**Missed tests, missed treatment: Diabetes care inequities among Māori and rural communities in New Zealand**

**Aim:** To examine geographic and ethnic disparities in clinical testing and medication prescribing among adults with Type 2 Diabetes (T2D) in New Zealand primary care, with a focus on inequities affecting Indigenous Māori.

**Methods:** Clinical and demographic data were obtained from four Primary Health Organisations in the Auckland and Waikato regions. Adults aged 18–75 years with a diagnosis of T2D between February 2021 and August 2022 were included. Analyses focused on prescribing of clinically indicated medications (metformin, ACE inhibitors (ACEi), statins, insulin, and SGLT2i/GLP1RA) and the frequency of missing clinical test results in the study period (HbA1c, UACR, eGFR), stratified by clinic location (urban vs rural) and ethnicity (Māori vs non-Māori).

**Results:** Of the 56,937 patients included, 14.7% were enrolled in rural clinics. Rural patients had higher rates of missing clinical test results, reflecting gaps in routine monitoring (UACR not tested: 38.4% rural vs 25.5% urban; HbA1c not tested: 11.0% vs 9.4%; both P < 0.001). Correspondingly, rural patients with clinical indications had lower prescribing rates for metformin (72.5% rural vs 79.1% urban), ACEi (75.2% vs 81.5%), and statins (54.4% vs 61.2%) (all P ≤ 0.041). Māori patients also experienced lower prescribing for these medications compared to non-Māori, particularly in rural settings. Although statin differences were not statistically significant, insulin use was lower for rural Māori (42.0% vs 46.0%; P < 0.001). In contrast, SGLT2i/GLP1RA prescribing was significantly higher among Māori across both urban and rural settings (P < 0.001).

**Conclusion:** Māori and rural patients were less likely to receive key diabetes medications and more likely to have missing clinical test results. These inequities highlight the need for targeted, culturally responsive strategies to improve diabetes care delivery and equity in New Zealand.