People with diabetes need numeracy skills and knowledge to interpret blood glucose levels, nutritional content, and medication schedules. This study examined Latino patients' diabetes knowledge and numeracy. A cross-sectional design was used to evaluate Latino patients at three safety-net clinics. Researchers read questionnaires to participants and recorded results from a patient information form; a 4-item language-based acculturation scale; Spoken Knowledge in Low Literacy for Diabetes (SKILLD, 11 open-ended questions about diabetes self-care); Diabetes Knowledge Questionnaire (DKQ, 24 true/false statements about symptoms, causes, and treatment); and the Diabetes Numeracy Test (DNT, 5 diabetes math problems). Descriptive statistics summarized participant characteristics, item tallies, and total scores; Pearson correlations between education, acculturation, and scale scores were calculated. Participants (n=119) were predominantly Spanish-speaking (67%), with 9 years school, diagnosed with diabetes for 5 years, and 73% taking oral hypoglycemics. Mean SKILLD score was 57%, DKQ score 69%. The majority were correct about treating low blood glucose, checking feet, eye exams, and complications of diabetes were but 70% scored incorrectly on items about symptoms of high and low glucose, and normal blood glucose and A1C values. Mean DNT score was 48% only 12% could calculate carbohydrate grams from information on a food label. Small correlations (.27-.34) found between education, acculturation, SKILLD, DKQ, and DNT. Knowledge and numeracy levels are low among Latino patients at these safety-net clinics although those with more English usage and education had more knowledge and numeracy. Surveys used confusing wording (e.g., double negatives), outdated concepts (e.g., testing urine versus blood), and authoritative phrasing. Mathematical operations were challenging for most. Education on food labels is greatest need. Literacy is an important component of patient-centeredness and quality and an important precursor to knowledge. Programs aimed at organizations (e.g., supportive culture, training opportunities), providers (e.g., clear communication), and patients (e.g., educational materials, interactive methods) are needed to improve numeracy and diabetes knowledge.