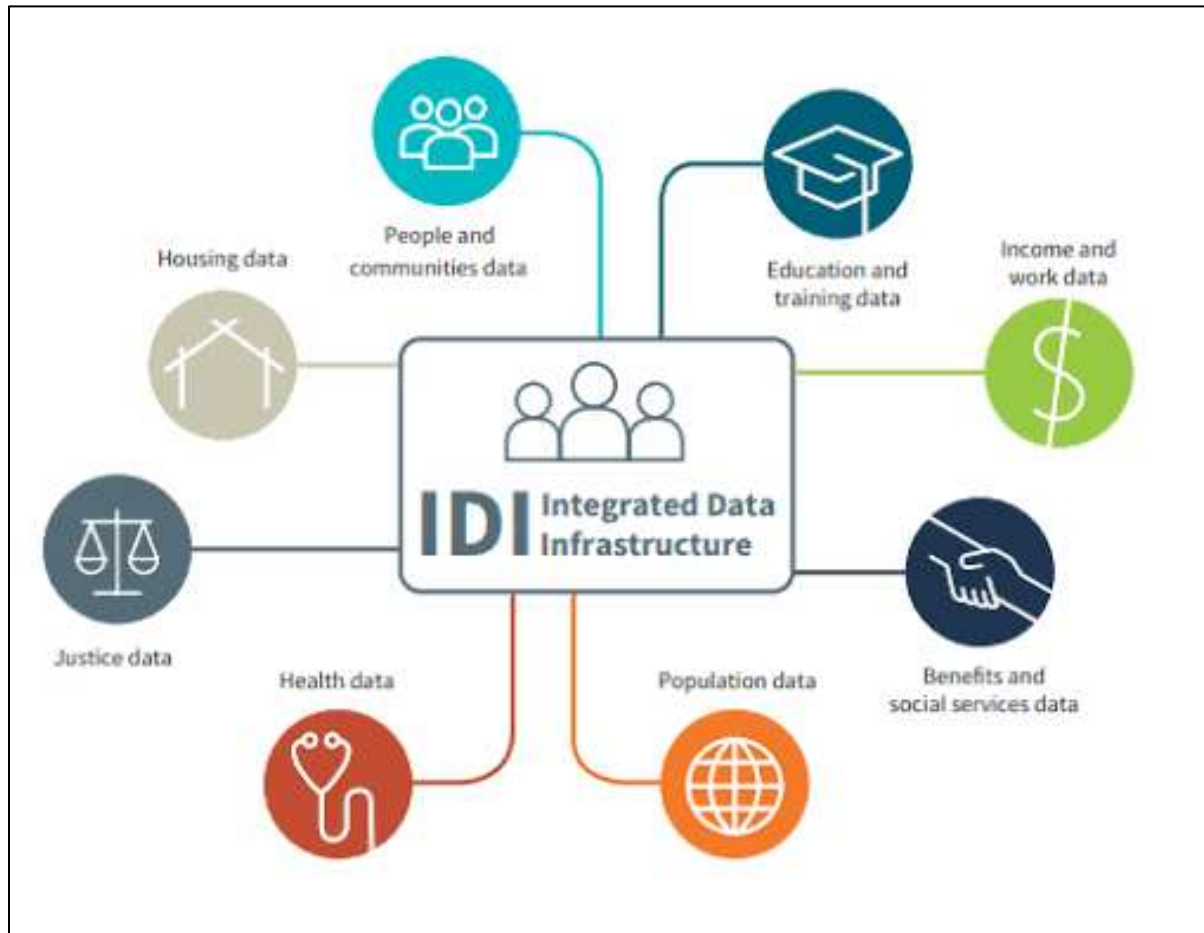


Advancements from population-level administrative data linkage in New Zealand: An interview with Dr. Leah Richmond-Rakerd

August 18, 2026



Last year in 2026, your work was presented at the SRC Seminar Series on New Zealand's Integrated Data Structure (IDI) 'spine' that links administrative data 'nodes' to solve questions about longitudinal, intergenerational, and mental health questions (e.g. dementia). What are some updates to your work that have happened since then?

We have been leveraging the IDI data to further advance our work on connections between early-life mental health and later-life physical health. Prior work, including [from our group](#), has shown that individuals with mental-health conditions develop excess chronic physical diseases. We recently [published a report](#) from the IDI showing that people who experience mental-health conditions are more likely to subsequently experience unintentional injuries. We replicated these findings in nationwide primary-care data from Norway. Taken together, these findings suggest that the physical-health outcomes of mental-health conditions might be broader than previously appreciated.

What data features are necessary in constructing an IDI data spine?

The IDI spine aims to include all people who have ever been a resident in New Zealand. It is constructed by linking together New Zealand birth records (from 1920), tax records (from 1999), and long-term visa records (from 1997). Because these datasets do not have shared agency identifiers, matching is conducted probabilistically. This is done primarily based on name, date of birth, and sex, and in some cases passport data. More information is available [here](#).

What do you find challenging or exciting about the New Zealand IDI collaboration?

There are exciting initiatives currently under way to advance the U.S. administrative data research infrastructure. However, we do not yet have the ability to integrate administrative data across different sectors, at the individual level, on a nationwide scale. The New Zealand IDI provides a unique opportunity to do this and enables my research team to investigate questions pertaining to population health that we would not be able to interrogate as robustly in other data sources. Working with the IDI data has also given me the opportunity to collaborate with and learn from individuals in fields outside of my home discipline (psychology), including epidemiology, demography, sociology, and economics.

Statistics New Zealand is guided by laws that promote onshore data storage and analysis. How does New Zealand's data sovereignty principles affect the project's data quality, subsequent analysis, and trust in data?

The IDI is a relatively new data resource; the prototype was first established in 2011. I think it is an excellent example of how to successfully link multiple sources of administrative data, at population scale, *without* the use of a national identifier. An important part of the infrastructure's success has been Statistics New Zealand's use of the ["Five Safes" framework](#) to manage access to the IDI data and maintain data privacy and security. In addition to the Five Safes, Statistics New Zealand has also emphasized community consultation in research, which is an important part of building and maintaining public trust. The [Ngā Tikanga Paihere framework](#) is used to guide community consultation and support respectful, ethical, and culturally-appropriate research using the IDI data.

What are you excited about most for the future?

My team's work in the IDI has sparked new collaborations, including with administrative-data researchers in other countries. For instance, we have carried out cross-national replication projects using the IDI and population-level administrative data from [Denmark](#) and [Norway](#). This work has given us the opportunity to test whether particular findings replicate across different data sources and nations. I am excited to extend these collaborations to further the reach and robustness of our research. For instance, we are currently developing a project to evaluate the impact of dementia on family members' mental and physical health, using data from four nations. I am also excited about the continued growth of U.S. administrative-data resources and linkage projects connecting administrative records to other types of data, including from longitudinal cohort studies. These linkages offer [unique advantages](#) for psychological and health research.