If you have diabetes, it can be hard to know how to start eating healthy. Don’t worry! The basics of healthy eating are much the same whether you have diabetes or not. Keep these three tips in mind as you make and follow a healthy meal plan:

1. **Be consistent.** Keep your blood sugar levels stable by eating about the same amount of food at the same time each day.

2. **Choose wisely.** Learn how to count carbs, read food labels, and follow a meal plan. This will help you make better food choices.

3. **Control your portion sizes.** Portion sizes, mainly in restaurants and packaged foods, have grown over the years. Knowing how many servings you’re eating can help you stay healthy.

Check out these “handy” tips:

**WHY COUNT CARBS?**

Counting carbs is one way to keep track of the number of grams of carbohydrates you eat each day. Fats and proteins affect your blood sugar over many hours, but carbs change it right away. That’s why watching your carb intake is so vital. Knowing how many carbs you eat each day can help you balance your food and insulin intake.

Not all carbs are the same. Candy, cookies, and other sweets are loaded with added sugar (a carbohydrate) but have little nutritional value. These foods are “empty calories.” Even small amounts can raise your blood sugar quickly, but still leave you feeling hungry. Fresh fruits, vegetables, and foods made with whole grains are healthier and more filling. They also tend to be high in fiber. Fiber-rich carbs don’t change your blood sugar as dramatically. These foods are also better for your health.

This is an excerpt from the pamphlet, “Carb Counselor: Advise and Tools for Counting Carbs pocket guide,” found at intermountainhealthcare.org/diabetes. For more information about counting carbs, please refer to the entire document. It is the third document listed at the website listed. This site has many other pamphlets and documents about managing diabetes that you may find helpful.

Chronic Kidney Disease
Tests & Diagnosis

How can I tell if I have kidney disease? Early kidney disease doesn’t often have any symptoms. Testing is the only way to know how well your kidneys are working. Get checked for kidney disease if you have:

- Diabetes
- High blood pressure
- Heart disease
- A family history of kidney failure

If you have diabetes, get checked yearly. If you have high blood pressure, heart disease, or a family history of kidney failure, talk with your doctor about how often you should get tested. Early diagnosis and treatment may help protect your kidneys.

What tests do doctors use to diagnose and monitor kidney disease? To check for kidney disease, your doctor will use two tests to help monitor your kidney disease and make sure your care plan is working.

Blood test for Glomerular Filtration Rate (GFR). GFR results show whether your kidneys are filtering at a normal level. Providers use the amount of creatinine in your blood to estimate your GFR. Creatinine is a waste product from the normal breakdown of muscles in your body. Your kidneys remove creatinine from your blood. But, as kidney disease gets worse, the level of creatinine goes up. The results of the GFR test mean the following:

- A GFR of 60 or more is in the normal range. Ask your doctor when your GFR should be checked again.
- A GFR of less than 60 may mean you have kidney disease. Talk with your doctor about how to keep your kidney health at this level. You can’t raise your GFR, but you can try to keep it from going lower.
- A GFR of 15 or less is called kidney failure. Most people below this level will need dialysis or a kidney transplant. Talk with your doctor about your options.
Urine test for albumin.
If you are at risk for kidney disease, your doctor may check your urine for albumin. Albumin is a protein found in your blood. When your kidneys are healthy they filter out albumin. If your kidneys are damaged albumin will pass into the urine. This is called albuminuria.

A doctor can check for albumin in your urine in two ways:
Dipstick test for albumin. To test for albumin, you will provide a urine sample at your doctor’s office or at a lab. A strip of chemically treated paper, called a dipstick, will be placed in the urine. If albumin is present, the dipstick will change color.
Urine albumin-to-creatinine ratio (UACR). This test measures and compares the amount of albumin with the amount of creatinine in your urine sample. Providers use your UACR to guess how much albumin would pass into your urine over 24 hours.
A urine albumin result of:
> 30 mg/g or less is normal
> More than 30 mg/g may be a sign of kidney disease
If you have albumin in your urine, your doctor may want you to repeat the urine test one or two more times to confirm the results. Talk with your doctor about what your numbers mean for you.
If you have kidney disease, measuring the albumin in your urine will help your doctor figure out which care plan is best for you.

How do I know if my kidney disease is getting worse? You can keep track of your test results over time. If your GFR stays the same and your urine albumin either stays the same or lowers, your treatments are working.
Your doctor will work with you to manage your kidney disease.


Care managers are nurses and social workers who are here to help you improve your health.
They can:
• Help you set and reach health-related goals
• Work closely with your doctors
• Provide educational materials and help you find classes
• Assist with medication, equipment, and supply needs

To talk with a Care Manager, call 801-442-5305
There is no additional cost for these services.
Part of helping you live the healthiest life possible is protecting you from disease and illness whenever possible.

**The COVID-19 vaccine is covered 100% on all SelectHealth® plans.**

QUESTIONS?

Please visit selecthealth.org/who-we-are/covid-19-coverage or call Member Services at 800-538-5038 if you have any questions regarding COVID-19 coverage information.