The United States spends an astonishing 18 percent of our gross domestic product on health care—significantly more than any other country. Despite such extravagant spending, Americans do not enjoy health advantages over peer nations. Far from it. Myriad studies over the last decade have detailed a gap in health status between the U.S. and other well-to-do countries.

Most recently, the National Research Council and the Institute of Medicine made the case in a jointly issued report, released in January 2013. *U.S. Health in International Perspective: Shorter Lives, Poorer Health* compared the U.S. to 16 peer nations and revealed that Americans have the worst life expectancy among our peers. We are also at or near the bottom of nine measures of health. Every single one.

Given our chronic underinvestment in public health science and practice, that gap isn’t surprising. We direct a mere 3 percent of U.S. health spending to public health measures. Yet in 2008, the Trust for America’s Health found a fourfold return on investment from public health interventions. Furthermore, behavioral, social, and environmental factors account for roughly 60 percent of our health.

Meanwhile, our elected leaders continue to reduce their financial commitment to the science that undergirds public health and is a substantial driver of economic growth. The 2013 sequestration was the latest blow, compounding the problem for science in general and triggering the loss of significant federal research funding to the Mailman School and other schools of public health.

At the Mailman School, we continue investing in new projects to address issues related to the U.S. health gap. Our new GRAPH program (p. 5) quantifies the return on investment of various public health interventions, providing a valuable tool for governments, corporations, and others. The addition of high-performance computing capability (p. 3) gives our researchers the technological power to perform complex analyses to identify the most effective interventions. Our interdisciplinary Obesity Prevention Initiative (p. 26) draws together the School’s experts as they seek more knowledge, develop more effective policies, and offer evidence-based solutions in this critical area.

Simultaneously, we are promoting a national commitment to public health and engaging multisectoral partners to help close the U.S. health gap. As a springboard in this effort, we’ve dedicated this year’s monthly Grand Rounds on the Future of Public Health series to the issue. The series began in September with Dr. Steven H. Woolf, MD, MPH, co-editor of *Shorter Lives, Poorer Health*. The series concludes in April with a discussion among the Mailman community during which we’ll craft an action agenda.

Our nation needs bold action to set a new course. A significant investment in public health by the federal government—together with corporations, foundations, and individual philanthropists—is just the game-changing move our country needs. The science and evidence to improve our nation’s health is critical to our future and will also strengthen our ongoing contributions to global health.

The Mailman School will be on the forefront of making this happen.