axes have been articulated in a synergistic manner to allow the effective implementation of both the Gerontology area and the network as a whole. Also, several solutions initially designed for the Gerontology area have been applied to the Geriatrics area. The following 3 strategic axes have shown the most substantial progress during implementation: collaborative networks, public engagement, and basic and advanced research.

At present, RIES-LAC represents a unique and pioneering initiative at the global level.[8] While other academic networks have been established, their development has emphasized education, research, knowledge transfer, and/or clinical care at the regional,[19,20] national,[19,21,22] or local levels.[23] These networks tend to prioritize researchers and research activity, highlighting the importance of academic networking. In contrast, RIES-LAC emerges directly from the academic community and enables scholars in the fields of Gerontology and Geriatrics to contribute through its multiple strategic axes, which extend beyond research alone. Furthermore, none of these networks have described their implementation from the perspective of implementation science. Therefore, the description of the implementation of the Gerontology area of RIES-LAC offers a model that can be replicated in other regions.

A central feature of Gerontology is its interdisciplinary nature. Consequently, RIES-LAC and its Gerontology area place strong emphasis on interdisciplinary collaboration. One of the core strategic axes is "collaborative networks," since having a *participant registry* and an *annual calendar of meetings and activities* allows for the management of the other strategic axes, as well as their products, procedures, and results. One of the trends of regional cooperation in higher education is the creation and development of academic networks, reflecting a state of change toward the evolution of knowledge society.[24] Within this context, such networks serve as instruments of cooperation and integration in higher education institutions and centers for the development of knowledge,[24] where interdisciplinarity is being increasingly valued by the scientific community and encouraged by research funding organizations.[25]

RIES-LAC is composed of academics, academic-researchers, and researchers with varying levels of interest, experience, and expertise in basic and/or advanced research topics. In the Gerontology area, a key strategy has been to promote and strengthen unfunded research, with the goal of advancing the "basic and advanced research" strategic axis. This approach not only motivates academics to engage in research but also fosters a sense of belonging to the network. This is achieved through the following

products: *publication of scientific articles under RIES-LAC affiliation*, *generation of special journal issues with scientific articles by RIES-LAC academics*, and *research projects with RIES-LAC academic groups*. These activities have also contributed to the advancement of the "public engagement" strategic axis by disseminating academic research, and they are expected to catalyze progress in the other strategic axes, such as "advanced human capital formation" and "public policies," as documented in previous networks.[20] Evidence from interdisciplinary university research networks indicates that researchers value the opportunity to collaborate creatively in an interdisciplinary environment, whereas obtaining research grants and publishing articles are often regarded as indirect or less immediate benefits of collaboration.[23] Moreover, while academic networks that are supported by publicly funded research projects and publications have been associated with a positive predisposition toward networking, this potential is often constrained by structural pressures related to scientific productivity demands.[26]

The "public engagement" strategic axis is articulated with the 2 previously mentioned strategic axes through its products, namely *international conferences in the Gerontology area*, *manual for the dissemination of RIES-LAC experiences*, and *RIES-LAC communication channels*, allowing academics to disseminate their knowledge, professional experience, and research findings and to educate the community, including public policy managers, academics, professionals, students, caregivers, and older adults. In addition, academic networks enable research teams, universities, and the general community to remain informed of institutional research progress.[27] The dissemination of knowledge, whether through interim reports or final publications, is another element facilitated by information technology-supported academic networks.[27] Equally important is the joint formulation of agendas between researchers and policymakers, along with the cultivation of trust and alliances with different stakeholders, which together promote the effective translation of research into public policy.[20]

The implementation of similar networks in other regions should be guided by strategic planning, as previously reported,[21,28] and based on strategic axes as well as their products, procedures, and results, as described in this study. Moreover, academic networks should incorporate evaluative mechanisms, such as online surveys, to assess the level of interest, engagement, and obstacles experienced by their members,[29] while also sharing their work on websites.[30] A further consideration is the potential limitation posed by linguistic diversity. In the Latin American and Caribbean context, this has not represented a major barrier, since Spanish and Portuguese are sister languages.

Implementation science[7] provides a valuable conceptual framework to explain, at least in part, the processes underpinning the implementation of academic networks, such as RIES-LAC. It also offers structured guidance for reporting these processes through tools such as the StaRI Statement, particularly the implementation strategy,[7] as demonstrated in the current study. This perspective highlights the opportunity to refine these checklists to the reporting of the implementation of academic and/or collaborative networks.

The implementation of the Gerontology area of RIES-LAC presents several preliminary strengths, identified both through the analysis of information and consensus among co-authors. These include the incorporation of successful experiences from CIES;[13] the diversity of participating countries, universities, and disciplines/professions; the interdisciplinarity that characterizes the area; and the involvement of experienced academics, academic-researchers, and researchers. The leadership skills of coordinators and micro-network leaders have further contributed to the design and execution of initiatives and activities in the Gerontology area, which permeate the Geriatrics area, while the motivation and dedication of academics, often investing their personal time, have sustained the mission and vision of the network. Collectively, these factors have underpinned the sustainability of RIES-LAC and its future projections. Conversely, limitations include the absence of dedicated funding and a formal website for the network, the lack of protected academic time for participants at their universities, uneven levels of engagement among academics, and challenges to coordinate meetings due to time zone differences (up to a 4-hour difference between countries). Addressing these issues in the future will require stronger collaboration with universities, active search for external funding sources (public or private), and innovative strategies and initiatives to foster academic participation.

Future priorities include the development of sustainability indicators that enable long-term evaluation of RIES-LAC, the use of mixed-methods evaluation (quantitative and qualitative) to assess the effectiveness of the network, the development of impact indicators with specific metrics to measure the network's academic, scientific, and social impact, and the incorporation of external perspectives from non-member participants and beneficiaries to reduce self-assessment bias. There is also a need to advance the implementation of products, procedures, and results

associated with the "advanced human capital formation" and "public policies" strategic axes, in coordination with the other strategic axes.

CONCLUSIONS

The implementation of activities with an interdisciplinary emphasis underscores the pivotal role of academics in advancing the Gerontology area of RIES-LAC, thereby strengthening the 5 strategic axes of the network. Replicating the 2024 activity schedule will allow the sustainability of both the area and the network as a whole in the future, while addressing existing weaknesses will ensure effective long-term implementation of the area and the network. The cumulative experience gained in the Gerontology area also provides a foundation for the development and implementation of the Geriatrics area.

Finally, we hope that this experience will encourage other regions, including North America, Europe, Africa, Asia, and Oceania, to establish similar academic networks on Gerontology and Geriatrics, aligned with the goals of the Decade of Healthy Aging and extending beyond them.

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Conflict of interest
The authors declare no conflicts of interest.

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Authors' contributions
Rafael Pizarro-Mena: conceptualization, data curation, funding acquisition. investigation, methodology, project administration, resources, validation, visualization, writing – original draft, writing – review & editing. María Fernanda López: conceptualization, investigation, methodology, resources, supervision. validation, writing – original draft, writing – review & editing. Iván Palomo: conceptualization, methodology, validation, visualization, writing – original draft, writing – review & editing. Diego Chavarro-Carvajal: conceptualization, visualization, writing – original draft, writing – review & editing. Hendrik Adrián Baracaldo-Campo: conceptualization, data curation, formal analysis, investigation, methodology, resources, software, writing – original draft, writing – review & editing. Victoria Tirro: conceptualization, resources, writing – original draft, writing – review & editing. Patrick Alexander Wachholz: data curation, formal analysis, resources, software, writing – original draft, writing – review & editing. Annika Maya-Rivero: conceptualization, resources, writing – original draft, writing – review & editing. Cristine Lima Alberton: conceptualization, resources, writing – original draft, writing – review & editing. Robinson Cuadros: conceptualization, visualization, writing – original draft, writing – review and editing.
Ethical approval and informed consent
Human Research Ethics approval was not required for describing the implementation of the Gerontology area of the Inter-University Network for Healthy Aging of Latin America and the Caribbean.

Data availability statement
Data will be made available on request.

Reporting standards guidelines
In order to describe this implementation in the context of Latin America and the Caribbean, the Standards for Reporting Implementation Studies (StaRI) Statement* was followed, particularly the implementation strategy.
*Pinnock H, Barwick M, Carpenter C, Eldridge S, Grandes G, Griffiths C, et al. Standards for Reporting Implementation Studies (StaRI) Statement. BMJ. 2017;356:i6795. https://doi.org/10.1136/bmj.i6795

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