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Appendix. Codebook for Context Coding

Supplementary material to: Chung, H., Kim, G., Shim, H., Byun, J., Kwon, K., Ahn, Y., & Gwak, J. (2026). Mapping "health politics": Two conceptual traditions, 1976–2025. *Health Politics, 1*(2), e008. https://doi.org/10.66534/hp.2026.0008

This appendix presents the codebook used for context coding of the focal terms **'health politics', 'politics of health', 'politics of health policy', 'politics of public health'**, *and* **'political determinants of health' (PDoH)** *in the included articles. The coding scheme follows a directed qualitative content analysis approach (Hsieh & Shannon, 2005), in which abstracts are coded according to how the focal term is substantively conceptualized. Each entry receives a primary code from the seven core categories (or one of two residual codes), with an optional secondary code where a clearly subordinate conceptualization is also present.*

Coding Principle

Coding decisions are based on the **latent content** of the abstract — i.e., how the focal term is substantively conceptualized — rather than on the **manifest content** of indicator words alone (Graneheim & Lundman, 2004; Graneheim, Lindgren, & Lundman, 2017). Three operational rules govern code assignment:

1. A category is assigned only when the focal term is conceptualized through that category's analytic focus — i.e., when the category names what the focal term means or does in the paper, not merely a topic mentioned in passing.
2. The presence of an indicator word in the abstract is *necessary but not sufficient*. Conversely, indicator words may be absent if the underlying conceptualization is clearly aligned with a category.
3. Where the focal term appears only incidentally — as a descriptor of background context rather than as the paper's analytic object — the entry is flagged for possible exclusion and the *Definitional_piece* variable is set to No.

Note on "Power" Across Categories

The word "power" appears across multiple categories with distinct conceptualizations. Coders attend to *how power is theorized* in the abstract, not merely to whether the word appears:

- **Interest group politics**: power as observable influence by identifiable actors over decisions and agendas (Lukes' first and second dimensions; pluralist tradition).
- **Critical power analysis**: power as a structural, ideological, or constitutive condition shaping subjects, knowledge, and norms (Lukes' third dimension; Foucauldian, Marxist, feminist, decolonial, and other critical traditions).
- **Governance & accountability**: power as institutionalized decision-making authority and accountability mechanisms.
- **Political economy & welfare state**: power as distributional capacity rooted in economic resources, financing structures, and welfare-state institutions.

The same lexical item ("power") does not signal the same code. Coding follows the conceptualization of power operative in the abstract.

Category Definitions

1. Policy process

Definition. The temporal dynamics through which health policies are formulated, negotiated, adopted, implemented, reformed, or terminated, including the actors, ideas, and institutional contexts that shape these dynamics across time (Walt & Gilson, 1994; Sabatier & Weible, 2014).

Analytic focus.

- Agenda-setting, problem definition, and policy framing (e.g., Kingdon's multiple streams; policy windows).
- Policy formulation, legislative negotiation, and coalition-building.
- Implementation pathways, policy instruments, sequencing, and pilots.
- Policy change, learning, feedback, and diffusion (e.g., punctuated equilibrium; advocacy coalition framework; policy feedback).
- Reform episodes and crises as drivers of policy change.

Boundary rules.

- *vs. Governance* **&** accountability*: Policy process focuses on the temporal dynamics of policymaking — what happens* when *policy is being shaped or changed. When the focus is on static institutional structures through which routine decisions are made, code as Governance & accountability.*
- *Institutionalism clause*: Institutionalist analyses (historical, rational choice, sociological, discursive) are coded by what the analysis explains. When institutionalism is invoked to explain policy change, path dependence, critical junctures, policy feedback, or temporal dynamics of reform, code as Policy process. When it describes structural arrangements through which authority is exercised or routine decisions are made, code as Governance & accountability.

2. Governance & accountability

Definition. The institutional arrangements and mechanisms through which health-related decisions are made, implemented, and held accountable — i.e., *how* decisions are made and implemented rather than *what* decisions are taken or *when* they change (Greer, Wismar, Figueras, & McKee, 2016; Greer, Vasev, Jarman, Wismar, & Figueras, 2019). The analytic focus draws on the TAPIC framework (Greer et al., 2019).

Analytic focus.

- **Transparency**: openness of decision-making, information disclosure.
- **Accountability**: oversight, audit, performance management, sanctions.
- **Participation**: stakeholder inclusion in routine decision-making.
- **Integrity**: rule-following, anti-corruption, regulatory enforcement.
- **Capacity**: administrative and stewardship capacity, data governance, information infrastructure.
- Multi-level and intersectoral coordination structures.

Boundary rules.

- *vs. Policy process*: Governance focuses on institutional structures and mechanisms — typically static or slowly evolving — that shape how authority is routinely exercised. When the focus is on dynamic episodes of policy change, code as Policy process.

- *vs. Interest group politics*: Governance treats institutional design and accountability mechanisms as the analytic object. When the focus is on identifiable actors pursuing observable interests within or against those institutions, code as Interest group politics.

3. Interest group politics

Definition. Conflict, negotiation, or competition among formally organized actors with stable institutional positions and material/professional stakes — including industries, professional associations, regulatory agencies, expert communities, and political elites — over health policy or practice, as analyzed in the empirical/pluralist tradition (Olson, 1965; Schattschneider, 1960; Bachrach & Baratz, 1962). Power is treated as *observable* through actors' decisions, bargaining, lobbying, and agenda-setting in concrete policy episodes (Lukes' first and second dimensions of power).

Analytic focus.

- Stakeholder conflict, bargaining, lobbying, coalition politics.
- Professional jurisdiction and boundary disputes; expertise as instrumental power.
- Observable agenda-setting and non-decision-making.
- Policy capture, elite influence, and agenda control treated as identifiable actor behavior.
- Veto players, gatekeeping, and access to formal political institutions.

Boundary rules.

- Apply when power is treated as exercised by identifiable actors with observable interests in concrete decision arenas. When power is treated as a structural, ideological, or constitutive condition, code as Critical power analysis.

4. Social movements

Definition. Sustained collective challenges by less-institutionalized actors — citizens, patients, communities, advocacy networks — in interaction with elites and authorities, often deploying contentious tactics and rights-based or identity-based framing to shape health agendas, norms, or practices (Tarrow, 2011; Brown et al., 2004).

Analytic focus.

- Health social movements: health-access movements, constituency-based movements (race, gender, class, sexuality), embodied health movements (Brown et al., 2004).
- Grassroots activism, protest, demonstration, public mobilization.
- Rights-based campaigns and movement framing.
- Civil society networks, community organizing, collective identity formation.
- Patient activism, lay/expert collaboration, contestation of biomedical authority.

Boundary rules.

- *vs. Interest group politics*: apply Social movements when the focus is on collective mobilization by actors with relatively limited institutional access, deploying contentious or extra-institutional tactics, even if movement organizations are partially professionalized (e.g., ACT-UP, breast cancer coalitions). When the focus is on formally organized stakeholders pursuing influence through insider channels, code as Interest group politics.
- *vs. Critical power analysis*: when a movement is examined as a phenomenon of collective action (emergence, tactics, framing, mobilization, or impact), code as Social movements. When the abstract uses a movement's theoretical lens (e.g., feminist or decolonial theory) primarily to analyze power structures, code as Critical power analysis.

5. Critical power analysis

Definition. Theoretical analysis treating power as a **structural, ideological, or constitutive condition** that shapes subjects, knowledge, norms, and the limits of what is politically thinkable. The defining commitment is methodological-epistemological: power is not reducible to observable influence by identifiable actors but operates through systems, discourses, and structures that produce social arrangements. The category encompasses the broad family of critical theoretical traditions in the social sciences and humanities — including, but not limited to, Marxist and neo-Marxist class/capital analysis (Gramsci, 1971; Navarro, 2007), Foucauldian biopolitics and governmentality (Foucault, 1978), feminist critical theory, critical race and decolonial theory (Crenshaw, 1989; Quijano, 2000; Mbembe, 2003), theories of structural injustice (Young, 1990), Lukes' third dimension of power (Lukes, 2005), disability critical theory, queer theory, and emergent critical traditions.

Analytic focus.

- **Operational test**: apply when the abstract (a) treats a category — class, gender, race, sexuality, ability, coloniality, etc. — as a *structure of power* rather than a demographic or descriptive variable, and (b) analyzes how that structure produces subjects, knowledges, exclusions, or norms.

Boundary rules.

- *vs. Interest group politics*: when the analysis is about identifiable actors pursuing observable interests, code as Interest group politics.
- *vs. Political economy* **&** welfare state*: when economic/class analysis treats capitalism or class as structural power (Marxist critical theory; Gramscian hegemony), code as Critical power analysis. When the analysis is empirical-comparative about distributional consequences of economic institutions and welfare regimes, code as Political economy.*
- *vs. Ethics* **&** normative*: when the abstract primarily analyzes how power produces effects (descriptive-explanatory), code as Critical power analysis. When it primarily argues for what is just or legitimate on critical grounds (normative), code as Ethics & normative. Many critical-theoretical works do both — assign primary by the dominant operation.*
- *vs. Social movements*: when an abstract analyzes a movement *as a movement* (its emergence, mobilization processes, repertoires, framing, or outcomes), code as Social movements, even if the movement is grounded in critical theory. When the abstract instead *deploys* a critical-theoretical lens to analyze the power structures the movement contests, code as Critical power analysis.

6. Political economy & welfare state

Definition. Distribution of economic resources, financing arrangements, welfare-state structures, and macroeconomic determinants shaping health systems and outcomes, analyzed primarily through empirical and comparative-institutional lenses (Esping-Andersen, 1990; Bambra, 2011; Navarro, 2007).

Analytic focus.

- Health financing, fiscal capacity, and resource allocation (budgets, insurance arrangements).
- Welfare-state institutional design and market-state relations (privatization, regulation of markets).
- Macroeconomic and structural determinants of health (development, labor, built environment).

- Distributional consequences of institutions (who receives what, inequality patterns) and investment politics.

Boundary rules.

- *vs. Critical power analysis*: apply Political economy when the analysis is empirical-comparative about distributional consequences of welfare regimes, financing arrangements, or macroeconomic determinants. When class, capital, or economic structure is treated as a constitutive condition of power — as in Marxist critical theory, Gramscian hegemony analysis, or critiques of capitalism qua power formation — code as Critical power analysis.

7. Ethics & normative

Definition. Normative argumentation about **what is just, fair, legitimate, or morally required** in health policy, health systems, or health practice. The defining commitment is the analytical *register*: the analysis primarily evaluates or prescribes, offering reasons for what *ought* to be, rather than describing or explaining what is. The category encompasses the broad family of normative theoretical traditions — including, but not limited to, distributive justice and equity (Daniels, 2008; Powers & Faden, 2006), bioethics and rights-based reasoning (Beauchamp & Childress, 2019), recognition theory and epistemic justice (Fricker, 2007; Fraser & Honneth, 2003), relational and care ethics (Tronto, 1993), and emergent normative traditions.

Analytic focus.

- **Operational test**: apply when the abstract (a) treats a normative concept — justice, equity, fairness, rights, dignity, recognition, autonomy, etc. — as the *object* of argumentation, and (b) advances reasons for evaluating or prescribing health-related arrangements as just/unjust, legitimate/illegitimate, or morally adequate/inadequate.

Boundary rules.

- *vs. Critical power analysis*: many critical-theoretical works combine normative critique with structural power analysis. Code as Ethics & normative when the dominant operation is normative argumentation; as Critical power analysis when the dominant operation is structural-explanatory.
- *vs. Political economy* **&** welfare state*: empirical analyses of distributional consequences of welfare regimes belong in Political economy. When the same distributional facts are taken up as objects of normative argumentation about fairness, code as Ethics & normative.*
- *vs. Governance* **&** accountability*: when normative arguments are applied to the legitimacy of decision-making procedures themselves (e.g., Daniels' "accountability for reasonableness"), code as Ethics & normative if the abstract's primary thrust is the normative warrant; as Governance & accountability if it is the institutional design.*

Residual Codes: Other and Unclear

Two residual codes are operationally distinct and used sparingly. Coders apply the following decision rule.

- **Step 1**. If the conceptualization of the focal term cannot be reliably identified from the abstract, assign **Unclear**.
- **Step 2**. If the conceptualization is identifiable but does not fit any of the seven core categories, assign **Other**. Otherwise assign the appropriate core category.

Unclear

Reserved for abstracts in which the focal term appears but its conceptualization cannot be reliably determined from the abstract alone. Typical cases include abstracts too brief to convey theoretical orientation; abstracts in which the focal term is used without an articulated conceptual framework; and abstracts in which multiple conceptualizations co-occur without any being identifiable as dominant or secondary.

Other

Reserved for abstracts in which the focal term *is* clearly conceptualized, but the conceptualization does not fit any of the seven core categories. This code is expected to be rare, since the seven core categories collectively cover the major theoretical traditions in political analysis of health. Genuine cases include conceptualizations rooted in primarily aesthetic, literary, or rhetorical registers; geopolitical or international-relations analyses that do not engage any of the seven categories' analytic foci; and behavioral or psychological analyses treating "politics" as an individual-level attitude variable without theoretical engagement with political processes, institutions, or power. When in doubt between Other and one of the seven categories, the seven categories are preferred.

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