

## **Appendix 1. Measurement and categorization of variables**

Participants were categorized into three age groups, based on clinical relevance for chronic disease: ages 18-39, 40-59, and 60 and older. Country of origin was the self-reported country of birth, which was collapsed into six countries and/or regions based upon those with the highest responses. No additional information was available for the “other” category. Region of farm work in the U.S. was pre-specified by NAWS: East, Southeast, Midwest, Southwest, Northwest, and California. Gross annual income was dichotomized into <\$20,000 per year and >\$20,000 per year, based upon income distribution on a histogram with an approximate median above and below these values. English proficiency was dichotomized into “speaks English well” and “speak none, little, or somewhat” based upon previous analyses that have shown significant differences in access to healthcare based upon these designations.(12) Similarly, highest level of education achieved was categorized into three groups: less than high school (0-8 years), some high school (9-12 years), and greater than or equal to 12 years. Documentation status was dichotomized into documented and undocumented variables, where “documented” included those who self-reported as either being a citizen, or living in the U.S. with green card, or other work authorization. Insurance status was a binary variable where “yes” indicated the farmworker reported having any form of health insurance, U.S. based or otherwise. Migrant status was defined by NAWS as anyone who travels >75 miles for work. Barriers to healthcare access were dichotomized from ten questionnaire items, where 0 = no barriers to healthcare access, and 1 = one or more barriers to healthcare access. Self-reported diabetes was assessed through the question, “Have you ever in your whole life been told by your doctor or nurse that you have diabetes?”