
Anthony Santella – Public Health

Peer-reviewed Research Publications

1. Wang L, **Santella AJ**, Wei X, et al. Prevalence and protective factors of HIV and syphilis infection among men who have sex with men in Northwest China. *J Med Virol.* 2019;1–7

ABSTRACT: Background: Men who have sex with men (MSM) continue to be disproportionately impacted by human immunodeficiency virus (HIV) and syphilis in China. Little is known about HIV and syphilis infections among MSM in Xi'an, a developing city in Northwest China. A cross-sectional study with recruitment via snowball sampling was conducted to collect HIV and syphilis infection status and risk factors among MSM in Xi'an between April 2013 to December 2016. Among the 5000 participants, the mean age was 29.0 years (SD 7.7) and the prevalence of HIV, syphilis, and coinfection was 6.5%, 2.2%, and 0.4%, respectively. There was no significant change in HIV prevalence from 2013 to 2016, while the prevalence of syphilis and coinfection showed a downward trend. Multiple logistic regression analyses found that being over 25 years old (OR = 1.647), junior high school/middle school education and below (OR = 3.085), with a sexual role of passive or versatile (OR = 3.300; OR = 2.337), rush poppers use during the last 6 months (OR = 1.660) and syphilis infection (OR = 2.235) were more likely to acquire HIV infection, whereas used condoms in the last episode of anal sex (OR = 0.572) and tested HIV antibody previously (OR = 0.252) were protective factors for HIV infection. HIV prevalence among MSM in Xi'an was stable, whereas the prevalence of syphilis and coinfection showed a downward trend. Interventions to promote HIV and sexually transmitted disease testing and condom use should be strengthened, especially for MSM with low education.

2. **Santella AJ**, Matthews A, Casa-Levine C, Pizzitiola L, Doonachar A, Page G. Dental Hygiene Faculty and Student Experiences Implementing Oral Rapid HIV Testing: Implementation experiences of dental hygiene faculty and students. (2019). *Journal of Dental Hygiene*, 93(1); 23-32.

ABSTRACT: Purpose: The goal of oral rapid HIV testing (ORHT) in the dental setting is to identify persons who are unaware of their positive HIV status. The purpose of this study was to describe the experiences of dental hygiene faculty and students who implemented ORHT in university-based dental hygiene clinics and to assess the facilitators and barriers to implementation of ORHT in the dental setting. Methods: Data were collected via semi-structured interviews with dental hygiene faculty and students who conducted ORHT in three dental clinics located in academic institutions. All interview sessions were audio-recorded and transcribed. An inductive approach informed by grounded theory methodology was used to code data and inform theme development. The interview sessions were completed when conceptual saturation was reached. Results: Five themes were identified by the study participants consisting of dental hygiene faculty (n= 8) and dental hygiene students (n=14). Participants felt dental hygienists are qualified to administer ORHT, which fits within their scope of practice; dental hygienists have the skills to feel comfortable offering ORHT without judgement; training is needed with ORHT administration, reading/discussing test results, and counseling for those who receive reactive results; most patients were receptive to being offered the ORHT; and patients accepted the ORHT because it was free, quick to administer and receive results, and convenient since they were already in the dental setting. Conclusion: Results from this study indicate that dental hygienists can play a key role in public health efforts to identify persons who are unaware of their HIV status.

3. Wiersema J, **Santella AJ**, Dansby A, Jordan A. Changes in HIV Knowledge and Risk among Minority Young Men Participating in an Adapted Evidence-based Intervention at Rikers Island. (2019). *AIDS Education and Prevention*, 31(2), 163–178

ABSTRACT: To address HIV-risk among justice-involved minority men, New York City Health + Hospitals Correctional Health Services implemented a modified version of Choosing Life: Empowerment, Action Results (CLEAR), an evidence-based intervention to influence behavior. A total of 166 young (i.e., 20–29 years old) minority (e.g., non-Hispanic Black or Latinx) men at risk for HIV and incarcerated in New York City jails completed the adapted group-format intervention and corresponding evaluation assessments. Participants showed significantly improved HIV knowledge on the 18-item HIV-KQ-18 scale (mean increase = 3.11 correct, from 13.23 [SD = 3.80] pre-intervention to 16.34 [SD = 2.29] post-intervention). Similarly, participant summary scores for substance use risk, sexual risk, and health promotion improved significantly. At 90 days after jail release, participants reported improved “CLEAR thinking,” reduced risk behaviors and improved health-promoting behaviors. Health and HIV-prevention education programs implemented in the jail setting may help reduce health inequities and improve health outcomes.

4. Wiersema J, **Santella AJ**, Canady P, Jordan A. Self-Justifications for Unsafe Sex Among Incarcerated Young Men Who Have Sex with Men and Are Living with HIV: Results from a New York City Jail-Based Pilot Intervention. (2019). *Journal of Community Health*, (44)4; 1-11.

ABSTRACT: Young men who have sex with men (YMSM), especially African American and Latinx YMSM, accounted for the highest proportion of new HIV diagnoses in 2016. Minorities and persons living with HIV are over-represented in correctional settings. To influence risk behaviors of incarcerated YMSM who are living with HIV, New York City Health + Hospitals adapted, implemented, and evaluated an evidence-based intervention (EBI)-Personalized Cognitive Counseling-as a pilot program for YMSM, aged 20-29 in New York City jails from May 2015 to July 2016. Thirty-four participants recalled a memorable episode of unprotected anal intercourse (UAI), discussed the episode and resulting thoughts and feelings, identified the self-justifications that facilitated the episode, and discussed possible behavior modifications when presented with similar situations in the future. The top endorsed self-justifications for UAI included that they already had UAI with this person, condomless sex feels more natural, not wanting to lose the opportunity for sex, that substance use influenced their thinking, and not wanting to think about HIV transmission. HIV knowledge improved slightly, as measured by the 18 item HIV-KQ-18 HIV Knowledge Questionnaire, from a pre-intervention average of 15.17 (SD = 3.05) to post-intervention average of 16.48 (SD = 1.64) ($p < 0.05$). Learning the self-justifications that justice-involved MSM have for having UAI is beneficial for targeting future health promotion interventions. Despite challenges inherent in the jail setting, HIV behavioral EBIs are feasible and they can improve HIV knowledge and encourage exploration of self-justifications for risky behavior.

5. Wei X, Zhang Y, **Santella AJ**, et al. Effect of early highly active antiretroviral therapy on viral suppression among newly diagnosed men who have sex with men living with HIV in Xi'an, China. (2019). *Journal of Medical Virology*, 91(7); 1-9.

ABSTRACT: BACKGROUND: The number of men who have sex with men (MSM) living with human immunodeficiency virus (HIV) in China has increased rapidly and thus immediate highly active antiretroviral therapy (HAART) after diagnosis was implemented as a strategy to reduce the HIV transmission. METHODS: MSM who were diagnosed with HIV and received HAART between 2013 to 2015 in Xi'an were divided into three groups (>350, 200-350, and <200 cell/ μ L) according to their baseline CD4+ T cell count. The time of follow-up was calculated from the first date of receiving HAART to December 31, 2016. The CD4+ T cell count was detected with 1 week before or after HAART. The plasma viral loads were tested after 1, 2, and 3 years of treatment. RESULTS: Of 1442 subjects who received HAART, 690 (47.9%) cases were in >350 cell/ μ L group, whereas 400 (27.7%) cases and 352 (24.4%) cases were in the 200-350 cell/ μ L group and <200 cell/ μ L group, respectively. After 1 year of treatment, the viral suppression rate in the <200 cell/ μ L group was 91.1%, which was significantly lower than the other two groups. The logistic regression results show that the >350 cell/ μ L group and 200-350 cell/ μ L group predicted higher viral suppression rates. CONCLUSIONS: Baseline CD4+ T cell count more than 350 cell/ μ L can improve viral suppression among MSM living with HIV. Furthermore, to reduce the transmission risk, the treatment compliance of people living with HIV with high CD4+ T cell levels should be improved, and their diagnosis to the treatment time should be decreased.

6. **Santella AJ**, Leuwaisee P, Davide S, Horowitz H, Krishnamachari B. (2019). Oral, Rapid HIV Testing in the Dental Setting: Experiences from Three Dental Hygiene Clinics. *Canadian Journal of Dental Hygiene* (53)2; 125-129.

ABSTRACT: Purpose: The goal of oral rapid HIV testing (ORHT) in the dental setting is to identify persons who are unaware of their positive HIV status. The purpose of this study was to describe the experiences of dental hygiene faculty and students who implemented ORHT in university-based dental hygiene clinics and to assess the facilitators and barriers to implementation of ORHT in the dental setting. Methods: Data were collected via semi-structured interviews with dental hygiene faculty and students who conducted ORHT in three dental clinics located in academic institutions. All interview sessions were audio-recorded and transcribed. An inductive approach informed by grounded theory methodology was used to code data and inform theme development. The interview sessions were completed when conceptual saturation was reached. Results: Five themes were identified by the study participants consisting of dental hygiene faculty (n= 8) and dental hygiene students (n=14). Participants felt dental hygienists are qualified to administer ORHT, which fits within their scope of practice; dental hygienists have the skills to feel comfortable offering ORHT without judgement; training is needed with ORHT administration, reading/discussing test results, and counseling for those who receive reactive results; most patients were receptive to being offered the ORHT; and patients accepted the ORHT because it was free, quick to administer and receive results, and convenient since they were already in the dental setting. Conclusion: Results from this study indicate that dental hygienists can play a key role in public health efforts to identify persons who are unaware of their HIV status.

Conference Poster Presentations

1. **Santella AJ**. Let's End The Stigma: A Debate on the MSM Blood Donation Deferral Policy. New York State Ending the Epidemic Summit, Albany, NY, December 3-4, 2019. (poster)
2. **Santella AJ**, Arrowood C, Clark J, Shannon L, Wargo B. The Long Island ETE Campus Advisory Committee: A Pilot Project to Engage College Students in Ending the Epidemic. New York State Ending the Epidemic Summit, Albany, NY, December 3-4, 2019. (poster)
3. **Santella AJ**, Thiru S, Pekale B. Oral Health Related Quality of Life among Suburban Adults with Chronic Diseases. American Public Health Association Annual Meeting, Philadelphia, PA, November 1-3, 2019. (poster)
4. Vasile E, **Santella AJ**, Rojanaworarit C, Varatarian B, Miller D B. Oral Health Screening and Education for Special Needs Children and Young Adults. American Public Health Association Annual Meeting, Philadelphia, PA, November 1-3, 2019. (poster)
5. **Santella AJ**. HIV and Oral Health Update. National Network for Oral Health Access Conference, Las Vegas, NV, October 14 2019. (oral; invited speaker)
6. **Santella AJ**. HIV Testing: A Global Perspective on Acceptability and Feasibility (Invited Plenary Speaker). 8th World Workshop on Oral Health and Diseases in AIDS, Bali, Indonesia. September 14, 2019. (oral; invited speaker)
7. **Santella AJ**. HIV Testing in the Dental Setting: Considerations for Dental Providers. 8th World Workshop on Oral Health and Diseases in AIDS, Bali, Indonesia. September 14, 2019. (oral; invited speaker)
8. Benz Scott L, Chen X, Franza B, Holzer J, Saltz M, **Santella AJ**, Wang F, Zappala G, Zhao X. An Analysis of the Public Libraries on Long Island's Response to the Opioid Crisis. New York State Public Health Association Annual Meeting, May 1, 2019 (poster)
9. Peterson S and **Santella AJ**. Implementing and Evaluating a U=U Campaign. SYNChronicity 2019, Washington, DC, April 14, 2019 (oral)

10. **Santella AJ**, Cooper S, Spieldenner A, Rosales K, Jones H. Knowledge, Attitudes, and Willingness to Prescribe PrEP Among Primary Care Providers from the Largest Suburban HIV Epidemic in the United States. National HIV Prevention Conference, Atlanta, Georgia, March 18, 2019 (poster)

11. Pizziola L, Horowitz H, **Santella AJ**, et al. Oral Rapid HIV Testing Performed by Dental Hygiene Faculty and Students. American Dental Education Association, March 16, 2019 (poster)

Professional Presentations

1. **Santella AJ**. LGBTQ+ Health Overview. Suffolk County Library Association, Bellport, NY, November 21, 2019.

2. **Santella AJ**. Ending the HIV Epidemic Hempstead Block Party Community Survey Results, Nassau County ETE Committee, September 18, 2019.

3. **Santella AJ**. Introduction to Public Health Practice and Careers, Brooklyn-Queens-Long Island Area Health Education Center Career and technical Education Industry Scholars Program, August 1, 2019.

4. **Santella AJ**. Best Practices in LGBT Patient-Provider Communications. Belmont Track Workers LGBT Group, Belmont, NY, April 9, 2019.

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Peer-reviewed Research Publications

1. Okala S, Doughty J, Watt R, **Santella AJ** et al. (2018). The People Living with HIV STIGMASurvey UK 2015: Stigmatising experiences and dental care. *British Dental Journal*, 225(2); 143-50.

ABSTRACT: Introduction We report experiences of stigma and discrimination in the dental setting among people living with HIV in the UK and explore predictors of self-exclusion from dental care. Methods A convenience sample of people living with HIV recruited through community organisations and HIV clinics using an online anonymous survey. Analyses and writing of the findings were conducted with community engagement throughout. Results Fifty-three percent of 1,528 participants reported that their dental practice was aware of their HIV status, and among these 33% felt poorly supported upon disclosure. Over the previous 12 months, 40% had worried about being treated differently and 15% reported being treated differently to other people attending the dental practice; 5.4% felt their dental care was significantly delayed or refused and 14% had avoided their dental practice in relation to their HIV. Delayed or refused dental care was a strong predictor for self-exclusion (aOR = 6.41, 95% CI: 3.44,11.95). Conclusion People living with HIV continue to report high levels of stigmatising and discriminatory attitudes and behaviour in the dental setting. These experiences were strongly associated with people avoiding dental care. Culturally sensitive awareness and educational tools targeting the dental team should be developed to address the stigma around HIV in this clinical setting.

2. Parrish C and **Santella AJ**. (2018). A Qualitative Study of Rapid HIV Testing and Lesbian, Gay, Bisexual, Transgender, and Queer Competency in the Oral Health Setting: Practices and Attitudes of New York State Dental Directors. *Oral Health and Preventive Dentistry*, 16(4); 333-338.

ABSTRACT: Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) cultural competency and awareness in healthcare settings have been recognized for minimizing health disparities, yet their integration within the oral health community has been minimal. Furthermore, despite evidence showing the compatibility of rapid HIV testing (RHT) in the oral health setting, actual uptake by dentists has been limited. The purpose of this qualitative study was to document New York State dental directors' perspectives and attitudes regarding issues relevant to the LGBTQ patient care and RHT. **Materials and Methods:** Semi-structured interviews (N=10) were conducted with New York State dental directors practicing in areas of high HIV prevalence. A deductive and inductive qualitative approach was used to develop an interview guide, in accordance with the Theory of Planned Behavior, that elicited their perspectives, attitudes, and perspectives on RHT and LGBTQ issues; **Results:** Thematic analysis of the interviews revealed that many dentists cited limited, if any, training and experience in RHT and LGBTQ patient care. Additionally, there was also an evident dichotomy between dentists who were offering RHT and dentists who were knowledgeable and well-versed in LGBTQ issues. Barriers to implementation included time constraints and minimal training and knowledge; **Conclusions:** While potential facilitators such as test kit reimbursement and patient referral sources could enable LGBTQ and RHT training and uptake, actual implementation in the oral health setting will likely require additional trainings, more involved collaboration with primary care providers, and an overall cultural change amongst the dental profession.

Conference Poster Presentations

1. **Santella AJ**, Cooper S, Spieldenner A, Rosales K, Jones H. (July 2018). Knowledge, Attitudes, and Practices toward PrEP from MSM and Transwomen in the Largest Suburban HIV Epidemic in the United States. International AIDS Conference, Amsterdam, Netherlands.
2. **Santella AJ**, Leuwisee P, Davide S, Horowitz H, Krishnamachari B. (November 2018). Characteristics of Dental Patients Who Accepted Oral Rapid HIV Tests in University-Based Dental Hygiene Clinics. American Public Health Association Annual Meeting, San Diego, CA.
3. **Santella AJ**, Matthews A, Casa-Levine C, Pizziola L, Page G, Doonachar A. (November 2018). Dental Hygiene Faculty and Student Experiences Implementing Oral Rapid HIV Testing in Three University-Based Dental Clinics. American Public Health Association Annual Meeting, San Diego, CA.
4. Cooper SC, **Santella AJ**, Doonachar A, Kang I. (November 2018). PrEP Uptake and Barriers among MSM and Transwomen in the Largest Suburban HIV Epidemic in the United States. The Society for the Scientific Study of Sexuality (SSSS), Montreal, Canada.
5. Peterson S and **Santella AJ**. (December 2018). Implementing and Evaluating a Homegrown U=U Campaign. New York State Ending the HIV Epidemic Summit, Albany, New York.
6. **Santella AJ**, Cooper S, Spieldenner A, Rosales K, Jones H. (December 2018). Knowledge, Attitudes, and Practices toward PrEP from MSM and Transwomen in the Largest Suburban HIV Epidemic in the United States. New York State Ending the HIV Epidemic Summit, Albany, New York.
7. Cooper SC, **Santella AJ**, Doonachar A, Kang I. (December 2018). PrEP Uptake and Barriers among MSM and Transwomen in the Largest Suburban HIV Epidemic in the United States. New York State Ending the HIV Epidemic Summit, Albany, New York.

Professional Presentations

1. **Santella AJ.** Measurement Issues in Patient Safety. (May 2018). 2018 Patient Safety Education Spring Symposium, Hauppauge, New York.
2. **Santella AJ.** (October 2018). Amigos y Amantes, Friends and Lovers: Development of HIV Education Vignettes for Latinix Gay and Bisexual Men. Mt. Sinai Hospital System, HIV Grand Rounds, New York, New York.