A History of The Hallie Q. Brown Food Shelf and the Culture of Poverty

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Abstract

This paper is an experiential project of interning at the Hallie Q. Brown Food Shelf and a literature review of hunger statistics and the intergenerational inheritance of poverty and outcomes in later life.
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History of the Hallie Q. Brown Food Shelf.
1972 - 2011.

Background

The Hallie Q. Brown Food Shelf was originated from the Hallie Q. Brown Community Centre in 1972. The Community Center provides early childhood education and its origins go back to the early 1900’s. The Food Shelf came out of the need to provide services to people on low incomes. Initially the food shelf ran out of a community house on Hague Avenue then moved St. Paul Reformation Church where it is housed today.

The food shelf was directed by John Hushman for 20 years. During John’s time the services that were offered included counseling services to clients of the Food-shelf after a third visit for employment opportunities.

A Consortium of community centers in St Paul developed food shelves in their communities. Identification for need for Food Shelves developed in the 1970’s.

Interview with Mrs. Burns

Mrs. Burns is a former Director of the Hallie Q. Brown Community Center and met Hallie Q. Brown when she was a pupil of the Early Learning Center. A consortium of Community Centers in St Paul developed Food Shelves to serve their communities. Meeting the center’s mission (The mission of the Hallie Q. Brown Center, Inc. is to improve the quality of life in the community by providing access to critical human services, fostering and promoting personal growth, and developing community leadership.)

The name Hallie Q. Brown for the Community Centre came from a naming competition. Hallie Q. Brown, a “Negro” teacher, elocutionist, women’s leader and author, was born to two former slaves in Pittsburgh, Pennsylvania in 1850. At this time, her father was a steward and
express agent on the riverboats traveling from Pittsburgh to New Orleans, and came to own considerable real estate in his hometown. In 1884 he moved his family to Chatham Ontario and in about 1870 he returned to the United States and settled with his wife and six children in Wilberforce, Ohio, so that Hallie and her younger brother could attend Wilberforce University, a college primarily for Negroes.

Hallie received a B. S. degree from Wilberforce in 1873 and for the next fourteen years, meeting a call for teachers during the reconstruction, she taught or was an administrator in many schools in the South. Right out of college she taught in a plantation school eventually becoming the dean of Allen University in Columbia, South Carolina.

When she returned to Ohio she established a night school for adult migrants from the South, in 1892-93 she returned to the South to be Lady Principle of the Tuskegee Institute in Alabama. In 1983 Wilberforce University and she remained in the town of Tuskegee for the rest of her life, resigning from the university in 1947.

Miss Brown studied at the Chautauqua Lecture School in 1886 and the experience turned this talented woman into a formidable power on the lecture and elocution circuit, which was an extremely popular form of entertainment in its day. After she returned to Ohio she traveled extensively in both of these roles and her work took her not only to 46 of the 48 states but to Europe as well. She was particularly welcomed in the British Isles, where she not only performed to large admiring audiences, but she lectured on the American Women’s Temperance Union for the British Women’s Temperance Association. She was a representative of the United States at the International Congress of Women held in London in 1899. Other causes she spoke for were the African Methodist Episcopal Church and its Missionary Society, and always, her dear Wilberforce University.
She was an early organizer of women’s clubs for members of her race starting in Wilberforce, moving on to state level and finally to the national with her National Colored Women’s League of Washington D.C., which was the forerunner of the national Association of Colored Women. During her four year presidency of the League the program to preserve the home of Frederick Douglass was initiated and a scholarship fund was established for the higher education of qualified Negro girls. Hallie Q. Brown died on September 16th 1949.

The Hallie Q. Brown Community Center was founded in 1929 and is a private nonprofit social service agency serving the Summit and University area of St. Paul, Minnesota. The organization was born as a result of the vision, commitment and tireless efforts of several community members in the 1920’s. It was during this decade that the St. Paul Urban League was formed in an attempt to address the growing problems facing African Americans in the capitol city. Under the direction of Executive Secretary Elmer A. Carter, the St. Paul Urban League provided dynamic leadership at a time when it was greatly needed. Carter initiated the first step in addressing the needs of St. Paul’s black community by conducting a survey of possible facilitated where critical programs and services could be implemented.

In January 1929, an advisory committee met to formulate new plans for a community center to be housed at the former Central Avenue Branch of the Y.W.C.A. On April 1st, 1929, Miss I. Myrtle Carden, the center's first Executive Director, met with the Board of the St. Paul Urban League to discuss a name for the center. It was determined that the name for the new community center should be chosen through an essay contest in which essayists profiled the life of an outstanding leader. Herbert Howell, a student at Hamline University, won the contest with his essay about the African American elocutionist, women’ suffrage leader, and author, Hallie Q. Brown. Thus, Hallie Q. Brown Community Center, Inc. was born.
Not long after it was established, Hallie Q. Brown Community Center, Inc. moved to the Masonic Hall at Aurora and Mackubin until it relocated in 1972 to the Martin Luther King Center at 270 North Kent Street. When the current facility was built, the primary service area doubled to include the entire Summit-University community.

Hallie Q. Brown has thus evolved from an independent human services provider to a service center and is the administrative body of the Martin Luther King center, which houses our partners offering specialized services and programs, including the nationally recognized Penumbra Theater Company. Hallie Q. brown also operates a branch service center at Oxford and Laurel, where the emergency food and clothing needs of the community residents.

Although, Hallie Q. Brown began as a settlement house for African Americans denied services from other agencies, we long ago opened the center’s services to all people. Historically, the service center has been mixed racially and economically. Approximately one-third of St. Paul’s people of color live in the Summit-University area and nearly 50% of the population of the area are minority residents. The area continues to evolve demographically and Hallie Q. Brown provides a wide range of services designed to reflect the character of the Summit community as a whole.

The Food Shelf

Established in the 70’s to meet the needs for Food and clothing is housed in the St. Paul Reformation Church basement on North Oxford Street, St Paul. The Food Shelf is operated by one paid staff member and volunteers. The Food Shelf is open from 9 am- 4pm Monday, Tuesday, Thursday and Friday and Wednesday’s 9am to 6p.m to give the opportunity of using the food shelf to those who are working on minimum wages to use the Food Shelf’s services. The populations that are served by the Food Shelf are diverse. There is a satellite Food Shelf
which meets the needs of the Somali community at Skyline Towers, which is a high-rise mainly accommodating refugees.

There are differences in food preferences from differing ethnic populations which the Food Shelf tries to accommodate. Funding for the Food Shelf comes from United Way and donations from community businesses and organizations, Second Harvest and the Emergency Food Shelf Network. The Food Shelf’s policy is to give each family at least three days’ supply of food on a monthly basis. Some clients use the Food Shelf on a temporary basis and others frequently, depending upon the level of income the family is able to meet. The Food Shelf currently serves 20-30 families per day and new clients are per week.

A lot of the fresh produce that is donated is organic emphasizing the health aspect of providing healthy food to clients. The fresh vegetables, meat and bread are mainly donated on a weekly basis from Mississippi Markets, Whole Foods and Trader Joes. During the summer produce is donated from local farmers and farmers markets. The Food Shelf provides canned goods and dry food items from the Emergency Food Shelf network and Second Harvest. Depending upon what donations are available meat products are also provided. The fresh produce is available to clients on a daily basis in addition to the monthly allowance of other goods. The Clothing Closet is also available on a daily basis and is donated by many members of the community. The fresh produce is collected from the businesses by volunteers in their own vehicles on a daily basis.

Keeping the Shelves stocked becomes a challenge because of the dependency on donations however there is always something available for the clients but less choice when the Food Shelf is low. The operation of the Food Shelf is akin to running a small grocery store with the difference of seeking a supply of new donors to keep the shelves stocked. My experience of
interning at a Food Shelf led me to ask how and why clients stay in an impoverished socio/economic situation.

Maslow’s hierarchy of needs demonstrates the stages in which people grow within societal expectations. Maslow’s theory is expressed as a pyramid of growth, the basic needs of humans the psychological: food, water, sex, sleep, homeostasis, excretion (Maslow’s Hierarchy of Needs, n.d.).

**Hunger Statistics**

The emergency Food Shelf Network follows hunger statistics, so they can best serve the agencies that assist families and individuals in need. Below you will find key statistics about hunger and poverty. The statistics are split into two different areas, one focusing on children and the other focusing on adults.

**Hunger in Minnesota**

There are more than 300 Food Shelves in Minnesota, serving every county in the state. In 2006, clients visited Food Shelves 1.8 million times statewide, distributing 42 million pounds of food. 15% of Food Shelf clients are seniors. More than 50% of adult Food Shelf clients work. In the Twin Cities suburbs, the working poor make up 60% of Food Shelf clients. Nearly three quarters of Food Shelf clients live in unaffordable housing: half spent more than 50% of their income on housing and a quarter spend between 30-50% of their income on housing. 260,000 Minnesotan’s (five per cent) use food stamps each month to feed their families. A recent Hormel Foods survey reported one in four Minnesotans said they or someone in their family had visited a Food Shelf. One in Ten residents said they or someone in the family went to bed hungry in the past month because of lack of money to buy food.
Food Insecurity and Poverty among Children

56% of Food Shelf visitors are families with children. 10.4% of Minnesota’s children are living in poverty (The definition of poverty in 2004 was $18,850 for a family of four). 9.7% of Minnesota’s children receive food support. In 2004, 61% of low income families spend more than 30% of their income on housing. In 2004, Minnesota’s population under the age of 18 was 1,240,280. The number of these children living below federal poverty level was 49,611. Low income is considered 200% of the federal poverty level. 334,876 of these children lived in low income families. 700 children under 18 are homeless in Minnesota.

Hunger throughout the Nation

Commodity Supplemental Food Program (CSFP) issued more than 5.5 million 40 pound food packs last year to 485,614 individuals, 90% of whom are elderly. 50% of CSFP respondents said they ran out of food during the month. A recent Hormel Foods survey reported one in four Minnesotans said they or someone in their family had visited a Food Shelf. One in Ten residents said they or someone in their family went to bed hungry in the past month because of lack of money for food. There are an estimated 9,200 and 9,300 total homeless persons on any given night in Minnesota (Hormel Foods, 2010).

Over the last decade, sociologists, demographers, and even economists have begun asking questions about the role of culture in many aspects of poverty and even explicitly explaining the behavior of the low-income population in reference to cultural factors (Small, Harding & Lamont, 2010). An example is Prudence Carter (2005), who, based on interviews with poor minority students, argues that whether poor children will work hard at school depends in part on their cultural beliefs about the differences between minorities and the majority. Lewis argued that sustained poverty generated a set of cultural attitudes, beliefs, values, and practices,
and that the structure of poverty would tend to perpetuate itself over time, even if the structured conditions that originally gave rise to it were to change. Moynihan argued that the black family was caught in a tangle of pathologies that resulted from the cumulative effects of slavery and the subsequent structural poverty that characterized the experience of many African Americans (Lewis, 1966; Moynihan, 1965).

Alfred Adler would call this “The striving for significance”, this sense of yearning, always points out to us that all psychological phenomena contain a movement that starts from a feeling of inferiority and reach upward. The theory of Individual Psychology of psychological compensation states that the stronger the feeling of inferiority, the higher the goal for personal power”. Alfred Adler stated “..... compensation is derived from whatever lifts him above his present inadequate state and makes him superior to all others. This brings the child to setting a goal, a fictitious goal of superiority, which will transform his poverty into wealth, his subordination into dominance, his suffering into happiness and pleasure, his ignorance into omniscience, and his ineptness into creativity. This goal is set higher and will be adhered to more tenaciously the longer and more clearly the child perceives his insecurity, the more he suffers from physical or mental impediments, and the more intensely he feels neglected. If the goal is to be discerned the child must be observed at play, at freely selected activities, or when he fantasizes about his future occupation” (Adler, 1983, p. 2).

Kurt Adler on ‘Striving for Significance’; “Taking his starting point from the organ inferiorities and their compensations, Adler started to work with cognitive ideas of inferiority and their resulting feelings of inferiority that people so generally hold about themselves. They may have developed these feelings on the basis of some realities, or from childhood based on misinterpretations about their body, or from their social or physical relationship with their
environment. Whatever the causes, there was always a strenuous striving for overcoming the deficit, the inferiority, and the mastery of the situation” (Adler, 1994, p. 134).

When the discrepancy between their self-estimate and their idealized goal was or appeared to them bridgeable, the feeling of inferiority acted as an impetus, pushing them forward for the overcoming of the deficit, for rising to higher levels, for mastery. When the discrepancy, however, seemed to them unbridgeable, when it is too large to even contemplate the possibility of success in an attempt at overcoming the gap, the feeling of inferiority acted as a block, as a hindrance to moving forward, due to the total discouragement that took place.

In such cases, instead of trying to overcome the deficit, the person will construct symptoms on which he can blame the failure or accuse others, or point to fate, heredity, his upbringing for his failure to overcome the difficulty. He will not even try to overcome the difficulty because if he should fail, it would show his incompetence. The contradiction between the low self-esteem and the high self-ideal remains unresolved” (Adler, 1994).

Contemporary researchers rarely claim that culture will perpetuate itself for multiple generations regardless of structural changes, and they practically never use the term “pathology”. But the new generation of scholars also conceives of culture in substantially different ways. It typically rejects the idea that whether people are poor can be explained by their values (Wilson, 1987).

Alfred Adler writes less about pathology and more about health, and the striving for superiority and compensation, mutated into a unifying directional tendency toward self mastery and self-overcoming in the service of social interest, the opposite of self boundedness. The healthy person neither loses himself in his idea-self fictions or lives through others, the two faces
worn by neurotic selfishness; the healthy person makes his deepest goals conscious while integrating them into activities that improve family and community.

The social problems of adulthood are the realities of friendship, comradeship and social contact; those of one’s occupation or profession; and those of love and marriage. It is the failure to face and meet them directly, which results in neurosis, and perhaps in mental health.

A large body of research has found that, compared to children from more affluent families, children from low-income families turn out to be disadvantaged in many dimensions. On average, they have lower birth weight (Currie & Hyson, 1999), higher risk of infant mortality (Bonnie et al. 1999), more behavior problems (Duncan et al., 1994), are less successful in school (Haveman & Wolf, 1995; Blanden & Gregg, 2004, as cited in Jenkins & Sieder, 2007), do worse in the labor market (Gregg & Machin, 2000), and have inferior health (Currie & Hyson, 1999). And these outcomes are associated with income later in life.

Correlations do not necessarily imply causation, however: the patterns cited may not reflect a direct causal effect of childhood family income. Outcomes and family income may both be determined, at least in part, by other unobserved individual or family characteristics, e.g. genetic make-up and related concepts such as ‘ability’, and environmental factors related to where individuals live, e.g. their neighborhood, housing, and schools. Children from poor families are more likely to face adverse home environments, to live in deprived neighborhoods and go to lower quality schools than do their better off peers, and these factors may be primarily responsible for the differences in attainments rather than low income. Hence, it is not an easy task to determine whether it is really family income which is the driving force underlying observed intergenerational relationships. So, a second contribution of this survey is to pay
particular attention to recent studies aiming at estimating causal effects of family income during
childhood and adolescence on children’s outcomes later in life (Jenkins & Sieder, 2007).

**The Intergenerational Inheritance of Poverty**

Corcoran found considerable differences in the persistence of poverty between African
American and whites. Using data from the US Panel Study of Income Dynamics, she reports that
more than 30 percent of African American who grew up poor during late childhood (aged 16-17)
lived in poverty as young adults. The corresponding proportion for white American young adults was
around 7 percent. Similarly, Corcoran and Adams also found greater persistence of poverty across
generations among Blacks than among Whites. They also distinguished between respondents who
were 'short-term' poor (poor for up to half the years observed) and those persistently poor (poor more
than half the years observed), applying such distinctions to both childhood and adulthood. Black
young adults who grew up in poor families were found to be 2.5 times more likely to be persistently
poor compared to black young adults who did not grow up poor (Jenkins & Sieder, 2007).

Blanden and Gregg report poverty transition tables for the UK. They found that, whereas 19
percent of men who experienced poverty at the age of 16 in the mid-1970s were also poor as young
adults. The corresponding figures for women were 29 percent and 17 percent. They also considered
whether the intergenerational persistence of poverty had changed over time using data from two
British cohort surveys: the first following children born in March 1958 and the second following
children born in April 1970. In the first survey, all the respondents were adolescents in the early 70s;
in the second, the respondents were adolescents in the 1980s. Blanden and Gregg argued that the
association between being poor when a teenager and being poor when a young adult rose between the
two surveys, after having suggesting that experience of poverty during childhood might have a direct
effect on later-life outcomes (Jenkins & Sieder, 2007).
Blanden and Gregg also examined the extent to which family background characteristics were mediating channels for the intergenerational persistence of poverty, using two UK birth cohort surveys (as mentioned above). Once the authors had controlled for potential mediating factors such as parent's employment and schooling, social housing, absence of father in the household and number of siblings, they found no statistically significant association between the experience of poverty when a teenager in the 1970's and poverty when aged in the early thirties. By contrast, for those who grew up poor in the 1980's, poverty appeared to have detrimental long-term effects over and above the impact of various family background characteristics. Both Corcoran and Adams and Blanden and Gregg found that individuals with better educated parents were less likely to be poor themselves: schooling played a crucial role in the intergenerational transmission process (Jenkins & Sieder, 2007).

**Childhood Poverty and Socio-economic Outcomes in Later Life**

One such outcome measure is educational attainment (Duncan et al., 1994). Since education is widely considered to be one of the primary drivers of labour market success. On average, individuals with higher levels of education have higher labour market earnings, employment rates, are less likely to be unemployed, and less likely to receive various welfare benefits (Ashenfelter & Ham 1979; Harris 1996; Meghir & Palme 2005, as cited in Jenkins & Sieder, 2007). Because there is considerable evidence of a strong correlation between health and success in the labour market, survey studies show the association between growing up poor and an individual's health later in life. The relationship between household income and children's health is important since health might be one transmission channel for the intergenerational link of income and education (Case et al., 2005; Doyle et al., 2005, as cited in Jenkins & Sieder, 2007). For instance, it is well known that there exists a negative association between mental health problems and labour market outcomes (Kessler et al., 2004, as cited in Jenkins & Sieder, 2007).
Furthermore, it is established that poor health in childhood is related to poor health as adults (Case et al., 2005, as cited in Jenkins & Sieder, 2007). Finally, the report results from a few studies investigating links between experiencing poverty during childhood and labour market outcomes later in life, in particular wage rates and labour market experience.
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