Building a Better Safety Net for the New New Orleans

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The most vulnerable populations in New Orleans—the elderly, people with physical and mental disabilities, and single mothers out of the labor market—arguably were hit hardest by Katrina. These groups had the highest poverty rates and the fewest assets. Most were African American. Many depended on the social safety net for survival and on others to avoid the storm’s catastrophic effects.

Most of these vulnerable residents eventually evacuated the city, and it is unclear how many will return home. Research suggests that they will need the strong kinship networks established pre-Katrina (Hill 1993). But vulnerable populations also require a functioning safety net along with other necessities such as housing and health care discussed in earlier essays. Rebuilding presents New Orleans with a unique opportunity to strengthen its safety net for vulnerable populations that return and for others who will require help in the future.

A “one size fits all” approach will not address the needs of vulnerable populations. The elderly require income support, a safe place to live near other family members, and services to support their independence. Some persons with disabilities will need basic income supports, and others will want opportunities to work in a revitalized city. Single mothers with serious barriers to employment will need temporary basic income support and intensive services to move into the labor market, as well as safe housing, health care, and child care.

Many of the rebuilding proposals discussed in other essays in this collection will help reduce vulnerability in the new New Orleans. Better schools and a stronger job market also should make all New Orleans’ citizens more employable, and a more
accessible health care system will benefit all low-income populations. But the elderly, people with disabilities, and single parents outside the labor market require other interventions to maximize their independence and limit the risk of poverty.

New Orleans can take advantage of new ideas for building assets among its poorest citizens, facilitating independence among people with disabilities, retooling its welfare system, and reducing out-of-wedlock pregnancy as it rebuilds its social infrastructure. The fiscal capacity of the state of Louisiana ranked 48th out of 51 in the U.S. in 2002 (Yilmax, Hoo, and Nagowski forthcoming) limiting the state’s ability to increase direct aid to the poor. But many of the new ideas for reducing vulnerability can be implemented relatively inexpensively by leveraging federal and private dollars, especially if they are built into the planning process now.

Who Were New Orleans’ Most Vulnerable Populations?

The elderly, people with disabilities, and single mothers facing serious barriers to employment typically comprise the largest share of a city’s most vulnerable populations. These groups often require government assistance to meet their basic needs and services to make independent living possible.1

The Elderly. While New Orleans did not have a disproportionate share of elderly people, its old were poor. About 50,000 people living in New Orleans (11 percent of its population) were age 65 in 2004, about the same as the share of elderly persons living in Louisiana and the United States. About one in five elderly living in New Orleans was poor in 2004, about twice the national average (figure 1).

New Orleans’ elderly population was also more likely to have disabilities than were elderly persons living elsewhere. Fifty-six percent (28,195 persons) of its population age 65 and older reported a disability in 2004, compared with 46 percent of the elderly in Louisiana and 40 percent in the U.S. (National and city figures exclude the elderly who live in institutions.) Numerous research studies connect poverty and poor health among elderly persons (Smith and Kington 1997), and the high rate of poverty among New Orleans’ seniors no doubt played a role in their high incidence of disabilities.

Given these disability rates, at least half of New Orleans’ elderly residents had a relatively difficult time evacuating when Katrina hit. The high rates also help to explain why so many elderly were so visible among those trapped on bridges, rooftops, and shelters. New Orleans had no special evacuation plans to help people with disabilities during an emergency (Russell 2005). Many of the city’s poor elderly residents will require long-term help to reunite with their extended family networks whether in New Orleans or elsewhere.

Nonelderly Persons with Disabilities.2 Mirroring the national average, more than one in ten New Orleans adults age 16 to 64 had disabilities in 2004 (U.S. Census Bureau 2004). Nearly 32,000 adults age 16 to 64 with serious disabilities potentially had to evacuate the city.

Most working-age adults with disabilities face physical challenges without the cushion of good incomes. In 2002 the poverty rate for working-age adults with disabilities was 27 percent in Louisiana, compared with 23 percent in the U.S. (figure 1). Both rates are considerably higher than the 9 percent poverty rate for working-age adults in the United States. Assuming Louisiana’s poverty rate for working-age people with disabilities applies to New Orleans, roughly 8,500 impoverished adults with disabilities were at risk before Katrina.
Even apart from the physical challenges, people with disabilities find it harder than others to escape a disaster independently. They tend to be older and less educated than those without disabilities. Thirty-three percent of working-age adults with disabilities in Louisiana were age 50 to 59, compared with 19 percent of the population without disabilities. Almost one-third of working-age adults with disabilities in Louisiana lacked a high school education, compared with 14 percent of those without disabilities. Not surprisingly, working-age adults with disabilities also are less likely to work. Their employment rate was 32 percent in Louisiana in 2004, below the national average of 38 percent (Cornell 2004).

Persons with disabilities face particular challenges acclimating to a new place and returning to New Orleans. Many require special housing, which is particularly in short supply among the private housing stock in most cities. And few can afford the rents in more expensive, newer units that meet their needs. Many people with disabilities also require intensive health care services that must be rebuilt in New Orleans and may be hard to find or afford in some of the evacuees’ new hometowns.

Single Mothers with Barriers to Employment. As noted in the introduction to this collection, many children in New Orleans and Louisiana were growing up in single-mother families. Only one in five low-income families (income below 200 percent of the poverty level) with children living in Orleans Parish (a consolidated Parish-City largely overlapping with New Orleans) in 2002
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included both parents, compared with two in five in comparable families in Louisiana (Maximus 2002). Never-married parents headed 43 percent of the low-income families with children, and divorced, separated, and widowed parents headed 32 percent.

In the nation and in New Orleans, single parenthood goes hand in hand with poverty (Corcoran and Chaudry 1997). Fifty-four percent of single-parent families in New Orleans were poor, compared with 38 percent in the United States (figure 1) and 18 percent of all families with children (U.S. Census Bureau 2004).

The high share of never-married single parents in New Orleans reflects a correspondingly high rate of out-of-wedlock pregnancy. Despite improvements over the last decade, Louisiana ranks 42nd in the United States for the number of nonmarital teen births (55 per 1,000 girls). Four out of five (79 percent) never-married single parents were African American (Maximus 2002), and almost half of these parents had not completed high school.

Without a high school diploma and job skills, and sometimes in the grip of poor mental health and substance abuse, a large share of the single parents in New Orleans were hard-to-serve parents with serious barriers to employment. Many were jobless. For example, in 2004 about three in ten New Orleans single mothers with children age 6 to 18 were neither working nor looking for work, compared with 26 percent living in Louisiana and 22 percent in the United States (Census 2005). Of course, the lower employment rates for single mothers could have reflected the types of jobs available in New Orleans and a lack of affordable child care, as well as their lack of skills and other employment barriers. Also, as discussed in “Employment Issues and Challenges in Post-Katrina New Orleans,” New Orleans had a disproportionate share of food and entertainment industry jobs that required nonstandard work hours. A 2002 survey indicated that 67 percent of employed parents worked at least some weekends or evenings (Maximus 2002). For these parents, finding child care presents a considerable challenge (Knox et al. 2003).

Single parents facing significant barriers to employment will find recovering from Katrina especially difficult. The majority was poor before the hurricane hit, and 3 in 10 had no employment or prospects for work. Many single mothers have relatively large families, making housing more difficult to find and expensive.3

Pre-Katrina Resources for Vulnerable Populations

To cover their basic needs, vulnerable populations typically piece together their own resources and help from the safety net provided by federal, state, and local governments. Federal programs include Social Security for the elderly and persons with disabilities who are insured through prior employment, Supplemental Security Income (SSI) for the elderly and persons with disabilities with limited incomes and assets, and a large share of the cost of Louisiana’s Temporary Assistance for Needy Families (TANF) program, food stamps, and housing assistance.4 Many states supplement this basic safety net, and states and local governments play a large role in administering many federal benefits and services.

Louisiana spends relatively few state dollars on its basic income safety net. The state’s fiscal capacity, ranked 48th in the country (Yilmax, Hoo, and Nagowski forthcoming), limits its ability to spend on safety net programs. Unlike many other states, Louisiana does not supplement federal SSI payments to move beneficiaries up to or closer to the poverty level, nor does it have a general assistance program for adults with disabilities
ineligible for federal assistance. Vulnerable populations in New Orleans mostly have depended on the federal safety net programs.

**Cash Assistance.** The elderly and persons with disabilities too severe for any type of work receive Social Security benefits if they had worked for at least 40 quarters and paid into the system. Twenty-three percent of families in New Orleans relied on Social Security for some or most of their income in 2003, compared with 26 percent in Louisiana and 27 percent in the nation (figure 2). Most likely, the receipt rate in New Orleans was lower because of its relatively weak employment environment.

Since Social Security does not guarantee a minimum benefit, even those who get benefits may have incomes below the poverty level. More than 63 percent of retirees and 67 percent of persons with disabilities who qualified for Social Security in Louisiana received benefits less than the poverty level in 2003 for an individual with no other income (Social Security Administration 2004). Louisiana also has disproportionately high shares of retired and disabled Social Security recipients below half the poverty level—about 19 percent of Louisiana’s retirees and 16 percent of beneficiaries with disabilities in 2003 (compared with 13 percent nationally for both groups).

Some individuals with low Social Security benefits and those ineligible for benefits turn to the federal SSI program for income supplements. This program limits eligibility to individuals with low incomes and financial assets (money outside a home or a car) below $2,000 and guarantees eligible individuals a cash income of 73 percent of the poverty level. Eight percent of all families in New Orleans relied on SSI benefits in 2003, about twice the national average (figure 2). No doubt higher poverty rates and higher shares of Social Security beneficiaries with benefits below one-half the poverty level made SSI rates high.

About 3 percent of New Orleans’ families received benefits from Louisiana’s Family Independence Temporary Assistance Program (FITAP) in 2003, compared with only 1 percent throughout Louisiana (figure 2). Nearly all (99 percent) beneficiaries were families headed by single mothers. FITAP, born of federal reforms in 1996, provides $200 per month for a family of three (16 percent of the 2004 federal poverty level). Most families must begin working as soon as they enter the program and can receive cash benefits for up to two consecutive years (and for a maximum of five years in a lifetime).

Welfare caseloads dropped by two-thirds in Louisiana between 1996 and 2003 after the new program was introduced. Many parents left FITAP and fewer sought this assistance after the reforms. As a result, relatively few Katrina victims were getting welfare benefits when the storm hit.

A recent formal evaluation of FITAP highlighted some weaknesses in Louisiana’s new welfare program. First, families that left FITAP had lower rates of employment—more than 20 points below the national average for single mothers—than did families leaving welfare in other states (Valvano and Abe 2002). Second, FITAP did not identify the hardest-to-serve welfare recipients for special services, so parents were left at risk of losing assistance before finding a job. Two years after leaving welfare, 41 percent of former welfare recipients were not working and had not returned to welfare (Tweedie, Harrison, and Reichert 2004). Most parish offices were not equipped to work with hard-to-serve clients, including those with little or no work experience, low literacy levels or learning disabilities, mental or physical health challenges, and drug or alcohol problems. Many offices did not offer intensive job-readiness classes, and adults with low literacy
levels generally have lacked access to basic education and GED preparation (Valvano and Abe 2002). In short, single mothers with little or no employment experience could get only a small cash benefit for two years at a time in New Orleans. They had limited access to job training, and many who lost benefits as time limits expired were living without earnings or government cash assistance. Other research shows that most of these “disconnected families” rely on noncash government assistance and family members to survive (Zedlewski and Nelson 2003). These families were especially vulnerable after Katrina devastated their neighborhood and social networks.

Most single parents also did not receive child support before Katrina hit. About one out of five single parents in Orleans Parish in 2002 had a child-support order, and only 14 percent received any payments (Maximus 2002). Nationally, about two in ten low-income custodial parents report getting some child support (Sorensen 2003). However, a large share of low-income single parents in Orleans Parish did have recent contact with the absent parent. For example, 63 percent of never-married mothers reported that their children’s fathers had seen their offspring in the past year, and 43 percent in the last month (Maximus 2002).

Food Assistance. About 10 percent of families in New Orleans and Louisiana received food stamps in 2003, compared with the national average of 7 percent (figure 2). The high receipt rate no doubt reflects the high poverty levels in these areas since eligibility generally requires having a cash income below 130 percent of the federal poverty level (FPL) and financial assets less than $2,000. Also, in 2003, Louisiana had the nation’s sixth highest Food Stamp Program participation rate (Kastner and Shirm 2005). Food stamp
benefits increase with family size; a family of three can get at most $400 per month.

Many New Orleans families also received food assistance through the Women, Infants, and Children (WIC) program, and many of their school-age children received a free or reduced-price breakfast and lunch. In Orleans Parish, about 4 out of 10 low-income children under age 6 received WIC benefits in 2002, and 83 percent of school-age children received free or reduced-price school breakfasts and lunches (Maximus 2002).

Families also reported high rates of food insecurity. In Orleans Parish in 2002, one in five low-income families with children sometimes went hungry, and another quarter were food insecure without experiencing hunger (Maximus 2002).

**Housing Assistance.** Of all the many low-income individuals in New Orleans who faced housing difficulties before and after Hurricane Katrina, the hardest pressed were probably the elderly, persons with disabilities, and single parents. As another essay in this collection documents, the city’s public housing authority was one of the nation’s worst: almost half of public housing units were vacant and uninhabitable when Katrina hit, and residents in the other half endured high crime levels and intolerable physical conditions.

A 2002 survey paints a bleak picture of pre-Katrina housing for low-income families with children (Maximus 2002). The survey reports that families in Orleans Parish were less likely to be getting housing assistance than similar families living in other places in Louisiana. Nearly half of low-income families with children paid rent without assistance, compared with 35 percent in the Southeast and 34 percent in Baton Rouge. Consequently, families in New Orleans faced high housing costs relative to their incomes before the storm hit. Rent or mortgage costs equaled or exceeded 40 percent of household income for over one-third of New Orleans’ low-income families in 2002, compared with 16 percent of similar families in the Southeast region. The survey showed almost 12 percent of low-income families with children in New Orleans lived in overcrowded housing, and about 42 percent reported at least one major housing defect such as faulty plumbing or rodent infestation. About 27 percent of families had fallen behind in their housing payments in the past year, and 16 percent had had their heat, electricity, or water cut off at some point.

**How Should the Safety Net Be Rebuilt?**

With so little to fall back on, the elderly, persons with disabilities, and nonworking single parents dislocated by Katrina will not be able to rebuild their lives without substantial help. Government income and housing assistance can help temporarily, but Louisiana also needs a comprehensive plan to reduce poverty among vulnerable populations in New Orleans. Understandably, early responses to Katrina have relied on existing federal programs to help evacuees, with provisions covering those already receiving assistance through these programs and others made eligible as a result of the disaster. The federal government moved quickly to give affected families access to food stamps, TANF, WIC, and school nutrition programs. But, as explained in Susan Popkin, Margery Austin Turner, and Martha Burt’s essay on housing, government programs for dealing with the loss of housing have been confusing for potential beneficiaries. Further, these responses do not address the deep roots of poverty in New Orleans; nor has any framework been developed for a safety net that fosters independence.

**Short-Run Responses.** The Food Stamp program was one of the “first responders” enrolling 900,000 households in food stamps within the first month after the hurricane hit.
(the program was serving about 10 million households across the country before Katrina) and providing over $400 million in food stamp benefits to hurricane victims. The USDA also guaranteed that families and individuals who had been receiving food stamps in New Orleans before Katrina hit could continue getting these benefits without going through a lengthy reapplication process. Congress agreed to provide federal dollars to pay all associated administrative expenses in all designated disaster areas and all costs for processing benefits for victims of Hurricanes Katrina and Rita as part of the 2006 Budget Reconciliation Bill. (Currently, states pay about half these costs.) In addition, the bill provides $12 million to the Emergency Food Assistance Program to help food banks restock in designated disaster areas and surrounding states.

These early initiatives are all to the good, but Louisiana and other states with substantial numbers of evacuees still need to review food stamp access and participation in the near term to make access to food stamps as easy as possible. In the emergency atmosphere after the storm first hit, families needed little asset and income documentation to qualify, and eligibility could be established at sites outside of welfare offices and outside of normal working hours. These procedures contrast with standard food stamp office procedures that often require multiple visits to a welfare office during regular business hours to get certified for benefits (Zedlewski et al. 2005). Easier access to food stamps has been implemented in other states and should be a goal when New Orleans gets ready to welcome back Katrina evacuees.

After Katrina struck, Congress quickly passed the TANF Emergency Response and Recovery Act (HR 3672) to provide additional funds and flexibility for states administering welfare payments to the storm’s victims until September 30, 2006. The act reimburses states for TANF benefits to families from areas affected by Katrina and allows states serving evacuees to draw down payments from the TANF contingency fund. These cash TANF benefits are not considered “assistance” payments, so they do not trigger work requirements for participants or count against program time limits.

Unfortunately, TANF benefits will not go very far to help families cover their basic needs. As noted, Louisiana provides $200 per month for a family of three, and Mississippi, Texas, and other states hosting many evacuees pay about the same. Many of the most vulnerable families, especially single parents with the poorest job prospects, will need additional cash assistance. Greenstein (2005) and others have suggested that the federal government provide poor evacuees with enough assistance to meet everyday expenses.

As the housing essay by Popkin, Turner, and Burt in this collection describes, the federal government also created the Katrina Disaster Housing Assistance Program to provide vouchers for up to 18 months to all households that received subsidies or were homeless in New Orleans before Katrina hit. (Unlike traditional vouchers, disaster vouchers do not include utility allowances). Some public housing residents in New Orleans have been placed in public housing in their host cities. Evacuated families without subsidies before Katrina were housed in temporary quarters and may receive housing assistance through FEMA, awarded for 3 months at a time, for up to 18 months (not to exceed $26,200). Some members of vulnerable populations without housing assistance before Katrina may now get help to pay housing costs, but it is unclear how access and eligibility will work.

**Longer-Run Response.** New Orleans should work with the state government to develop innovative longer-term strategies to reduce deep poverty and vulnerability among...
the elderly, persons with disabilities, and single parents. Strategies that improve education and the employment environment in New Orleans will help to reduce vulnerability in the very long run because higher wages and more years of work will increase social insurance benefits and reduce poverty.

The employment and training initiatives proposed elsewhere in this collection will help some jobless working-age adults. Other vulnerable populations will need more intensive services to take advantage of labor market intermediaries and on-the-job training opportunities. A long-run comprehensive strategy to address their needs should aim to increase employment and saving rates, reduce the share of families headed by single parents, and ultimately reduce poverty. Key components of this strategy should include

- basic skills training and opportunities to complete GEDs for working-age adults with disabilities, single parents, and noncustodial parents;
- strengthened teen pregnancy prevention and promotion of healthy marriage programs along with stronger child-support enforcement;
- savings opportunities for all low-income individuals and families;
- initiatives to increase employment among persons with disabilities; and
- supportive housing services for the elderly and persons with disabilities.

*Building Basic Skills.* In 2002 the Louisiana State Legislature began to devote one quarter of its TANF resources ($50 million per year) to low-income families with children who traditionally had not been eligible for welfare (typically adults with children under age 20 and earned income below 200 percent of the FPL). Twelve agencies implemented over 30 “TANF initiatives” focused on some of the toughest challenges facing vulnerable populations in the state, including adult and family literacy, workplace skill development, substance abuse assessment and treatment, and teen pregnancy prevention. While these programs are small, the initiative shows Louisiana’s determination to address these tough issues.

Some of the adult education initiatives are collaborations between local education agencies and the Louisiana Community and Technical College System. One provides tuition assistance, another training for high-demand occupations such as nursing aides and home health aides. This general approach typically includes child care and transportation to facilitate participation and has worked well in California and other parts of the country. Early evaluation results of the New Orleans initiative show some promising results along with one weakness (Frankenberg and Valvano 2003). The program failed to recruit many single mothers without a high school education, the most vulnerable and least employable group.

Given more resources and some fine tuning, these programs could serve as building blocks for rebuilding part of the social safety net in New Orleans. Resources beyond just those available through TANF will be required, those parts of the community college infrastructure that were destroyed must be rebuilt, and programs must change to meet the needs of the parents with the most significant barriers to work. New Orleans may look for funds to create innovative public-private partnerships where business and community colleges take a proactive role in designing and implementing programs that meet local employment needs with continuing education strategies. Similar initiatives in Pontiac, Michigan, Quincy, Illinois, and San Francisco, California, provide examples of programs that have successfully moved more parents with
limited education and work experience into good jobs (Friedman 1999).

Single Parents. Reducing the number of families with single parents could go a long way toward reducing the future child poverty in New Orleans. Louisiana’s TANF initiatives include a teen pregnancy prevention program that educates low-income teen girls about the risks of sexual activity and single parenthood. According to a recent evaluation of the program, none of the participants became pregnant during the study’s follow-up period, but they also caution that a longer-term follow-up study is required before claiming victory (Magill and LaPointe 2003). Guided by a long history of research suggesting the most effective education strategies, New Orleans should invest in teen pregnancy prevention programs as it begins to rebuild its middle and upper schools.

New Orleans and Louisiana planners also should monitor other areas’ experiments promoting healthy marriage to assess initiatives and implement those that show promise. The city and state can look to the U.S. Department of Health and Human Services evaluations of different healthy marriage promotion demonstrations underway in states and local communities for the most promising ideas. Before Katrina hit, New Orleans had begun a Community Healthy Marriage program that aimed to form a community coalition to provide training in relationship and marriage skills and to highlight the importance of marriage. This initiative should be renewed and combined with other winning strategies as part of the city’s social rebuilding efforts.

Louisiana also should shore up its child-support program. Sorensen and Hill (2004) document six child-support policies shown to increase child-support receipt, including the voluntary in-hospital paternity establishment program, immediate wage withholding from noncustodial parents’ paychecks, presumptive child-support payment guidelines, and a tax intercept program. Single parents in the new New Orleans should be able to count on more support from noncustodial parents.

Assets. There is growing recognition among both conservatives and liberals that assets can change a family’s life chances (Mensah 2005). Savings to invest in a home, an education, a business, or a retirement nest egg can cushion risk and help families step up to a new level of income or opportunity. Indeed, for the middle class, car ownership, home ownership, health and life insurance, and retirement savings accounts have become the norm.

Individual development accounts (IDAs), individually owned matched savings accounts for low-income workers, are one asset development option. IDAs typically only can be used for homeownership, small business investment, and postsecondary education and training. Experimental research has shown that low-income Americans do take advantage of these savings incentives (Sherraden, Schreiner, and Beverly 2003). New Orleans could work IDAs into its redevelopment efforts by earmarking some redevelopment funds to match low-income families savings.

An asset-development initiative also should educate low-income families about the benefits of federal savings incentives. The Savers Credit offers up to a $2,000 nonrefundable match on contributions to retirement account structures such as IRAs or 401(k)s for families with incomes below $22,000. The annual refund from the federal earned income tax credit could help low-income working families take advantage of this credit. Low-income individuals who build a nest egg to supplement Social Security benefits can escape deprivation like that observed among the elderly and persons with disabilities in pre-Katrina New Orleans. Alternatively, more employers could be encouraged to offer 401(k) pension plans,
making participation the default option for new hires.

*People with Disabilities.* New Orleans has a tremendous opportunity now to rebuild structures to meet the standards required by the Americans with Disabilities Act. The National Council on Disability (2004) provides a blueprint that defines livable communities for adults with disabilities. “Livable communities” provide affordable and accessible housing; ensure accessible transportation; ensure access to the physical environment; provide work, volunteer, and education opportunities; ensure access to key health and support services; and encourage participation in civic, cultural, social, and recreational activities (National Council on Disability 2004). The report profiles successful partnerships that have helped communities to leverage resources, provide choice and address consumers’ needs, and implement programs to help people with disabilities remain independent and involved in community life. Tax credits and other incentives, for example, can stimulate change in individual and corporate behavior and encourage investment in livable community objectives; funds now available for various disability programs can be consolidated to streamline operations.

The housing essay in this collection outlines principles for rebuilding that include mixed-income community development and communities of opportunity. Housing reinvestment in New Orleans also should provide some supportive housing opportunities for those with disabilities and other severely disadvantaged populations. Supportive housing development typically includes services that facilitate employment, access to medical care, and transportation. Experience teaches that combining affordable housing and supportive services can reduce the risk of distress and homelessness (Popkin, Cunningham, and Burt 2005).

**Summary**

New Orleans’ disproportionately large vulnerable populations—the elderly, people with disabilities, and poor nonworking single mothers dependent mainly on government programs for basic support—bring all of the issues documented in this collection home. Segregated housing, a dysfunctional education system with high dropout rates, and a weak employment environment all drove up poverty rates among the elderly, people with disabilities, and single parents. And the solutions discussed in all of the essays will help to reduce vulnerability among future generations of New Orleans residents.

But rebuilding New Orleans also presents opportunities to address the needs of vulnerable populations more directly. Research documents many strategies that can make a difference. The incidence of nonmarital teen parenthood can be reduced through education. A welfare program that addresses the needs of the hardest-to-serve recipients is more likely to move single parents into jobs before their time limits run out than one that ignores their employment barriers. A stronger child-support enforcement system can increase incomes of single-parent families. Programs that use financial incentives and education to encourage low-income families to save for the future can help individuals to avoid poverty and dependence in old age or disability. Initiatives to create livable communities for people with disabilities will facilitate independence and improve the quality of life. These proposals will absorb some of the resources pouring into redevelopment and some will require the cooperation and support of Louisiana, but all will repay the expense and effort in the long run.

Addressing the needs of the elderly, persons with disabilities, and single parents struggling to find work could be the greatest...
challenge in rebuilding New Orleans, but also the greatest success. Most of these vulnerable individuals have been evacuated to other cities that must take care of them, at least for now. In the meantime, New Orleans has bought some time to create services and educational programs that reduce and alleviate future vulnerability. By seizing that opportunity, New Orleans could create a model for other cities to follow.

NOTES
1. Other smaller vulnerable populations, such as ex-offenders and teenage dropouts, are not a focal point of this essay. They, too, eventually will require special services and attention from policymakers.
2. The definition of disability is based on three questions from the American Community Survey indicating (1) the person either has a long-lasting condition including blindness, deafness, or a severe vision or hearing impairment, or a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying; (2) the person has difficulty learning, remembering, concentrating, dressing, bathing, or getting around inside the home because of a physical, mental, or emotional condition lasting six months or more; or (3) the person has a “self-care limitation” (difficulty going outside the home alone to shop or visit a doctor or working at a job or business because of a physical, mental, or emotional condition lasting six months or more).
3. Over one-third of poor families with children living in Louisiana had three or more children (Maximus 2002). We expect that the share of single-parent families with three or more children in New Orleans was even higher, judging from their disproportionately high rate of poverty.
4. The federal government supports other, much smaller programs that fill out this safety net, including some funding for mental health and disability services and programs that support local services for the elderly.
5. FITAP succeeded the Aid to Families with Dependent Children program, which entitled nonworking single mothers to cash assistance with relatively weak work requirements. Parents, however, were only eligible for the low benefit level set by the state of Louisiana.
6. States administer the federal child-support program, which aims to ensure that parents who live apart from their children provide for them financially.
7. The act also provides additional TANF funding of up to 20 percent of the basic block grants as loans to three states affected by hurricane Katrina (Alabama, Louisiana, and Mississippi). However, the U.S. Department of Health and Human Services has issued guidance indicating that these states will not be penalized for failing to pay interest or repay the loans through October 2007.
8. See, for example, “From Jobs to Careers,” a program in California that allows TANF participants to attend a community college for up to 24 months to meet their work requirements (Mathur et. al 2004). The program tracked employment for participants and reports that they were twice as likely to work year-round after having attended community college than before.
9. The National Campaign to Prevent Teen Pregnancy describes many solutions that work in various papers, including “Making the List: Understanding, Selecting, and Replicating Effective Teen Pregnancy Prevention Programs” and “No Time to Waste: Programs to Reduce Teen Pregnancy among Middle School–Aged Youth,” which can be accessed on their web site, http://www.teenpregnancy.org.
10. Information about these healthy marriage promotion initiatives is available on the Administration for Children and Families web site, http://www.acf.hhs.gov/healthymarriage.

References