



MK Manoylov, Oct 01, 2026

Delivering clinical care inside a patient's home brings challenges not seen in facility-based care, such as crowded countertops, poor lighting or vermin infestations.

A new [study](#) from the American Journal of Infection Control found that clutter in the home and other hazards can impede home-based infection control and prevention. Home-based care providers may need to adopt more stringent approaches for client care based on their living conditions.

"Home healthcare is healthcare," Margaret McDonald, the study's lead author and associate vice president of the center for home care policy and research at VNS Health, told Home Health Care News. "These are often medically complex patients, and we don't have the same environment as outpatient environments."

Founded in 1893, New York-based VNS Health's offerings include home healthcare, hospice, palliative care, home care, behavioral healthcare, health plans and other services across New York City's five boroughs, Nassau, Suffolk and Westchester counties.

The study examined how infection prevention and control are impacted by home clutter, poor cleanliness and other hazards.

Researchers conducted a cross-sectional study of 250 home healthcare patients and caregivers from two Medicare-certified agencies operating in New York.

Of the 250 survey respondents, 52.8% were home healthcare recipients and 47.2% were informal family caregivers. The average respondent's age was 63.5.

Conducting the study

Trained research assistants conducted an in-person survey inside the living spaces of home healthcare patients. They rated household hazards on a scale of one to five, looking at items that were most relevant to the safe care and delivery of treating infections in the home: clutter, poor lighting, infestation, hoarding and dirt or grime.

The researchers defined clutter by crowding on a surface. No clutter meant the space was 90-100% clear, while very cluttered mean 0-49% clear. The authors distinguished clutter from hoarding, defined as when clutter renders a space unusable for its intended purpose.

“You might not have a counter that’s clear enough for a sterile environment,” McDonald said. “If there’s too much clutter, or poor lighting ... how may that impact somebody [being] able to follow the recommendations by the clinical team?”

Study participants mostly kept a clean home with moderate amounts of clutter. Poor lighting came in as the most common hazard, followed by vermin infestation.

Older age, identifying as Hispanic and a more favorable attitude toward infection prevention and control were associated with greater cleanliness, the study found. In addition, high neighborhood deprivation, a sociological term for an area’s collective sociological disadvantage, was associated with lower clutter scores.

The results were a bit surprising, said McDonald.

“Our hypothesis may have been a little judgmental, that people living in communities that had higher levels of deprivation would have more of these home hazards that we observed, but that was not the case,” McDonald said.

Beyond household clutter and hazards, the study looked at key [social determinants of health](#) that could contribute to worsened infection control and prevention. People who discussed trouble with paying medical bills had higher at-home environmental hazard risks and clutter, McDonald said.

To address these risks, providers could include using a more structured checklist to identify people who would need additional home support services, McDonald said. She added that social workers can help connect a family with the necessary services involving decluttering, cleaning or a home health aide.

“It’s not just clinical factors that put somebody at risk. It’s these social factors, these environmental factors that are really important to identify,” McDonald said.

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